

NMAS 13.10 Mine Victim Assistance

March 2020

Edition 2.1

Lebanon Mine Action Center-LMAC

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Warning

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Foreword

The National Mine Action Standards (NMAS) of Lebanon were first developed in the form of Technical Standards and Guidelines (TSG). After the Lebanon Mine Action Policy was released in 2007, these TSG were edited into the first edition of the NMAS in 2010 and were written to concurrently comply with the first edition of the International Mine Action Standards (IMAS). Since then, the scope of the IMAS has been expanded to include more components of mine action and amended to mirror the most recent changes to standards as required in today's operations. These changes, as well as changes in the local context of Lebanon, have necessitated a review and update of the NMAS.

As detailed in the National Mine Action Policy of 2007, the Lebanon Mine Action Center (LMAC) has the responsibility to execute and coordinate the Lebanon Mine Action Program (LMAP) on behalf of the Lebanon Mine Action Authority (LMAA), including the development and amendment of standards. Such standards shall be developed in a participatory approach that shall involve international, governmental, and nongovernmental organizations.

The NMAS shall be reviewed as needed to reflect amendments in the IMAS as well as incorporate changes to international obligations and local requirements. Such revisions shall be regularly made available on the LMAC's website www.lebmac.org or can be obtained through contacting the LMAC via the email info@lebmac.org.

Acronyms

ERW Explosive Remnants of War

HMA Humanitarian Mine Action

IA Implementing Agency

IMAS International Mine Action Standards

IMSMA Information Management System for Mine Action

LMAA Lebanon Mine Action Authority

LMAC Lebanon Mine Action Center

LMAP Lebanon Mine Action Program

MoPH Ministry of Public Health

MoSA Ministry of Social Affairs

MVA Mine Victim Assistance

MVAT Mine Victim Assistance Team

NMAS National Mine Action Standards

QA Quality Assurance

QC Quality Control

Introduction

Mines and explosive remnants of war (ERW) (also known as Explosive Ordnance, EO) threaten the lives and livelihoods of innocent citizens in Lebanon, inflicting horrific and indiscriminate injury on victims that in many cases result in severe disabilities and death. Victim Assistance is an integral part of Lebanon's mine action strategy. The aim of Victim Assistance (VA) is to bring about positive and sustainable improvements in the daily lives of citizens and communities that have been directly or indirectly harmed by the presence of mines or ERW. The term 'victim' has been traditionally used to describe those affected, but 'survivor' may be used if preferred. The expression 'Mine Victim Assistance' is often used, and in this context that includes of victims of ERW other than mines.

VA in Lebanon is undertaken on the basis of a three-tiered approach, founded on the IMAS definition of a 'victim' as any person who has been negatively affected (physically, psychologically or economically) by the presence of mines/ERW. The term 'victim' is not limited to the person directly suffering injury or death: it includes directly affected individuals and their families, as well as affected communities. This definition also complies with that provided in the Convention on Cluster Munitions (CCM).

People injured by mines or ERW need immediate, and sometimes intensive, medical assistance, often followed by lengthy physical and psychological rehabilitation and measures to ensure socio-economic reintegration. Assistance also involves supporting measures to protect mine/ERW survivors with appropriate laws and with policies against discrimination. A number of governmental decrees have ensured that in most cases, mine/ERW victims are provided with free-of-charge emergency care services and medical treatment but more work is needed to cement victims' rights in the broader context of their injuries (e.g. economic and social reintegration, and long-term physical rehabilitation).

To help reduce the impact of injury on victims/survivors of mines/ERW, and as described in the National Mine Action Policy 2007, the Lebanon Mine Action Center (LMAC) is required to design and implement, directly or indirectly, comprehensive and extensive victim assistance interventions and support initiatives based on the standards and guidelines set out in this document. The LMAC has the responsibility to manage, coordinate, prioritize, monitor, evaluate, and follow-up all activities implemented nationally within the framework of Victim Assistance in mine action. The implementation of such activities is managed and coordinated with and through the Mine Victim Assistance Steering Committee. The LMAC and its partners are required to be active in the support of efforts to reduce any discrimination or stigmatization that victims of mines/ERW may experience in Lebanon.

