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India

by Rachel Canfield [Mine Action Information Center]



An estimated 30 to 50 million people in India suffer from a disability.¹ This number translates to about 3 to 5 percent of the 1.13 billion inhabitants.² The country is plagued by a variety of issues, including overpopulation, poverty, internal conflict,¹ and contamination by landmines as well as other explosive remnants of war.³

Five regional and 128 district rehabilitation centers attempt to reach more than 10,000 mine/ERW survivors around the country.⁴

Despite the Indian government's provision of free medical care for all citizens, quality and availability to mine/ERW victims in rural areas is problematic.

India is not a State Party to the Ottawa Convention,⁵ but it is party to the Convention on Certain Conventional Weapons,⁶ including its Amended Protocol II on landmines. The continued use and production of mines and other ordnance throughout the country impedes the progress of all aspects of mine action, especially victim assistance. However, India has reported that it has not produced low-metal mines, only detectable mines, in accordance with its CCW obligations. According to the 2007 *Landmine Monitor*, availability of physical rehabilitation services increased in 2006, but remains "inadequate."⁴

Mine/ERW Contamination and Clearance

Between December 2001 and July 2002, the Indian Army emplaced an estimated two million mines on the western border with Pakistan in Operation Parakram. This 2,880-kilometer contamination (1,790 miles) is a lasting reminder of the Indian Army's most recent major use of anti-personnel mines. Mines are also emplaced near camps and outposts in Kashmir. The Indian government says of its continued mine use: "Minefields are laid, if required, along the border areas as part of military operations."⁴ India also retains the sixth largest stockpile of anti-personnel mines in the world, totaling four to five million, but

neither the Army nor governmental authorities are taking action to destroy it.⁴

In addition to use by the Indian government, there are a number of non-state actors in India that use mines/ERW. In the northeast region alone, there are “more than 30 major and several small armed rebel groups.”⁴ In 2006 and 2007, there were reports of new use of mines and improvised explosive devices, specifically in the northeast India states of Assam, Tripura, Nagaland and Manipur.³ Two NSAs have signed Geneva Call’s Deed of Commitment⁷: the Kuki National Organization in 2006 and the National Socialist Council of Nagalim-Isak/Muivah in 2003.

The estimated total area of contamination is unknown, although unofficial estimates claim the contaminated area is about 160 square kilometers (62 square miles) in Jammu and 1,730 square kilometers (668 square miles) of Kashmir.⁴ A government official in these regions said more than 6,000 families are mine-affected.⁴

In early 2007, demining took place in the east at the Kashmir border with Pakistan and Jammu and in the west in Chhattisgarh and Jharkhand.⁴ The Army Corps of Engineers handles such demining and IED removal procedures, since India has no program for civilian mine action.

Casualties

India saw a sharp increase in the number of casualties from mines and other ERW between 2005 and 2006. India reported just 15 casualties in 2005—three from mines, three from victim-activated improvised explosive devices, three from other ERW and six unknown. In 2006, however, there were 107 reported casualties from victim-activated devices in India, including 91 from mines and 12 from other ERW. More than 40 people died as a result of mine casualties in 2006—22 civilians, seven children and 12 military personnel. Only five deaths were reported in 2005. Media report analysis has shown more than 524 explosives-related casualties in 2006—since India does not have a comprehensive data-collection system and hospitals do not distinguish between injuries from mines or other means, these numbers could far underestimate the actual total.⁴

There are an estimated 10,256 landmine survivors in India, the vast majority suffering from what the *Landmine Monitor Report* has deemed “inadequate services” related to physical rehabilitation, laws and public policy, and other services.⁴ Demining casualties are especially high among military personnel. Furthermore, the Indian Army has been criticized for squandering state funds on additional demining equipment after most border minefields had already been cleared, rather than allocating those funds toward victim assistance.⁴

Victim Assistance and MRE

Mines are continually causing casualties in contaminated areas throughout India and have devastating effects on agricultural land and livestock. With no civilian mine-action program, the Disability Division of the Ministry of Social Justice and Empowerment is responsible for those with disabilities, including mine/ERW survivors.⁴ There are 128 district rehabilitation centers in India. These centers’ goals are to provide both center- and community-based rehabilitation for the disabled in isolated areas and to increase awareness about services. Although medical care is free to all citizens, Indians living in rural areas suffer from poor or inadequate services; basic first-aid services are sometimes not available in more remote areas of the country. Lack of government funding has also made all manner of rehabilitative services difficult to receive. With only 10 percent of the population holding independent health insurance, more than a quarter of all patients fall into poverty because of medical expenses.⁴

