

LANDMINE MONITOR FACT SHEET

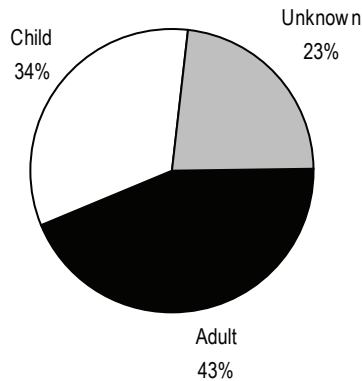
LANDMINES AND CHILDREN

A total of **5,751 casualties** from mines and explosive remnants of war (ERW) were recorded in 68 states and other areas in 2006.¹ This included 1,367 people killed and 4,296 injured; the status of the remaining casualties is unknown. Males (boys and men) comprised 89% of all casualties where gender details were known.² As in previous years, in 2006 civilians accounted for three-quarters of recorded casualties.

Although fewer casualties were registered in 2006 than in previous years, the number of mine/ERW survivors continued to increase. In addition, many more casualties remained unreported as data collection is inadequate or non-existent in all but four countries where casualties occurred in 2006.

Child casualties³

The largest group of recorded casualties remained men of working age, but children constitute a significant group of those falling victim to mines, and especially ERW. In 2006, children accounted for just over one-third of civilian casualties (34 percent or 1,445), compared to 43% for adults. For 23% of casualties the age was unknown. In some severely affected states and other areas, children were the majority of casualties. Reporting indicates that children are often injured or killed when their daily activities bring them in contact with mines/ERW: as they travel to school, play or help to contribute to meager family incomes in tenuous post-conflict economies.



Whereas there is an overall downward trend in mine/ERW casualties, the number of child casualties remained stable and even increased slightly in 2006 (up from 1,414 in 2005). It is certain that many child casualties also remain unidentified in casualty statistics because:

- the age and/or date of birth of casualties is not recorded;
- not all countries use the same age limit to determine whether a person is still a child (age limits can range from 15 to 21); and
- certain countries use an age range rather than actual ages (for example, between 15 and 21 years), which makes classification in the child or adult category impossible.

Female child casualties are often among the most under-reported groups, as in some countries, disability is seen as a stigma that needs to be hidden, especially when it occurs among girls.

Although data collection was inadequate in **Iraq** in 2006, the Basra governorate health department stated in June 2007 that approximately 70% of casualties were children (reportedly there were up to two ERW casualties a day in the southern governorates).

¹ The totals in this fact sheet include casualties caused by victim-activated improvised explosive devices (IEDs), which function as antipersonnel mines and are therefore prohibited by the Mine Ban Treaty. Although remote-detonated IEDs cause a significant number of casualties in several countries and create similar needs for survivor assistance, casualties due to these weapons are not included because they are not victim-activated. Casualties due to antivehicle mines are included in the totals, unless the antivehicle mine was clearly remote-detonated.

² In 2006, fewer than 3.5% of all casualties were women. Total female casualties accounted for less than 10% (200 women, 209 girls and 55 of unknown age) in 63 countries in 2006. Although women and girls comprise a smaller percentage of the total recorded casualties they are often under-reported and they face additional discrimination, including abandonment and limited access to medical services in some countries.

³ A child casualty is defined as a civilian under the age of 18. In 2006, one military casualty under 18 was reported, but this person was recorded as military.

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Highest percentages of child casualties in States and areas with more than 20 casualties in 2006

State or area	Child casualties	Total casualties	Child percentage
Syria	17	21	81
Palestine	23	34	68
Somaliland	63	96	66
Ethiopia	21	34	62
Afghanistan	469	796	59
Nepal	91	169	54
Eritrea	17	34	50
Mozambique	17	35	49
Chad	61	139	44
Vietnam	42	96	44

Child casualties and gender

The vast majority of child casualties are boys (83%). Boys between the ages of five and 14 were particularly affected. 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, gathering wood and food, or collecting scrap metal. Boys are more prone than girls to tamper with explosive devices. In **Afghanistan**, boys traditionally tend animals and collect wood and water, putting them at greater risk from mines/ERW: the most common activities at the time of the incident were tampering (128 children), tending animals (117 children), playing or recreation (88 children of 90 casualties). Boys between seven and 14 constituted 43% of total casualties.