Mine Victim Assistance (MVA) in Lebanon

1. Scope

This NMAS provides standard guidelines and requirements for the provision of Mine Victim Assistance (MVA) and the appropriate/expected conduct of Accredited Implementing Agencies (IAs) that engage in MVA initiatives in Lebanon.

MVA encompasses emergency medical assistance after an injury sustained as a result of mines/ERW as well as any subsequent physical rehabilitation, psychological and psychosocial care, and economic reintegration that is required. It also involves supporting measures to raise public and political awareness and improve the legal rights of victims.

When engaging in MVA activities and interventions, Accredited IAs and members of the MVA Steering Committee shall abide by the standards provided in this NMAS.

2. References

A list of normative and informative references is provided in Annex A.

Normative references provide cross-referencing to other standards referred to in this standard and which form an integral part of the provisions of this standard.

Informative references provide a list of documents that may be consulted for a clearer understanding of this standard.

3. Key Terms and Definitions

The following terms and definitions relate to MVA and are used in this NMAS:

- *Economic Reintegration:* activities aimed at supporting victims to economically reintegrate into society by achieving economic independence, through education, training, or employment.
- *Mine survivor:* refers to a man, woman or child who has suffered harm or injury as a result of a mine, ERW or cluster munition accident.
- Mine victim: refers to those who have been injured or killed by mine/ERW explosions, and those who have been indirectly impacted by an explosive incident such as family members and communities. Casualties in demining accidents are also mine victims.
- *Mine Victim Assistance (VA):* refers to all aid, relief, comfort and support provided to victims (including survivors) with the purpose of reducing the immediate and long term medical and psychological implications of their trauma.
- Mine Victim Assistance (MVA) Steering Committee: a committee managed and coordinated by the LMAC, chaired by the LMAC Mine Victim Assistance Section Head,

and formed of the representative of the Ministry of Social Affairs (MoSA), the representative of the Ministry of Public Health (MoPH), as well as national, international, and non-governmental organizations working in Lebanon that are accredited by the LMAC and implementing MVA activities.

- Mine Victim Assistance Team (MVAT): a team of professionals providing MVA services to victims, their families, and their communities.
- Psychological and Psychosocial Support: activities aimed at supporting victims (individuals and communities) to heal on the psychological level and to rebuild social ties following a mine/ERW accident or incident.

In addition to the above terms, NMAS 04.10 provides a glossary of terms and definitions used across all standards.

As in the IMAS, the terms 'shall', 'should' and 'may' are used across all standards to indicate the required degree of compliance. For any organization working in Lebanon, the use of 'shall' indicates a compulsory requirement. The term 'should' indicates the national preference which may be varied with LMAC approval. The term 'may' indicates a suggestion that is not obligatory.

3.1 Medical Terminology

The following medical terminology is used in this NMAS:

- Amputation: surgical removal of all, or part, of a limb or extremity.
- Assistive devices: refers to devices designed to aid the mobility of persons suffering from malfunctioning or missing limbs, and may include prosthetics and orthotics (e.g. wheelchairs, crutches).
- *Physical rehabilitation:* refers to the process by which medical professionals attempt to reduce the physical limitations inflicted on a victim by an injury, and may include physiotherapy and the provision (and support for the use) of assistive devices.
- Prosthetics: refers to artificial substitutes or replacements for lost limbs.
- Trauma: refers to a physical or psychological injury caused by an external event.

4. Applicability

This NMAS applies to all organizations and institutions that implement MVA in Lebanon, and shall be referred to in the planning and implementation of MVA programs. The provision of MVA is one of the pillars of humanitarian mine action (HMA) described in the Mine Ban Treaty and is a core part of HMA in Lebanon.

