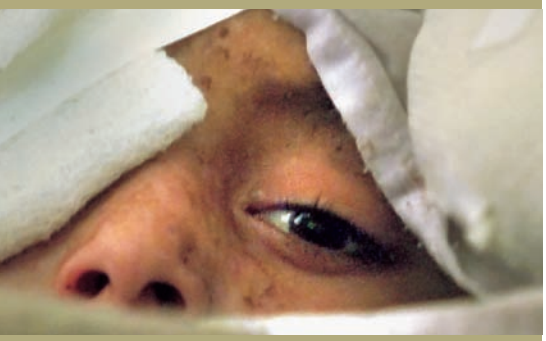
ICRC

CLUSTER MUNITION VICTIMS

WHAT IS KNOWN AND WHAT IS NEEDED?



REUTERS/Damir Sagoli

OVERVIEW

There are victims of cluster munitions in at least 21 States and four areas of Africa, the Middle East, Asia and Europe. A 2007 study published by Handicap International confirmed 13,306 deaths and injuries due to cluster munitions. Men were found to be the most frequent victims, followed by children, who are often attracted by the shape, size and colour of cluster munitions. Boys are particularly at risk due to the activities they are often assigned in rural communities (such as farming and herding). Women make up a smaller percentage of cluster munition victims in most of the contaminated areas.

Survivors of cluster munition incidents will often have serious blast or fragment injuries. They will frequently need long term treatment and rehabilitation, which will include medical care, physical rehabilitation, psycho-social support and socio-economic reintegration.

WHAT ARE THE EFFECTS OF CLUSTER MUNITION INCIDENTS ON VICTIMS?

People who survive the explosion of a submunition are likely to have serious, often multiple blast or fragment injuries. Such injuries include not only damage to vital organs but also the loss of hands and feet. Eye injuries are common. Submunitions also tend to kill or injure several people in a single incident more frequently than other explosive remnants of war (ERW) (ICRC). In **Laos**, for instance, submunitions were responsible for 43% of all multiple casualty ERW incidents (Handicap International, 2007).

Physical injury is often accompanied by psychological trauma. Surviving victims suffer loss of dignity and self-esteem, and they are frequently subjected to discrimination and ostracism. The psychological impact is heightened when a victim is no longer able to fulfil the role he or she previously played in the family or community. If severely disabled, survivors may not be able to resume their former work and may become unemployed.

The countries and regions in which affected communities live are usually poor and the economies in which they subsist are primarily agricultural. In **Chad**, for example, the affected areas are mainly rural and the farmers and shepherds there generally have a low income (Handicap International, 2007). Submunition contamination can increase the vulnerability of such communities because it can hinder access to farmland and water sources. In the aftermath of conflict it can also block the rebuilding and restoration of homes, schools, roads and other infrastructure.

Mushroom farmer Do Thien Dang survived a cluster munition explosion, but will remain disabled for life.

REUTERS/Nguyen Huy Kham

According to Handicap International, victims of cluster munitions can currently be found in:

Afghanistan
Albania
Bosnia and Herzegovina
Cambodia
Chad
Chechnya
Croatia
Eritrea
Ethiopia
Iraq
Israel
Kosovo
Kuwait
Laos
Lebanon
Montenegro
Nagorno-Karabakh
Saudi Arabia
Serbia
Sierra Leone
Sudan
Syria
Tajikistan
Vietnam
Western Sahara

WHO ARE THE VICTIMS OF CLUSTER MUNITIONS?

Information on victims of cluster munitions is often hard to obtain because data is not always separated out from that concerning accidents caused by other unexploded ordnance, and because many accidents are never recorded. It is clear, however, that where cluster munitions have been used on a large scale, they cause significant numbers of preventable civilian casualties.

Men are generally the most common victims of cluster munitions. In **Laos**, for example, they represent 84.1% of all those killed or injured (Handicap International, 2007). In families where males are the main income earners their death or injury represents a great economic loss for the family.

The psychological impact for men upon losing their role as the main income earner is also considerable, especially given the lack of rehabilitation and reintegration programmes, financial assistance and vocational training in many countries.

