Many countries with large numbers of refugees or displaced persons due to conflict also often have significant contamination by landmines, cluster munitions, and other explosive remnants of war (ERW).\(^1\) This includes countries with high numbers of landmine, ERW, and cluster munition victims\(^2\) in need of assistance.\(^3\)

Fleeing armed conflict or persecution, refugees no longer enjoy the protection of their own state. Through international humanitarian and human rights law, states have recognized and committed to address the needs of both displaced persons and of landmine and cluster munition victims. Refugees who are landmine/ERW survivors or other persons with disabilities face heightened risks due to a lack of essential items, accessibility to and availability of necessary health and rehabilitative services including assistive devices, as well as due to other forms of neglect and discrimination.

Since the last Landmine and Cluster Munition Monitor paper on issues relating to landmines, refugees, and displacement in 2013,\(^4\) some concerning developments were reported, including in a number of countries that are States Parties to the Mine Ban Treaty and/or Convention on Cluster Munitions:

- **In Afghanistan:** internally displaced persons (IDPs) made up more than 20% of all civilian mine/ERW casualties recorded by the national mine action coordination centre.
- **In Algeria:** the World Food Programme had to reduce the number of essential food items in packages distributed to Sahrawi refugees, including mine/ERW survivors, by 20% despite a UN call to maintain nutrition.
In Lebanon: refugees from Syria were at risk of living, working, and travelling close to mine/ERW hazard areas due to crowding and a lack of economic opportunities.

In Turkey: several Syrian refugees were injured or killed while they were crossing or camping in minefields to escape conflict in Syria.

In Ukraine: specialized medical or psychological services were costly and availability was limited, while in regions with displacement, services for persons with disabilities are often inaccessible.

According to the most recent available count, at the end of 2014 59.5 million people were forcibly displaced worldwide as a result of persecution, conflict, and other violence or human rights violations. Of this global total some 19.5 million were refugees, 38.2 million were IDPs, and close to 1.8 million were asylum-seekers.

Dangers faced by refugees, asylum seekers, and displaced persons

Due to their lack of knowledge of the area and types of contamination, having little or no contact with more informed local communities, need to access scarce local resources, or changing conditions in an area during the time that they have been away (in the case of return), refugees, asylum seekers, returnees, IDPs, and stateless persons are especially vulnerable to landmines, ERW, and cluster munitions. This is the case when they are leaving, entering, or staying in countries contaminated by these explosive hazards.

ERW, landmines, and improvised explosive devices (IEDs) continue to severely affect IDPs in Afghanistan. In 2013, IDPs made up more than 20% of all civilian mine/ERW casualties recorded by the Mine Action Coordination Centre of Afghanistan (MACCA). There were an increasing number of IDP casualties during the period from 2010 to 2013. This increase in casualties likely resulted from the ongoing ERW contamination and heightened displacement due to conflict, combined with IDPs moving to live near hazardous areas because they had no other choices of relocation or did not know the risks. In early 2014, there were estimated to be approximately 176,129 IDPs still living near 434 known hazardous areas (within a radius of 5km).

The conflict in Syria has caused the largest displacement crisis of our time, with Syrians now the world’s largest population under UNHCR’s mandate. The conflict continues to generate additional displacement each day with an average of 100,000 refugees arriving in host countries in the region every month in 2014. There were at least 7,600,000 IDPs in Syria at the end of 2014. Syrian refugees encounter risks due to landmine and ERW contamination along Syria’s border areas, especially displaced populations who have settled in those areas and people who are attempting to seek asylum.
Furthermore, refugees face risks in many of their host countries, principally Lebanon, Turkey, Jordan, and Iraq, which host the largest numbers of persons fleeing Syria. Lebanon has existing victim assistance obligations as a State Party to the Convention on Cluster Munitions, while Turkey and Jordan have obligations under the Mine Ban Treaty. As a State Party to both treaties, Iraq also has strong victim assistance obligations.16

According to a situation analysis released in August 2014 by the Assessment Capacities Project (ACAPS),17 the risk of Syrian refugees in Lebanon being affected by mines/ERW was relatively high due to Syrian refugees having a limited understanding of the general and locally-specific risks of mines/ERW, especially compared to the local population. Recently emplaced mines/IEDs have been laid on the Lebanon-Syria border, including near routes that refugees have used to enter the country. Furthermore, due to the relatively high population density in Lebanon, the influx of Syrian refugees has created increased competition for land and livelihoods. Syrian refugees may be more willing to take higher risks to live, work, or travel close to known mine/ERW hazard areas.18