Though there were fewer girls than boys, girls are still affected and female casualties are often under-reported. In **Afghanistan**, 78 of recorded female casualties were girls under 18 (60 of 77). In countries like **Yemen**, where girls traditionally herd sheep, they constitute a high-risk casualty group. For example, in 2005, five girls were injured by an antipersonnel mine in an area they thought had been cleared in al-Dale governorate. But stigma about disability also means that many girl casualties are not reported, do not receive medical or other care and are considered a burden on their families. In **Lao PDR**, children were 49% of casualties where the age was known (24) and girl casualties at 30% of child casualties, a percentage considerably higher than the international average.

In 2006, improvements in accuracy of reporting the gender of child casualties were noted. In 2005, the gender of 42% of child casualties was known, which increased to 84% in 2006.

States with the most child casualties in 2006

States	Boy	Girl	Child
Afghanistan	409	60	469
Cambodia	109	31	140
Nepal	65	26	91
Lebanon	67	0	67
Colombia	54	12	66

Child casualties by device, activity and location

While the percentage of ERW casualties compared to mine casualties increased in 2006 among all casualty groups, this trend is more noticeable among child casualties. Evidence shows that ERW, usually found on the surface and often appearing interesting to children, are an increasing cause of child casualties,

especially when countries are in conflict or are transitioning out of an emergency situation. Children are attracted to playing with unknown devices, often while bored during other tasks, such as tending animals. It is reasonable to predict, therefore, that a significant number of casualties recorded as ‘tending animals’ were actually as a result of playing or tampering with an explosive device. Recovering and selling metal from ERW provides children with pocket money or can be the child’s contribution to the family’s income. Children are often more vulnerable to ERW present in or near a community as they might be unaware of the danger or distracted while playing. In addition, children, sometimes unaware of what the dangerous artifact they have discovered actually is, might also bring the object into the home or school – potentially causing more casualties.

In **Cambodia**, where children represented almost one-third of all casualties (140), 83% of child casualties were caused by ERW (116). In addition, 85 percent of all cluster submunition casualties were children (17 of 20) in 2006. In **Lebanon**, where in 2006 one-third of reported casualties were children (67), most incidents were caused by cluster submunitions and 49% of these were children. Most children were injured in the direct aftermath of the conflict while playing in or near the house or while walking through the village. In **Nepal**, 82% of casualties resulting from intentional handling of ERW were children and analysis of casualty data showed that nearly 41% of child casualties (37 of 91) occurred in the home. This was more than double the rate of the two nearest locations where children became casualties combined: in villages/towns (18%) and roads (15%). In **Lao PDR**, high-risk groups included children who collect scrap metal, children involved in agriculture, and children playing or tampering with UXO. In addition, nearly half of all cluster submunition casualties (14) were boys. In **Mozambique**, nearly half of casualties in 2006 were children, with almost everyone killed or injured while playing with explosive devices.

Assistance to child casualties

Survivor 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. However, child survivors have specific and additional needs in all aspects of survivor assistance. 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. In **Lebanon** and **Colombia**, survivors are only entitled to free replacement prosthetics after two and five years, respectively – a time-period not adapted to the needs of a growing child. In **Chechnya**, analysis of 10 years of casualty data found that children sustained more upper body injuries and upper limb amputations as they were more likely to be injured by ERW than were adults. However, affordable functional upper limb prostheses are not available to most survivors, while the loss of the use of hands severely impedes education and employment prospects.

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. Psychological support for children experiencing trauma is rarely available while the psychological effects linger for many years (and sometimes for the rest of their life). 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 to certain activities. This is a demotivating 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 2006-2007, however, few substantial efforts to improve survivor assistance for children were demonstrated in the countries with the most reported child survivors. For example, no progress was reported on **Cambodia**’s survivor assistance goals to “Assist disabled children reach full potential” and “Develop comprehensive community projects; equality in society and provide special care for severely disabled children.” No progress was reported on **Mozambique**’s survivor assistance goal to “Ensure mobility of children with physical disabilities.”