Children are also common victims of cluster submunitions. Reasons for this include children being particularly attracted to the shape, size and colour of submunitions and, in many societies, their engaging in livelihood activities that expose them to risk. Boys are particularly at risk and in most cases constitute the second largest group of victims after men (Handicap International, 2007).

In **Kosovo**, 62.5% of the civilian victims in the year after the conflict (March 1999–August 2000) were boys under 18 (Handicap International). Those killed or injured by submunitions were five times more likely to be under the age of 14 than those injured by anti-personnel mines (ICRC). Data gathered by UXO Lao since 1999 in areas where it operates indicates that more than 50% of the victims in Laos are children. In **Cambodia**, boys aged between 6 and 15 represent 37.8% of all cluster submunition victims (Handicap International, 2007).

Incidents involving children usually occur while they are playing, carrying out livelihood activities or collecting scrap metal. In **Afghanistan**, children make up 36.3% of overall victims and 40% of post-strike victims. The most common activity at the time of these incidents is tending animals, with children constituting 52% of those that become victims while tending animals. (Handicap International, 2007). In **Laos**, the price of scrap metal rose significantly between 2002 and 2005, and children were reported as being regularly engaged in scrap collecting, including the collection of explosive ordnance (GICHD).

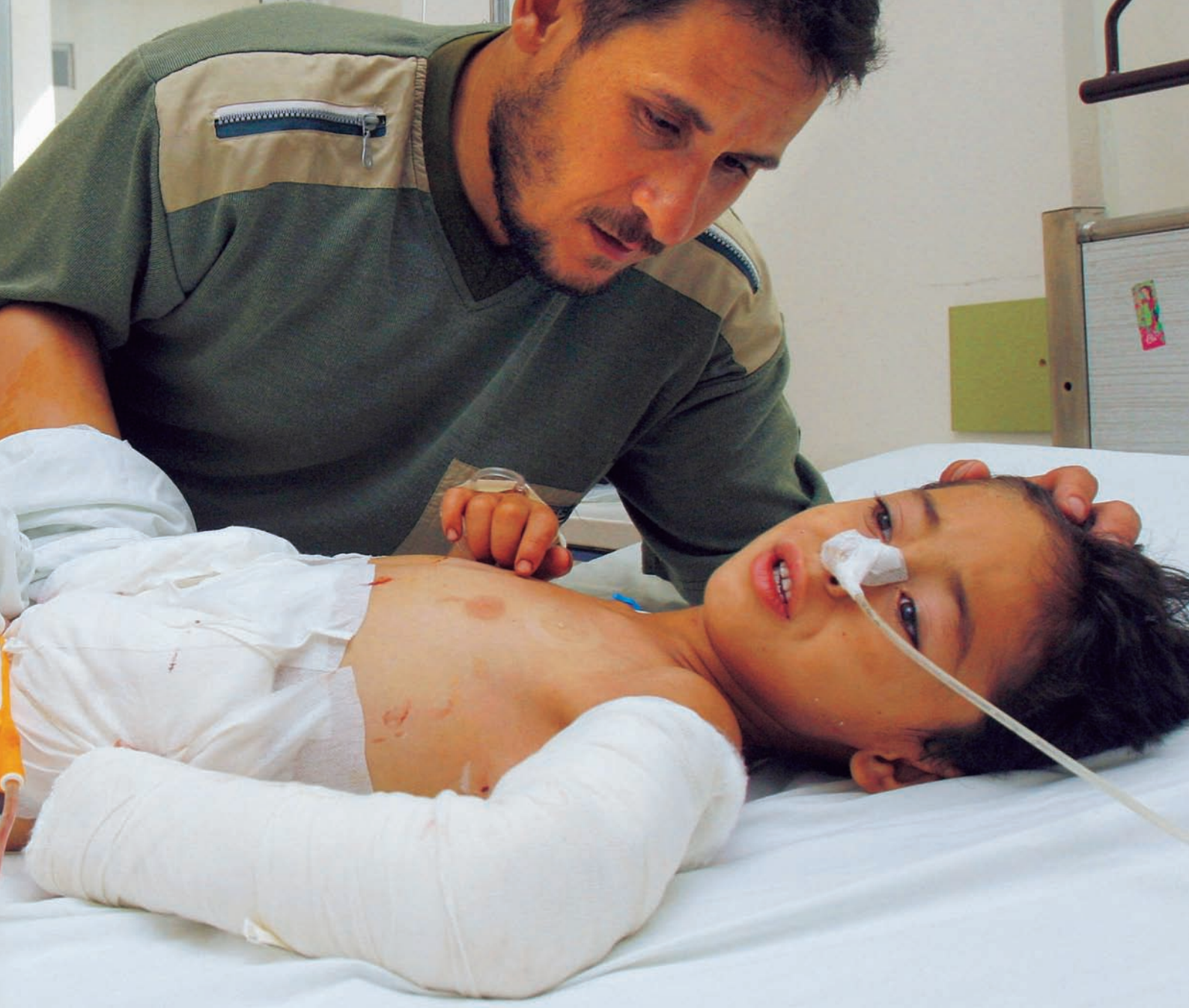
In addition to their physical injuries, children injured by cluster munitions often suffer flashbacks, nightmares, poor memory, lack of concentration and behavioural changes.