In Turkey,19 it was reported that refugees from Syria were trapped in the extensive border minefield across from Syria. There were at least 12 Syrian casualties reported at the Turkish-Syrian border in the month of September 2014 alone. All casualties on the border in 2014 were reported to be civilians, with three people killed and another nine injured by landmines. At least eight of the Syrian casualties in 2014 were children.20 In 2013, the Monitor reported six civilian mine casualties (two killed and four injured) in incidents in the Turkish border minefields while crossing from Syria into Turkey.21 The exact number of people killed and injured by landmines in the border minefields was not known due to a lack of accurate reporting.22 Reports also indicate that since January 2015, dozens of refugees returning to Kobane from Turkey have been killed or injured by mines/ERW, IEDs, and booby traps inside Syria.23

In Iraq, landmine/ERW contamination along the Syria-Iraq border areas continues to pose a threat to displaced populations who have settled in border areas and to those who are attempting to seek asylum.24 The recent fighting between armed groups and the Iraqi army has led to a dramatic increase in the number of IDPs in Iraq. In the northern parts of the country there are also Syrian refugees. New refugee camps are being built on former military sites, and thousands of people are seeking shelter in areas that are still heavily mined after previous conflicts.25 Additionally, new use of mines and IEDs prevents safe return to areas where recent conflict has taken place.26
Although the situation in Myanmar has changed significantly over the past few years, refugees currently in Thailand are prevented from returning to their homes in southeastern Myanmar by the absence of a permanent ceasefire, the presence of minefields, and the lack of critical infrastructure in some areas.\textsuperscript{27} Inside Myanmar, the Danish Demining Group (DDG) reported that in most cases mine incidence occur because people are forced to move from their home villages or IDP camp to maintain their livelihoods and make a living. Danish Refugee Council/DDG estimates that in Kachin, an area that the organization has been working in, internally displaced persons account for approximately half of all landmine casualties.\textsuperscript{28}

In addition to massive displacement due to conflict in Ukraine,\textsuperscript{29} many communities in eastern Ukraine have been exposed to ERW and mines left behind in devastated towns and villages. UNICEF stated that at least 109 children were reported to have been injured and 42 killed by landmines and unexploded ordnance in the Donetsk and Luhansk regions between March 2014 and March 2015. UNICEF also reported that displaced families returning to communities formerly under conflict remain at great risk.\textsuperscript{30}

In Yemen it was reported that the presence of landmines and ERW create risks for IDPs, whose settlements were sometimes also established near conflict areas.\textsuperscript{31}

Protection and assistance in places of refuge and return

Many landmine and cluster munition victims are, or have been, refugees. This means that they are outside the protection of the state they are fleeing and may face difficulties to be recognized and integrated into the receiving country. It is a special issue of concern for the international mine action community as a whole.

States Parties to the Mine Ban Treaty and Convention on Cluster Munitions more specifically, are responsible for ensuring adequate assistance for mine/ERW victims on their territory, no matter their displacement or citizenship status. Yet, in this case as in many others, as noted by the UNHCR Executive Committee, host states with refugees, “are often developing countries, have limited resources and face various challenges in providing such services and facilities” for persons with disabilities in these settings.\textsuperscript{32}

All of the states hosting refugees, displaced, and returnee survivors profiled in this paper are already responsible for a large number of survivors and have also made commitments to provide victim assistance (see table). In responding to the needs of mine/ERW survivors, states
can request, and should be able to expect, support from the international community to protect and assist these vulnerable groups.

Challenges to living in refugee camps, and in urban areas where many refugees also live, are aggravated for mine/ERW survivors and other persons with disabilities due to the frequent interaction with the multiple additional barriers to their full and equal participation. Such barriers can include physical or environmental barriers, such as inaccessible dwellings, community buildings, administrative offices and roads; language and literacy barriers; policy barriers including over-burdensome rules and procedures; and attitudinal barriers such as social stigma and stereotyping. Furthermore, resources for services tend to be even more limited in refugee camps, although specific services are sometimes provided to address the physical rehabilitation needs of landmine/ERW survivors and other persons with disabilities.