MVA in Lebanon is undertaken with a three-tiered approach. Those tiers are:

- (1) individuals who are directly affected by mines/ERW;
- (2) the families of individuals who are directly affected by mines/ERW; and
- (3) their communities.

It is managed and coordinated by the MVA Section Head, through and in coordination with the MVA Steering Committee.

Mine/ERW survivors in Lebanon require varying degrees of assistance, depending on the extent of their injuries, family resources, age, gender, and available community support. The scope of MVA cannot be rigidly defined because MVA has to be responsive, adaptable and flexible, reflecting a dedication to the provision of complete and comprehensive care for survivors, their families, and affected communities.

5. MVA Pillars

In the context of this NMAS, MVA activities should be consistent with the six internationally renowned pillars of victim assistance shown in the graph below and should be far reaching, ranging from immediate and comprehensive medical care, through to continuing care, rehabilitation and support, economic reintegration, and support for enhanced legal rights. Emergency/Medical Care and Assistance activities should be designed to limit the actual physical impact of a mine/ERW accident/incident, whilst Physical Rehabilitation, Psychosocial/Psychological Support and Counseling, and Economic Reintegration should aim to reduce the lasting impact of any sustained injuries. Data Collection and support for enhanced Laws, Regulations, and Policies should cut across all interventions.



Figure 1: MVA Pillars

5.1 Emergency and Continuing Healthcare

Emergency and continuing healthcare includes activities supporting a mine/ERW victim's medical state immediately following the infliction of injuries sustained as a result of mines/ERW, and up until the provision of definitive care needed to stabilize the victim's condition. Accordingly, it includes:

- (1) evacuation and first aid services;
- (2) transportation,
- (3) hospitalization; and
- (4) emergency care services, including victim registration.

An adequately trained first aider should provide evacuation and first aid services. After evacuation, victims should be transported in properly equipped vehicles to the nearest health center and the LMAC should be immediately notified of the accident. Specialized doctors should perform any necessary surgical or amputation procedures when required. When possible, a psychosocial assistance team should support the victim during medical procedures.

Before the victim is discharged, the LMAC should assign a delegate to fill-in the Victim Form to ensure that the victim is registered in the victims' database and becomes eligible for the receipt of services. The delegate should coordinate to obtain a Disability Card for eligible victims from the Ministry of Social Affairs (MoSA).

Following hospitalization, the victim's needs should be assessed by a delegate from the MVA Steering Committee. Depending on the victim's condition, the delegate should direct the victim to where he/she may receive the required services and assistance.

5.2 Physical Rehabilitation

Physical rehabilitation should be provided to victims on two levels; the personal level and the context level. All provisions should be coordinated with the MVA Steering Committee to ensure the avoidance of duplication.

Depending on needs, personal-level provisions may include physical rehabilitation, occupational therapy, speech therapy, prosthetic support, visual devices, mobility devices, and auditory aids. Provisions should abide by the minimum standards set by the MVA Steering Committee.

Context-level provisions may include adaptation to houses, schools, workplaces, cars, community spaces, and access roads. Any such adaptations should comply with the minimum standards set in Law 220/2000 "Access and Rights of People with Disability", in the National Standards for Securing the Rights of Disabled Persons, and in the Convention on the Rights of Persons with Disabilities.

5.3 Psychological and Psychosocial Support

Psychological and psychosocial support should be included in the support provided to the direct victim and their family members. Support should be geared towards assisting victims to improve their coping mechanisms, care for their injury and prosthetics when applicable, respond to psychological trauma, and reduce deleterious emotional effects of accidents.

Such support should only be provided by appropriately trained MVA staff and relevant experts in a non-discriminatory, gender- and age-sensitive manner. The support should be coordinated with the MVA Steering Committee to ensure the avoidance of duplication.