Following a mine/ERW accident, civilian survivors are faced with a myriad of issues, including limited

access to services. Those survivors living in remote areas are cut off from access to physiotherapy and prosthetic services. In some areas of the country, nongovernmental organizations assist survivors. NGOs in Jammu and Kashmir provide medical care, rehabilitation, education and training to the population.³ Limited economic-reintegration opportunities include scholarships for vocational training programs. Labor departments of state governments can aid disabled individuals' access to employment.⁴

Despite the lack of a national strategy for survivor assistance, India does have a Survivor Assistance Network. In 2006 more than 27,000 people with disabilities received services through the Network, including 20 mine/ERW survivors receiving physical rehabilitation.⁴ Other services provided included micro-credit loans, materials, components, equipment, on-the-job-training and mobility devices.⁴

Two notable actors include the National Programme for Rehabilitation of Persons with Disabilities and Handicap International. The NPRPD is a partnership between the central and state governments, national institutes and other stakeholders.⁴ Some of its services include monitoring victim assistance to better direct resources, conducting legislative meetings and providing scholarships for people with disabilities. For 20 years, Handicap International has been working in India, providing rehabilitation, public health and disability-prevention services; strengthening local organizations; and fighting for the rights of the disabled. For example, in Gujarat, HI conducted inclusion and public-health projects. The inclusion project resulted in 30 organizations trained on mainstreaming disability services with development activities as a whole. The public-health project helped identify 17,000 individuals with disabilities and train over 450 medical officers and 3,200 health workers.⁸

Mine-risk education has been notoriously poor in India. The International Committee of the Red Cross handed MRE activities over to the Indian Red Cross Society in 2006, but little progress has been made to expand these activities since that time. The Indian Army has asserted that MRE is conducted in border villages, alerting villages to the presence of minefields and informing affected villages on how to report mines.⁴

Conclusion

India's mine-action progress is slow, but some steps are being taken for mine clearance and victim assistance. In 2006, a variety of organizations held workshops and seminars; they include the ICRC, Indian Campaign to Ban Landmines, and Indian Institute of Peace, Disarmament and Environmental Protection. The mine-action community should express optimism cautiously, especially considering the poor state of Indian MRE activities, physical rehabilitation, assistance programs and other services. The continued manufacturing and emplacement of mines also raises concern over India's ability to diminish—let alone negate—the future impact of mines and other ERW. ↕

Biography



Rachel Canfield graduated from James Madison University in May 2008 with a degree in public relations and print journalism. She worked as an Editorial Assistant and Student Researcher at the *Journal of Mine Action* from January 2006 to May 2008. She currently lives and works in Washington, D.C.

Endnotes

1. "Programs: India." *Handicap International France*. <http://www.handicap-international.fr/en/dans-le-monde/nos-pays-d'intervention/programmes/india/index.html?cHash=fb1011fa16>. Accessed 8 May 2008.
2. "India." *The World Factbook*. <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>. Last updated 12 February 2008. Accessed 28 February 2008.
3. **Editor's Note:** Some organizations consider mines and ERW to be two separate entities, since they are regulated by different legal documents (the former by the Ottawa Convention and Amended Protocol II of the Convention on Certain Conventional Weapons, the latter by CCW Protocol V). However, since mines are explosive devices that have similar effects to other ERW and it is often impossible to separate the two during clearance operations, some in the community have adopted a "working definition" (as opposed to a legal one) of ERW in which it is a blanket term that includes mines, UXO, abandoned explosive ordnance and other explosive devices.
4. "India." *Landmine Monitor Report 2007*. <http://www.icbl.org/lm/2007/india.html>. Accessed 28 February 2008.
5. *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction*, Oslo, Norway. 18 September 1997. http://www.un.org/Depts/mine/UNDocs/ban_trty.htm. Accessed 28 February 2008. The document was opened for signature in Ottawa, Canada, 3 December 1997, commonly known as the Ottawa Convention.
6. *Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects*, Geneva, Switzerland, 10 October 1980. <http://www.ccw-treaty.com/ccw-treatytext.htm>. Accessed 28 February 2008.
7. While only governments can sign the Ottawa Convention, non-state actors can sign the *Deed of Commitment for Adherence to a Total Ban on Anti-personnel Mines and for Cooperation in Mine Action* through the organization Geneva Call. Geneva Call engages NSAs to respect and adhere to humanitarian norms, starting with the anti-personnel mine ban. For more information, see <http://www.genevacall.org/home.htm>.
8. "Handicap International's activities in India." *Handicap International-UK*. http://www.handicap-international.org.uk/page_184.php. Accessed 28 February 2008.

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