With devastating effect on refugees from Western Sahara living in camps in Algeria, the World Food Programme (WFP) reduced the number of food items in food packages distributed to Sahrawi refugees by more than 20%, from just nine to only seven. This population includes many mine/ERW survivors, some of whom are severely disabled and have not been able to leave the makeshift rehabilitation center for over a decade. The right to food and the need for adequate nutrition is of prime importance for long-term refugees. UN agencies present in the camps are jointly advocating for the most basic needs of these refugees to be covered and not to be forgotten.

The influx of refugees from Syria into Lebanon has put increasing strain on local resources and exacerbated tensions within communities. Services available to persons with disabilities and mine/ERW survivors through national NGOs continued to decrease due to a lack of funding. The government of Lebanon noted that resources remained scarce and that international assistance to Lebanon remained “relatively insignificant compared to the size of the crisis.” The ICRC has responded to the needs of Syrian refugees by providing emergency medical care to weapon-wounded people from Syria including post-operative care and physical rehabilitation. A few were fitted with assistive devices.

Several international organizations provided assistance to Syrian refugees including mine survivors and other weapon-wounded people in multiple host countries. In Lebanon, as well as Iraqi Kurdistan, Jordan, and Syria, Handicap International (HI) teams are supplying aid to injured refugees, persons with disabilities, and vulnerable persons, including by providing orthopedic devices and helping them access services.

Initial emergency medical care for Syrian refugees injured in Turkey has been provided locally in the Suruç Public Hospital. Depending on their medical needs, they may also be transferred
to a hospital in the provincial capital, Şanlıurfa. However, the hospitals were not accurately identifying landmine casualties from other war victims in their patient profiles. According to one of the doctors, mine incidents are reported in the hospital records as firearm injuries noting that “the numbers of recent mine survivors treated in these hospitals was much higher than reported in the press media.”³⁸ In the refugee camps near Suruç, mine survivors could receive medical assistance from volunteer healthcare workers, but there were only two ambulances and both were also used for transporting goods.³⁹

Mine/ERW survivors from Myanmar in Thailand relied heavily on international support for their rights and wellbeing. The ICRC covers the cost of treatment for war-injured people from Myanmar in hospitals in Thailand, the majority of which are mine/ERW survivors.⁴⁰ The Mae Tao Clinic provided prosthetic limbs and other medical services.⁴¹ The International Rescue Committee (IRC) provided medical care, protheses, and psychological assistance.⁴² In refugee camps on the Thai-Myanmar border, HI was also implementing activities including rehabilitation services and self-help groups. It was working to establish a data management system to support identification of medical, rehabilitation, and psychosocial needs.

In 2014, Danish Refugee Council/DDG recorded an increase in the number of landmine casualties in Kachin State in Myanmar, creating an increased demand for victim assistance to survivors who lack the services and support that they need because of difficulties with personal mobility, harsh terrain, lack of infrastructure, and poor medical services in their areas. Priorities included assisting survivors to access services such as clinics and hospitals, supporting families, transport to facilities that provide prosthetic limbs, and on their return, inclusion in their home community.⁴³

Dadaab, Kenya, is often referred to as the largest refugee camp complex in the world. Somali refugees live in the camps and some 20% are persons with disabilities. This high rate was attributed in part to injuries from the conflict in Somalia, a country severely affected by mines and ERWs. According to HI, persons living with disabilities in the camps had insufficient and unequal access to shelter, education, specialized healthcare, or rehabilitation.⁴⁴ In April 2015, the Government of Kenya announced that the Dadaab refugee camps should be closed within three months and all 350,000 Somali refugees living in the camps returned to Somalia.⁴⁵ Although Kenya retracted the plan, refuges remain in fear of forced return.⁴⁶

In Ukraine, due to the ongoing conflict, specialized medical or psychological services are generally not accessible because of high costs and limited availability. Similarly, services for persons with disabilities are often inaccessible in regions with displacement, due to limited supply of such services. Access to housing, education, and employment opportunities was a
challenge for many IDPs throughout the country, with displaced persons with disabilities facing even more obstacles in this regard.\textsuperscript{47}

**Concluding note**

In 2015, the UNHCR announced that worldwide displacement is at the highest recorded levels and still increasing, with more than 59.5 million refugees, asylum-seekers, and IDPs around the world. On average 42,500 people became displaced by wars, conflict, and persecution each day in 2014.\textsuperscript{48} In light of this global increase in displacement, there is a heightened need to ensure that refugees and displaced persons are safe from the risks of landmines, cluster munitions, and other ERW, and that mine/ERW survivors displaced from their homes are able to access needed services.
States reported in this paper and their legal obligations and commitments under key relevant conventions are detailed below.