5.4 Economic Inclusion

Economic inclusion focuses on supporting victims to reintegrate into their communities through the provision of education, training, and employment support. Such activities should be designed to ensure the economic independence of victims and their families and to comply with the minimum standards set in Law 220/2000.

The LMAC and the MVA Steering Committee should actively seek funding to support the establishment of activities geared towards the economic reintegration of mine/ERW victims, including vocational training programs, job placement, and livelihood development.

5.5 Cross-Cutting Pillars

Data collection and support for improvement of laws, regulations, and policies should cut across all pillars of Mine Victim Assistance. Data collection should be designed to directly feed into assessing needs, while support for improvement of laws, regulations, and policies should focus on supporting victims to attain access to the four MVA pillars.

5.6 Data Collection

Mine/ERW related data can significantly contribute towards improving the delivery of integrated mine action and MVA. Data collection and analysis is an integral part of MVA that provides evidence to inform the appropriate design, planning, prioritization and implementation of relevant, effective and sustainable MRE and MVA interventions. The collection of data regarding mine/ERW related accidents and the numbers and profiles of mine victims/survivors, is essential in evaluating the need for assistance, for MRE and for prioritizing demining activities. To avoid duplication and ensure maximum efficiency, as outlined in Article 13 of the Mine Action Policy, the LMAC in cooperation with members of the MVA Steering Committee should maintain a database of all mine victims. This data collection provides evidence for the periodic needs assessment that is fundamental to the prioritization and refinement of sustainable and sustained MVA interventions.

5.7 Improving Laws, Regulations, and Policies

To ensure the sustainability of MVA interventions, efforts should be continuously exerted by the LMAC and the MVA Steering Committee to ensure the integration of MVA into the broader national policies and frameworks and to ascertain that victims are provided with an acceptable level of care and access to services. Due to the nature of their injury, most victims of mines and ERW are covered under the Law 220/2000. Accordingly, the LMAC, in coordination with the MVA Steering Committee, should raise victims' awareness of their rights and actively support implementation mechanisms for Law 220/2000.

6. Reporting, Monitoring, and Evaluating MVA Activities

IAs shall provide detailed and timely reports of MVA activities as required by the LMAC. Comprehensive reporting provides the evidence on which improvements of service delivery can be planned and reduces any risk of duplication.

Accredited MVA IAs shall ensure that their MVA projects and initiatives remain within the scope of this NMAS by conducting regular, well-documented, and relevant internal monitoring and by transparently sharing information. In this respect, the following requirements shall be complied with:

- IAs shall submit progress reports to the LMAC every 3 months to be integrated within the national report that the LMAC raises to the Landmine Monitor;
- IAs shall submit any MVA project proposal to the LMAC for approval before submitting it to potential donors;
- during the first month of the year, IAs shall submit an annual plan to the LMAC using the format presented in Annex B;
- before the end of the first month of each year, IAs shall submit timely and thorough annual narrative reports to the LMAC, detailing their activities and outputs over the previous 12 months using the standard format template presented in Annex C; and
- casualty and victim reports shall be submitted to the LMAC urgently and in the formats required.

The LMAC may also arrange for the conduct of external QA/QC monitoring to review and assess MVA projects and initiatives implemented in Lebanon. When this occurs, the IA shall provide all reasonable assistance to the external QA/QC monitors.

7. Ethical Conduct of the MVA Team

The IA's MVA team members shall be required to respect the confidentiality of personal information gathered during their work.

Staff implementing MVA interventions shall:

- ensure the involvement of appropriate authorities when planning and implementing MVA interventions;
- maintain a strict code of humanitarian and professional ethics during the conduct of MVA initiatives;
- maintain political and religious neutrality at all times during MVA interventions;
- respect the victims' and community's expectations of privacy;
- avoid raising any expectation that may not be fulfilled;
- listen attentively and seek empathy with the local community; and
- ensure that they abide by any security/safety advice circulated by the LMAC.

