LANDMINE & CLUSTER MUNITION MONITOR
Fact Sheet
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Impact of Mines/ERW on Children

Introduction

A total of **3,956 new casualties** from mines, explosive remnants of war (ERW), and victim-activated improvised explosive devices (IEDs) were recorded in 64 countries and other areas in 2009.[1] This included 1,041 people killed and 2,855 injured; the status of the remaining 60 casualties is unknown. Although significantly fewer casualties were registered in 2009 than in previous years, the number of mine/ERW survivors continued to increase and many more casualties remained unreported.

As in previous years, boys and men comprised the vast majority (88%) of all casualties where gender details were known, while girls and women accounted for 12% of all casualties. When only looking at civilian casualties, 16% were female. Children accounted for 32% of casualties where the age was known (1,001 of 3,164).

Child Casualties[2]

Despite decreasing global casualties, the percentage of child casualties has remained at a constant level for the last five years, at approximately one-third of casualties where the age was known. However, this is significantly higher than levels prior to 2005, with, for example, 19% in 2004, and 23% in 2003. When looking only at civilian casualties in the last three years, children accounted for nearly half of the casualties (46% or 1,407 in 2007, 41% or 1,184 in 2008 and 45% or 1,001 in 2009).

States with the most child casualties in 2009[3]

State	Boy	Girl	Total
Afghanistan	244	44	288
Somalia	70	14	84
Cambodia	65	12	77
Chad	44	17	61
Pakistan	36	21	57

[1] Figures include individuals killed or injured in incidents involving devices detonated by the presence, proximity, or contact of a person or a vehicle, such as all antipersonnel mines, antivehicle mines, Abandoned Explosive Ordnance (AXO), Unexploded Ordnance (UXO), and victim-activated IEDs. Not included in the totals are: estimates of casualties where exact numbers were not given; incidents caused or reasonably suspected to have been by remote-detonated mines or IEDs that were not victim-activated; and people killed or injured while manufacturing or emplacing devices. In many countries and areas, numerous casualties go unrecorded and thus, the true casualty figure is likely significantly higher.

[2] A child casualty is defined as a person under the age of 18.

[3] These figures include confirmed casualties as reported to Landmine and Cluster Munition Monitor. Estimates have not been included and under-reporting is likely, for example in Lao PDR where survey activity is ongoing and more complete data for 2009 is expected.

In 2009, children made up half or more of all casualties where the age was known in 14 countries or areas: Afghanistan, Chad, Eritrea, Georgia, Guinea-Bissau, India, Jordan, Kuwait, Mali, Mozambique, Nepal, Philippines, Somalia, Somaliland, and Sudan. In some countries, child casualties, particularly due to ERW, are on the rise again after several years of decreases, for example in Afghanistan. In Chad, children made up 95% of all casualties. In the Philippines, child casualties, accounting for more than 50% of all casualties, were identified for the first time since 2005. In Bosnia and Herzegovina (BiH), the number of child casualties was the highest since 2004. In Eritrea, overall casualty figures decreased significantly in 2009, but the number of child casualties remained consistent and increased to 76% from 50% of civilian casualties in 2008.

Highest percentages of child casualties in 2009

State or area	Child	Adult	Unknown age	Total	Child %
Chad	61	3	0	64	95%
Mali	5	1	0	6	83%
Somaliland	34	10	0	44	77%
Eritrea	29	9	0	38	76%
Guinea-Bissau	11	4	1	16	73%
Kuwait	2	1	0	3	67%
Somalia	84	42	0	126	67%
Georgia	5	3	3	11	63%
Sudan	43	20	15	78	59%
Nepal	38	32	0	70	54%

The vast majority of child casualties are boys (80%). In 2009, boys were the largest single casualty group in nine countries/areas (Afghanistan, Chad, Eritrea, Georgia, Mozambique, Nepal, Somalia, Somaliland, and Sudan), compared to just three countries/areas in 2007 (Chad, Kosovo, and Lao PDR). In just one country girls were the largest casualty group (Guinea-Bissau).

Child casualties by device, activity, and location

When the age was known, children made up 13% of casualties from antipersonnel mines in 2009 (compared to 20% in 2008). Some 36% of casualties caused by unexploded submunitions were children, compared to a 50-50 ratio in 2008. When looking at all other types of ERW, children constituted 61% of casualties, compared to 57% in 2008.

In many countries contaminated with mines/ERW, boys are more involved than girls in outdoor activities during which they are likely to come across mines and ERW, such as herding livestock, gathering wood and food, or collecting scrap metal. Boys are more prone than girls to deliberately handling explosive devices. Accordingly, boys accounted for 49% of total ERW casualties where the gender was known (up from 45% in 2008), while girls accounted for 11% (up from 9%).[4] ERW was also the only device category where girls accounted for significantly more casualties than women.[5]

Assistance to child casualties

Since child survivors have specific and additional needs in all aspects of assistance, the Mine Ban Treaty's Cartagena Action Plan and the Convention on Cluster Munitions require that

[4] Some 32% were men (down from 42%), 11% were girls, and 8% women (up from 4%).
[5] The categories are: antipersonnel mine, antivehicle mine, unspecified mine, submunition, other ERW, victim-activated IED, and unknown device.

victim assistance be age-appropriate. However, a 2009 study reported that about 32% of survivors thought that services for children were "never" adapted to their needs.[6]

Victim assistance providers rarely keep statistics that are reliable measurements of how many child mine/ERW survivors or other children with disabilities have been assisted and which services have been rendered. Children whose injuries result in amputated limbs require more complicated rehabilitation assistance; they need to have prostheses made more often as they grow and corrective surgery for changing stumps. Few countries or health systems report on the capacity they have to address this situation. For example, in BiH (Republica Srpska), the time period to replace prosthetic devices free of charge was extended from three to four years, which is inappropriate for children.

In many countries, child survivors have to end their education prematurely due to the period of recovery needed and the accompanying financial burden of rehabilitation on families. Accessible inclusive or special education is seldom available and further hindered by the lack of appropriate training for teachers. In addition, insufficient awareness of disability issues among teachers and fellow pupils can lead to discrimination, isolation and the inability to participate in certain activities. This is a de-motivating factor for child survivors to stay in school. As a result, education rates among child survivors are lower, while school drop-outs are more frequent, which results in diminished employment prospects later on. In Albania, activities and fundraising events to support child survivors' educational needs continued. A national NGO in Chad expanded its psychological support and economic inclusion program for school-going children and women, and while the quality of the activities improved, the organization struggled with the increasing demand. In Eritrea, UNICEF assisted children with disabilities in remote rural communities by providing donkeys as transportation to school.

[6] Handicap International, *Voices from the Ground* (Brussels: Handicap International, September 2009), p. 230.