### Table: Responsibilities to protect and assist

<table>
<thead>
<tr>
<th>State</th>
<th>Mine Ban Treaty</th>
<th>Convention on Cluster Munitions</th>
<th>Refugee Convention</th>
<th>CRPD</th>
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<td>Afghanistan</td>
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All states listed have made a commitment to provide victim assistance through the Mine Ban Treaty or Cluster Munition Convention, or both. Mine Ban Treaty States Parties in **bold** have also been identified as having significant numbers of landmine survivors.

The 1951 Convention relating to the Status of Refugees (Refugee Convention) is the key legal document in defining who is a refugee, their rights, and the legal obligations of states. It sets out the basic rights that States Parties need to ensure to all those present on their territory.

The Convention on the Rights of Persons with Disabilities (CRPD) 2006, is another major framework with the potential to impact mine/ERW survivors. The CRPD is legally binding and sets out the obligations on States to promote, protect and ensure the rights of persons with disabilities.
Endnotes:

1 For example in States Parties to the Mine Ban Treaty such as Afghanistan, Iraq, Senegal, Sudan, South Sudan, Somalia, and Yemen, as well states not parties to the Mine Ban Treaty, such as Pakistan, Libya, and Syria.

2 Throughout this paper, the term “victims” is used to mean all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation, or substantial impairment of the realisation of their rights caused by landmines, cluster munitions and explosive remnants of war. They include those persons directly impacted by these weapons as well as their affected families and communities. “Survivors” are a subset of victims and are any individuals who have been directly injured by an explosion of a landmine, cluster submunition, or an explosive remnant of war and have survived the incident.

3 As in Mine Ban Treaty State Party Ukraine, and state not party Syria.


5 Of this total 14.4 million people were under UNHCR’s mandate and 5.1 million Palestinian refugees were registered by UNRWA.


8 For the purpose of this paper a “hazard” is a landmine, cluster submunition, or other ERW threat with the potential to cause harm; a “risk” is the likelihood of death or injury from exposure to the hazard. These terms are used independently from the terms “Suspected Hazardous Area” and “Confirmed Hazardous Area” of the International Mine Action Standards (IMAS).

9 Email from MACCA, 11 March 2014.

10 The IDP casualties in Afghanistan were recorded as follows: 72 in 2010, 45 in 2011, 94 in 2012, and 97 in 2013.

11 Email from MACCA, 11 March 2014.

12 UNHCR, “International Protection Considerations with regard to people fleeing the Syrian Arab Republic, Update III,” 27 October 2014, p. 3.

13 The Internal Displacement Monitoring Centre (IDMC), “Global Overview 2015,” May 2015, p. 87. The figure is based on OCHA information gathered from the Syrian authorities, other UN agencies, and NGOs in opposition areas. Sources use different methodologies to estimate the number of IDPs.

14 According to the UNHCR, the flight of civilians from Syria is characterized as a refugee movement. Syrians, and Palestinian refugees who had their former habitual residence in Syria, require international protection until the security and human rights situation in Syria improves significantly and conditions for voluntary return in safety and dignity are met. See UNHCR, “International Protection Considerations with regard to people fleeing the Syrian Arab Republic, Update III,” 27 October 2014, p. 12, paragraph 22.


17 ACAPS is a non-profit initiative of a consortium of Action Contre la Faim (ACF), Norwegian Refugee Council and Save the Children International.


19 Turkey was host to 1 million Syrian refugees as of October 2014.


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29 It is estimated that of the 5 million people in Ukraine affected, more than 1.1 million people were internally displaced. “Children killed and injured by landmines in Eastern Ukraine,” UN Radio, 31 March 2015, www.unmultimedia.org/radio/english/2015/03/children-killed-and-injured-by-landmines-in-eastern-ukraine/#.VY6sSn5NnC2.


There were 1.13 million refugees registered in Lebanon by UNHCR as of October 2014. UNHCR, “International Protection Considerations with regard to people fleeing the Syrian Arab Republic, Update III,” 27 October 2014, p. 3, para. 6.


Interview with Reşit Doğru, Chairperson of Suruç Branch of the Trade Union for Public Employees in the Health Sector, Suruç, 18 November 2014.


See Mae Tao Clinic website, www.maetaoclinic.org.