8. Accreditation

Accreditation of MVA IAs formally recognizes the organization as proficient and able to provide VA to impacted communities efficiently and effectively. The accreditation process results in granting the successful applicant IAs an accreditation certificate for the duration of their agreed project. No entity shall engage in MVA activities without a prior accreditation issued by the LMAC.

To be eligible to receive accreditation, the IA shall:

- be legally eligible to work in Lebanon;
- have submitted clearly defined Standard Operating Procedures (SOPs) related to MVA to the LMAC for assessment and, when appropriate, approval;
- have the financial and administrative means to conduct one or more defined MVA projects in Lebanon; and
- have, or have made provision to provide, one or more a suitably trained MVA teams.

9. Roles and Responsibilities

9.1 Role of the LMAC

The LMAC shall:

- coordinate and oversee the National MVA Program and approve all MVA interventions;
- seek administrative and logistical support to facilitate the work of MVA IAs as required in the National Mine Action Strategy;
- assess applications for MVA accreditation and, when appropriate, accredit MVA IAs before agreeing and signing a Memorandum of Understanding (MoU) with them;

- assess the IA's MVA SOPs and approve their use when appropriate;
- support the development and update of bylaws for the MVA Steering Committee and call for periodic meetings of the MVA Steering Committee to coordinate activities;
- conduct independent QA/QC oversight of MVA interventions, as appropriate;
- liaise with donors to help to secure support for MVA support activities including those aimed at helping victims secure their rights and reintegrate into the wider community;
- assess MVA project plans/proposals to ensure that they accord with the requirements of this NMAS; and
- maintain a database of all victims, in cooperation with the MVA Steering Committee.

9.2 Role of the MVA Steering Committee

The MVA Steering Committee shall:

- review, revise and add MVA Steering Committee bylaws, as appropriate;
- assist the LMAC to assess, coordinate and prioritize all MVA activities implemented nationally;
- seek to support the achievement of the National Mine Action Strategy;
- be active in the support of efforts to reduce the discrimination and stigmatization that victims of mines/ERW may experience; and
- raise awareness concerning victims' rights and how to deal with injuries sustained as a result of mine/ERW explosions.

9.3 Role of MVA IAs

IAs wishing to engage in MVA activities shall:

- submit all necessary documentation to the LMAC and gain accreditation to work in MVA, then sign an agreed MoU with the LMAC. When the IA is an international organization, they should have a national partner organization;
- obtain prior written approval from the LMAC for any funding request submitted to donors in which MVA activities are planned;
- abide by this NMAS and provide access and assistance to any external QA/QC monitoring authorized by the LMAC;
- ensure that the LMAC is informed urgently about any new mine/ERW incident resulting in victim(s) discovered during their work;
- share information required by submitting the MVA Field Report digitally within a period of one week of any implemented activity, submitting quarterly progress

reports, and the MVA Annual Plan form and MVA Annual Report form (see Annexes); and

• Provide the LMAC with all project/program donor reports prior to submission to donors



ANNEX A: Normative and Informative References

March 2020

The documents listed below constitute normative references and form an integral part of the provisions of this standard:

- Current LMAC and IMSMA reporting formats (request copies from the LMAC);
- NMAS 05.10 Information Management;
- NMAS 04.10 Glossary of Mine Action Terms, Definitions, & Abbreviations used in the Second Edition of the NMAS;
- Lebanon National Mine Action Policy 2007; and
- Law 220/2000 on the Rights of Persons with Disabilities (Lebanese national law).

In addition to the normative references listed above, the following informative references may be consulted:

- Convention on Cluster Munitions;
- Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons which May Be Deemed to be Excessively injurious or to Have Indiscriminate Effects (CCW);
- The 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, which is often abbreviated to the Anti-Personnel Mine Ban Treaty or the Ottawa Convention; and
- "Convention on the Rights of Persons with Disabilities Toolkit for Advocacy".



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ANNEX B: Presenting an MVA Plan

March 2020

The following template should be used to present the MVA plan for assessment.

