



ICRC



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OVERVIEW

To reduce the humanitarian consequences of cluster munitions, the Red Cross and Red Crescent Movement promotes new norms, works in affected communities to reduce the effects of these weapons, and helps people who have been injured by them. The ICRC is actively engaged in all multilateral discussions on cluster munitions, and many National Red Cross and Red Crescent Societies are encouraging their governments to review national laws and policies and support new international rules on these weapons. The ICRC and National Societies undertake a range of activities to reduce the impact on civilians of weapon contamination, including unexploded cluster munitions. These include incident-data gathering, risk education, and measures to facilitate safe access to food, water and fuel in contaminated areas. The ICRC provides assistance to cluster munition victims through its support for first-aid services (often run by National Societies), surgery and physical rehabilitation.

CLUSTER MUNITIONS

WHAT IS THE RED CROSS AND RED CRESCENT MOVEMENT DOING TO REDUCE THE IMPACT ON CIVILIANS?

PROMOTING NEW NORMS

The ICRC has been active on the issue of cluster munitions since 2000 when it called for specific new rules of international humanitarian law to protect civilians from the effects of these weapons. Subsequently, a number of National Red Cross and Red Crescent Societies have been raising public awareness of the specific humanitarian concerns related to cluster munitions and encouraging their governments to examine national cluster munition policies and support international regulation of these weapons. The Norwegian Red Cross has played a prominent role within the Movement on this issue. In early 2007, the Norwegian and Lebanese Red Cross Societies organized a meeting on cluster munitions in Tyre, Lebanon, for National Societies interested in working on the question. The meeting brought together representatives of thirteen National Societies, many of which have become active on this issue.

Since recent international discussions on cluster munitions began, following the Kosovo conflict in 1999, the ICRC has participated in all multilateral discussions on these weapons, both in the framework of the Convention on Certain Conventional

Weapons and in the "Oslo process." The latter has brought together 130 States with a view to concluding a treaty in 2008. In April 2007, the ICRC convened an international meeting of government and independent experts to discuss the humanitarian, military, legal and technical aspects of cluster munitions, together with possible solutions. The work of this meeting is being fed into the on-going national and international discussions on the cluster munitions problem.

In 2007, the ICRC extended its previous position to specifically call for the development of an international treaty that would prohibit the use, development, production, stockpiling and transfer of inaccurate and unreliable cluster munitions. In addition, the treaty should provide for victim assistance, the clearance of cluster munitions and activities to minimize the impact of these weapons on civilian populations. In late 2007, the Council of Delegates, representing all components of the International Movement of the Red Cross and Red Crescent, supported this approach to ending the humanitarian problems caused by cluster munitions.

ACTIVITIES TO REDUCE THE EFFECTS OF WEAPON CONTAMINATION

The ICRC recently adopted the term *weapon contamination*, to reflect the diverse range of contamination resulting from the use of weapons in today's conflicts, including that due to unexploded cluster submunitions. ICRC action related to weapon contamination is based on the nature and extent of the humanitarian need, and not on the type of weapon causing the problem. Reducing the impact of weapon contamination on civilians and ensuring that ICRC personnel can safely

and effectively conduct food, shelter, water and protection activities are basic elements of the ICRC approach to protecting and assisting the victims of armed conflict and other situations of violence.

There are three aspects to ICRC operational activities aimed at reducing the impact of weapon contamination: rapid response, a multidisciplinary approach and building up the capacity of National Red Cross and Red Crescent Societies.

RAPID RESPONSE

In emergency situations, the ICRC and a country's National Society are often the first agencies to have access and to initiate humanitarian action. In consultation with the United Nations Mine Action Service (UNMAS), the ICRC has developed a **rapid response capacity** that includes the ability to carry out initial surveys of mine and explosive remnants of war contamination, perform spot explosive ordnance disposal tasks, conduct small clearance operations, mark contaminated areas, raise public awareness and gather data. The aims of these activities are to facilitate safe access for relief and protection activities and to protect the population.

MULTIDISCIPLINARY APPROACH

In the long term, clearance is the only solution for affected communities. However, the pace of mine clearance is often slow and its scope limited. Pending clearance, the ICRC implements 'interim' multidisciplinary activities to protect civilians from death and injury and to facilitate safe access to food, water etc. in contaminated areas. Examples include the use of micro grants (to reduce the economic need that drives people to collect scrap metal or to enter an area containing unexploded cluster munitions to gather food), the provision of safe alternative water sources, or the reconnection of a gas supply where people

are forced to scavenge for firewood in an area hit by cluster strikes.

CAPACITY BUILDING

In addition to running its own programmes to reduce the impact of weapon contamination, the ICRC has the lead responsibility for mine action (i.e. activities to reduce the impact of mines and explosive remnants of war, including cluster munitions) within the Red Cross and Red Crescent Movement. Up to 90% of ICRC programmes therefore focus on building up the capacity of National Red Cross and Red Crescent Societies working in their own countries. Through their volunteers, National Societies have extensive networks at the community level. In addition, National Societies are auxiliary bodies to their governments. They therefore have a crucial and irreplaceable role to play as an integral element of any national strategy to address weapon contamination.

The ICRC supports National Societies in developing an integrated, sustainable approach that will enable them to take a lead role in victim surveillance, community liaison and awareness. Examples of countries where this has been successful include Afghanistan, Bosnia-Herzegovina and Cambodia. In both Afghanistan and Cambodia, National Societies provide over 90% of the incident data that reaches



Finding employment is one of the most difficult challenges faced by disabled survivors of cluster munitions and other explosive remnants of war. After receiving a loan from the ICRC's microcredit programme, Sayed Mohamed is now running a vegetable stand.

Marko Kokić/ICRC



National Society instructors teach children how to identify explosive remnants of war.

Johan Sohlberg/ICRC

the bodies coordinating mine action. Incident data gathering is also a crucial contribution towards understanding the extent and nature of the contamination in an affected area, and ensuring that resources are focused in accordance with humanitarian priorities.

ASSISTING THE VICTIMS

Cluster-munition-affected countries or areas in which the ICRC or its Special Fund for the Disabled provide or support victim assistance activities include: Afghanistan, Albania, Cambodia, Eritrea, Ethiopia, Iraq, Laos, Lebanon, the Russian Federation (Chechnya), Sudan and Vietnam.

The ICRC assists victims of explosive remnants of war (ERW), including cluster munitions, by supporting or providing surgical services, by supporting first-aid services (often run by National Societies) and by supporting or running physical rehabilitation services in conflict-affected countries.

In 2007, the ICRC was supporting hospitals in 18 countries and 88 physical rehabilitation projects in 26 countries. In four of these countries (Afghanistan, Angola, Cambodia and Ethiopia), the ICRC is the main international organization providing or supporting physical rehabilitation services.

The ICRC Special Fund for the Disabled helps ensure the continuity of support for physical rehabilitation services by providing technical and material assistance to rehabilitation centres, many of which have previously been supported by the ICRC. This ensures access to services for a large number of mine/ERW survivors.

In 2007, the SFD was supporting 61 projects in 29 countries.



Disabled survivors require assistance for the rest of their lives. An artificial limb should be replaced every three years on average.

Roland Sidler/ICRC



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