Women become victims less often. However, the number of women victims is higher in countries with a greater number of women-led households where they engage in livelihood activities traditionally carried out by men (e.g. herding, farming and collecting wood). In **Tajikistan**, where in some areas up to 50% of the male workforce has gone to work abroad, women accounted for 17% of submunition casualties and girls for 10% (Handicap International, 2007).

In addition to the psychological impact, women whose spouse has been killed or injured by a cluster munition often face difficulties obtaining employment, in par-ticular where this contravenes cultural norms.

Returnees are the main victims in several countries. In **Vietnam**, for example, 52.4% of all cluster munition victims occurred during the first five years after the war, making post-conflict returnees the largest group at risk (Handicap International, 2007).

In August 2006, approximately 1 million people fled southern **Lebanon** because of the conflict. One week after the ceasefire, 60%-70% of these people had returned, and 33.8% of deaths and injuries caused by submunitions occurred when they entered their villages and went to check on their houses (Handicap International, 2007).



CLUSTER MUNITION VICTIMS

Children are common victims of cluster munitions. Sobhi Abbas was injured while playing with one.

AP/Mohammed Zaatari

WHAT HELP DO CLUSTER MUNITION VICTIMS NEED?

The needs of cluster munition victims must be seen in the broader context of inadequate access to services for victims of armed conflicts in general.

Assistance for the victims of cluster munitions should include emergency and medical care, physical rehabilitation, psycho-social support and socio-economic reintegration programmes, enabling survivors to be included in society. Access to information concerning medical facilities, rehabilitation centres and reintegration programmes is also an important aspect of victim assistance.

Assistance programmes should not only focus on the directly affected individual, but also on their family and community. Victim assistance is a long-term activity that must continue even after all unexploded submunitions have been cleared.

Legislation and public policies are needed to protect the rights of disabled persons, including cluster munition survivors, from discrimination, and to ensure that they have equal access to public facilities, social programmes, education and employment. Helping survivors is more than just a medical or rehabilitation issue; it is also a human rights question. Ratification and implementation by States of the recently adopted Convention on the Rights of Persons with Disabilities (December 2006) is an important step towards implementing an integrated approach to the needs of survivors.

ARE CLUSTER MUNITION VICTIMS GETTING THE HELP THEY NEED?

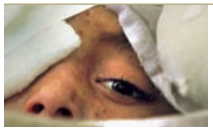
The most significant problem is the dangerous environment accompanying the armed conflict. This means that the need for medical and rehabilitation services increases at precisely the time when the ability to deliver such services diminishes.

These dangers also make it harder to collect reliable data to guide assistance efforts. Effective assistance depends on accurate data about the impact of cluster munitions and other needs in a given context.

Whether due to the lack of security, remote location or a poor health care system, people living in many areas contaminated by cluster munitions have limited access to medical facilities or victim assistance programmes.

The cost of medical treatment can be crippling for families of survivors. They frequently have to sell their main source of income, such as livestock, to pay the bills for initial hospital treatment, follow-up treatment and rehabilitation. Transport costs alone can be a huge burden, as the nearest medical or rehabilitation facilities are often hours away from the location of the incident.

Assistance to cluster munition victims is not always seen as a priority, even by affected communities themselves, in comparison to other urgent problems, such as ongoing violence or HIV/AIDS.



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0946/002 02.2008