GENERAL INFORMATION							
Name of IA	:						
Subject	:	MVA Plan					
Date Submitted	:						
Activity Type	:	☐ Emergency Care	☐ Physical Rehabilitation				
		☐ Psycho-social Support	☐ Economic Reintegration				
		☐ Needs Assessment	☐ Advocacy				
		\square Other, please specify:					
Activity Duration	:	From:	То:				
Location	:						
1. TARGETED CO	MN	1UNITY					
Please describe the	e ta	rgeted community					
2. METHODOLOG	ŝΥ	AND TOOLS					
2. METHODOLOGY AND TOOLS Please describe the methodology that will be adopted in implementing the MVA interventions as well as any tools/ techniques that will be used.							
3. MONITORING							
Summarize the monitoring plan that will be adopted to assess the effect and impact of the implemented activity.							
4. RELEVANT QU	ALI	FICATIONS OF INDIVIDUAL, TI	EAM, OR ORGANIZATION				
· -		4. RELEVANT QUALIFICATIONS OF INDIVIDUAL, TEAM, OR ORGANIZATION Describe the qualifications of the individual, team, or organization who will be assigned the responsibility of implementing the MVA activity.					



GENERAL INFORMATION

LEBANON NATIONAL MINE ACTION STANDARDS

Edition 2.1

NMAS 13.10

ANNEX C: MVA Reporting Template

March 2020

An MVA Annual Reporting Template is reproduced below. IAs should ensure that they use the latest version.

Name of IA :		
Subject : Annual	Reporting Template	
Date Submitted :		
MVA INITIATIVE OVERVIEW		
Please include all projects/initiat	ives implemented in the past ca	alendar year (12 months)
Number of MVA Initiatives imple	mented:	
Total funding received for MVA p	projects:	
Total number of direct beneficial	ries:	
Total number of final beneficiario	es:	
Please duplicate the box belo	w depending on the number	of MVA initiatives implemented:
MVA INITIATIVE 1		
Project Title:		
Location:		
Partner(s):		
Target Groups:		
Beneficiaries		
Project Activities:	☐ Emergency Care	☐ Physical Rehabilitation
(Check all that applies)	☐ Psycho-social Support	☐ Economic Reintegration
	☐ Needs Assessment	☐ Advocacy
	☐ Other, please specify:	
Donor:		
Project Date and Duration:		
Lessons Learnt:		
Problems Encountered:		



ANNEX D: IMSMA Demining Casualty Report

March 2020

The images below shows an IMSMA Demining Casualty Report form. The IA should ensure that it uses the latest version.

ported by: ganization (Address & Tel): set city from demining accident: ovince: istrict: 1.11 Subdistrict: istrict: 1.12 Nearest city: 1.13 Municipality: ualty data isualty ID: mily name: 2.5 Sex: Male Female st name: 2.6 Date of report: 2.7 Address: st name: 2.10 Organisation: istrict: 2.11 Status: Civilian Military ies: st the person injured or killed: Killed Injured 3.2 If killed, manner of death:	1.7 Date of report: 1.4 Organization (Address & Tel): Nearest city from demining accident: 1.9 Province: 1.10 District: 1.12 Nearest city:
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☐ other:	Loss of: Other Injuries:
10 - 17700000 - 1	
Loss of: Other Injuries:	
Loss of: Eyesight Eyesight Description: Head/Neck	Back □ □ □ Chest
Loss of: Eyesight	Abdomen Abdomen
Loss of: Eyesight Eyesight Hearing Back Abdomen Abdomen	
Loss of: Eyesight	Hand/Finger Hand/Finger Pelvis/Buttocks Upper limbs
Loss of: Eyesight Eyesight Head/Neck Chest Chest Arm Abdomen Pelvis/Buttocks Pelvis/Buttocks Pelvis/Buttocks Chest Che	□ Above Knee □ Above Knee □
Loss of: Eyesight Eyesight Head/Neck Head/Neck Chest Right side	□ Below Knee □ □ Lower limbs
Loss of: Eyesight Eyesight Hearing Back Chest Abdomen Hand/Finger Hand/Finger Lower limbs Lower limbs Lower limbs Lower limbs Lower limbs Lower limbs Lower limbs Lower limbs Lower limbs Above Knee Log Lower limbs Lower limbs Lower limbs	Foot/Toes Foot/Toes
☐ During transport to health care facilit	☐ In site ☐ at health care facilit ☐ During transport to health care facilit ☐ other:
☐ During transport to health care facility	☐ During transport to health care facility
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Continued.

