



## ICRC War Wounded Assistance Programme

One of the first casualties of war can be the health system itself. During armed conflict, even if health services – or parts of them – remain operational, the number of patients is likely to rise, access can be difficult, dangerous or even prohibited in parts of a country, supply chains can be blocked and medical services disrupted.

As part of its mandate to assist people affected by armed conflict, and to help ensure their protection in accordance with international humanitarian law (IHL), the ICRC works to improve the availability of medical services in conflict-affected areas of Afghanistan. In June 2006, at a time when the conflict was intense, an ICRC assessment of the needs of those injured or otherwise affected by the fighting led to the creation of the War Wounded Assistance Programme (WWAP). Through this programme, the ICRC assists victims of the conflict in all five regions in Afghanistan. There are four components: training, supply, transport of the wounded, and first aid.

### Training

Acknowledging the fact that quick and efficient first aid stabilization in the field can save lives, first aid training has become a cornerstone of the WWAP. In 2010, the ICRC trained 968 persons in basic first aid and emergency medical stabilization. Of these 968 persons, 50% were from the Afghan National Security Forces (ANSF), approximately 40% were from various armed opposition groups and 10% were ICRC-affiliated taxi drivers, and personnel from First Aid Posts (FAP) and the Ministry of Public Health (MoPH). Each participant in the training receives a first aid backpack with sufficient dressing material to treat 100 minor injuries.

### Supply

The ICRC donates medical materials and supplies to persons treating the wounded. These are members of the parties to the conflict and civilian providers of medical services who approach the ICRC for help. Assistance is given only after the ICRC makes its own assessment of the request, and according to the needs of each person. The ICRC verifies that the person who will be using the medicine and medical material has the skills to use the supplies effectively and safely. The ICRC can provide three different kits (dressings, oral drugs, and intravenous drugs and fluid). The content of the kits is based on ICRC guidelines for the treatment of war wounded. Each kit -- which can treat up to 30 persons with severe wounds or 300 with minor injuries -- is intended for stabilizing injured persons in preparation for their transport to an appropriate health facility. In 2010 the ICRC delivered 1,588 kits to designated recipients including armed opposition groups, ANSF, ICRC supported FAP and various MoPH health facilities.

### Transport of wounded

Together with first aid, the timely transfer of wounded or sick persons to an appropriate health facility improves that person's chances of survival. As MoPH ambulances have no access to rural areas of Afghanistan, let alone to areas of conflict, the sick and wounded face difficulty in accessing medical facilities safely and in a timely manner as required by their medical condition. The ICRC has therefore established a network of locally-based private taxi drivers who have access to insecure areas where fighting is taking place and are able to transport the injured to a functioning health facility.

Currently the ICRC is in contact with 35 such taxi drivers living in southern Afghanistan and reimburses their taxi fare when they transport war wounded persons. The drivers are not ICRC employees but carry a stamped, signed identification card explaining their role in evacuating the wounded. Similarly, the taxis used are private cars and not ICRC vehicles, and do not bear the Red Cross or Red Crescent emblem. The ICRC facilitated the transport of 2,035 persons during 2010. Of that number, 82% were males over 15 years, 5% were females over 15 years and 13% were children up to the age of 15.

### First Aid Posts (FAP)

The ICRC established first aid posts in conflict-affected areas of rural Afghanistan so that the war wounded could be stabilized prior to being transported to a more substantial medical facility. The ICRC currently supports 4 FAPs, one each in the provinces of Badghis, Uruzgan, Helmand and Zabul. FAP staff are contracted by the ICRC to provide first aid to wounded persons (civilians and combatants), without distinction on any ground other than medical ones, in accordance with the law, medical ethics as well as the ICRC's principles and mandate. The locations of the FAPs are made known to all parties to the conflict in those areas. During 2010, ICRC FAPs treated approximately 6,700 persons, of whom 59% were males over 15 years, 17% were females over 15 years and 24% were children up to 15.



A medical staff in the male Intensive Care Unit of Mirwais Hospital in Kandahar treating a man who received a gun shot wound while driving his truck through a street in Kandahar City.

### **International Humanitarian Law (IHL)**

In addition to its impartial assistance to all wounded and sick persons, whichever side of the conflict they may belong, the ICRC's main concern is to promote respect for the rules of IHL, otherwise known as the law of armed conflict. These rules protect both the sick and wounded, and those providing them with medical care.

As a neutral and independent humanitarian organisation, the ICRC seeks to ensure this by holding regular discussions with all parties to the conflict. A priority aim is trying to ensure that victims of the conflict have timely access to the care they need. IHL applicable to the armed conflict in Afghanistan sets out an obligation on all sides to respect and protect -- in all circumstances -- the wounded and sick, as well as medical personnel exclusively assigned to and involved in medical duties, as well as medical facilities and transport such as ambulances used for that purpose.

### **Protection of the wounded and sick**

At the heart of the ICRC's WWAP is the fundamental IHL rule that "the wounded and sick shall be collected and cared for". They may not be attacked. Each party to the conflict must take all possible measures to protect the wounded and sick against ill-treatment, and against pillage of their personal property.

This rule has to be applied to all wounded and sick persons, regardless of their status, allegiance or previous participation in hostilities, i.e. regardless of which side they may have been fighting on. IHL also prohibits compelling a person engaged in medical activities to perform acts contrary to medical ethics, such as favouring one patient over another on non-medical grounds.

While IHL prohibits attacks against fighters placed hors de combat by sickness or wounds, in the context of a non-international armed conflict such as in Afghanistan, IHL does not prohibit an injured combatant from being arrested, detained and tried in accordance with Afghanistan's criminal laws, but he is also entitled to receive the medical care required by his condition while in detention.



A taxi arrives with some war wounded patients to the OPD unit at Mirwais Hospital.

### **Protection of the medical personnel and services**

IHL also protects those who take care of the wounded and sick, including military and civilian medical personnel and Red Cross and Red Crescent medical workers, so long as they are solely involved in their humanitarian tasks.

Medical personnel, units and transport exclusively assigned to medical duties and uses must be respected and protected in all circumstances. They may not be the object of attack and their work or safe passage should not be unnecessarily impeded or obstructed. They lose their protection if they commit or are being used to commit acts harmful to the enemy outside their humanitarian function. Direct participation in hostilities, or the transport of healthy troops, arms or munitions in medical vehicles are examples of actions that would result in the loss of protection. In comparison, being in possession of small arms and ammunition taken from sick and wounded enemy patients whilst they are being treated does not constitute an act harmful to the enemy. If a medical unit has lost its protection, the attacking party must issue a warning, setting, whenever appropriate, a reasonable time limit before targeting it. An attack may only take place after the warning has remained unheeded.

### **The impartial role of the health provider**

Providing medical assistance to wounded or sick fighters is not a violation of the law; on the contrary, IHL requires that such assistance be given, and be given impartially. This means that a person cannot be arrested for having provided medical assistance to someone considered the enemy, nor can his actions be considered as acts harmful to the enemy. Indeed, IHL prohibits the punishment of a person for performing medical duties compatible with medical ethics.

### **The protective emblem**

Medical personnel and objects (e.g. medical facilities) are protected because of their function and status. The distinctive emblems of the Red Cross and Red Crescent are intended to facilitate their identification. Attacks directed against medical personnel and objects displaying the distinctive Red Cross or Red Crescent emblems in conformity with international law are prohibited. So is the improper use of these distinctive emblems.

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