IMSMA Casualty Report form continued.

☐ Mine action personne]]]	☐ Contract ☐ Governr ☐ LMAC/R ☐ NGO ☐ UN	ment					
☐ Military	> [☐ Int. pead ☐ National						
□ Civilian) •	☐ National ☐ IDP ☐ Local re: ☐ Passing ☐ Pastoral ☐ Refugee	sident through list/nomad					
☐ Aid worker ☐ Civilian ☐ Government official ☐ International observer ☐ Other ☐ Unknown		_ No.cgo_						
Did the person wear pro	ntective ec	quinment?	☐ Yes I	□ No □ Unk	nown			
Was the equipment effe		dader	☐ Yes	Marie and the state of the stat	0.63441.			
			☐ res	_ 140 Olsk	ionii.			
		able):	res					
Medical report reference Device that caused the □ 5.1Unknown	e (if availa	g acciden					111.	
Device that caused the 5.1 Unknown	e (if availa	g accident		5.5Qt		lift fitted	5.7Booby	trapped
Device that caused the 5.1 Unknown	e demining	g accident	t		√ ⁵⁶ Anti-	lift fitted	^{5.7} Booby	trapped
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ANNEX E: IMSMA Civilian Casualty Report

March 2020

An IMSMA Civilian Casualty Report form that is used when citizens not working in demining become a casualty of mines or other ERW is shown below. The IA should ensure that it uses the latest version.

LEBANON NATIONAL MINE ACTION STANDARDS

¹ General mine accident informa	tion:				
1,1Mine accident ID:		1.6 Data ent	try date:		
1.2Date and time of mine acc.:	1.7 Data entry by:				
1.3Data gathered by:		1.8 Date of report:			
1.4Reported by:		1.9 Date of report received:			
1.5 Organization (Address & Tel):					
Nearest city from mine accident	1.12Subdistri	ct			
1.11 District:	1.13Nearest				
	1.14Municipa				
Victim data 2.1Victim ID:	□ East □ W	/est □ No	orth – West	☐ South - West	□ Unknown
		2021	2.7Address:		
^{2.3} Family name: ^{2.4} First name:	2.5 Sex: ☐ Male 2.6 Date of Birth:	☐ Female	Address.		
First name.	Date of Birth.				
Hearing Right side	☐ Killed ☐ Injure Eyesight ☐ Hearing Left side		d, manner of in situ During transpother: her Injuries: Head/Neck Back —	at health care for to health care for	acility
Hand/Finger [☐ Hand/Finger	Pe	elvis/Buttocks □	Upper limit	

Continued.

⁴ Other Information:		
4.1 First medical facility reached		alth center Hospital
4.2 Time until first facility reache		
43Time until first hospital read		
4.4Name of first hospital reach	ed:	
4.5 Activity at time of mine accid	dent:	
□ Tending animals/livestock	□ Passing/standing r	nearby Collecting wood/food / water Hunting/fishing
□ Demining □ Military	☐ Police	□ Playing/recreation □ Tampering
☐ Farming ☐ Unknown ☐ Other:	☐ Traveling in vehicle	e
^{4.5} How often did the person go	there?	☐ More than once a day ☐ Once a day ☐ Several times a week or less ☐ Never before
^{4,7} Did the person know that an	ea was dangerous?	Yes No Unknown
4.8 If they knew area was dang	erous, why did they go	there? no other access economic necessity other
^{4.9} Did the person see the obje	ct before the accident?	No ☐ Yes, did not touch ☐ Yes, touched it ☐ Unknown
4.10 Did the person receive min	e awareness training?	Yes No Unknown
4.11 Medical report reference (if		THE PRODUCT WAS A PROPERTY OF THE PROPERTY OF
Wedical report reference (iii	available).	
4.12Was area marked?		Yes □ No
4.13 Occupation:		4.14 Occupation prior to mine accident
☐ Mine action personnel	☐ Contractor☐ Government☐ MAC☐ NGO☐ UN	☐ Mine action personnel ► ☐ Contractor ☐ Government ☐ LMAC/RMAC ☐ NGO ☐ UN
☐ Military •	Int. peacekeepe □ National	
☐ Civilian ■		☐ Civilian ☐ IDP ☐ Local resident ☐ Passing through
☐ Aid worker		☐ Aid worker
☐ Government official		☐ Government official
☐ International observer ☐ Other		☐ International observer ☐ Other
□ Unknown		□ Unknown

Continued.

IMSMA Civilian Casualty Report form continued.

5.1 Activity class		52-53 Method					5.4 Frequency
			270TO				
Other persons invo					others were k others were in		
^{6.1} FirstName	^{6.2} Name	•			^{6.3} Status		
					☐ Killed	☐ Injured	
					☐ Killed	☐ Injured	
□ 7.1 Unknown □ 7.6 Booby trap	□ 7.2 Anti-p	accident ersonnel mir	ne □ ^{7,3} Ant □ ^{7,8} Spe	i-tank mine ecify device	□ ^{7.4} Clus , if it is know	ter ammuni n:	tion□ ^{7.5} other UXO
□ ^{7.8} Booby trap Appendix	□ ^{7.2} Anti-p □ ^{7.7} Fuse		ne □ ^{7,3} Ant □ ^{7,8} Spe	i-tank mine ecify device	□ ^{7,4} Clus , if it is know	ter ammuni n:	tion□ ^{7.5} other UXO
□ 7.1 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2	□ ^{7,2} Anti-p □ ^{7,7} Fuse Method:	ersonnel mir	□ ^{7,8} Spe	ecify device	, if it is know	n:	
□ 7.1 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2	☐ 7.2 Anti-p☐ 7.7 Fuse Method:	ersonnel mir	□ ^{7,8} Spe	ecify device	, if it is know	n:	tion□ ^{7.5} other UXO • Support to demining
□ 7.5 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2 Community liaison:	Method: Commun 53 Other:	ersonnel mir ity mapping what other?	□ ^{7,8} Spe	ecify device	e, if it is know	n:	
□ 7.1Unknown	Method: Commun 53 Other:	ersonnel mir ity mapping what other? nering	□ ^{7,8} Spe	naintenanc	e • Minefiel	n: d handover	Support to demining 5.3 Other: what other?
□ 7.1 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2 Community liaison: Info. management: Media:	Method: Commun 53 Other: Data gatl	ersonnel mir ity mapping what other? nering distribution	Marking r Evaluation	naintenanc	e • Minefiel	n: id handover initoring • Video	Support to demining *5.3 Other: what other?
□ 7.1 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2 Community liaison: Info. management; Media: Presentation:	Method: Commun 53 Other: Data gatt Material	ersonnel mir ity mapping what other? nering distribution ity	Marking re Evaluation Printed pre Safety brief	naintenanc	e • Minefiel • Mo dio • TV • Scl	d handover initoring • Video	• Support to demining • ^{5.3} Other: what other? • ^{5.3} Other: what other? • ^{5.3} Other: what other?
□ 7.1 Unknown □ 7.6 Booby trap Appendix 5.1 Activity class / 5.2 Community liaison:	Method: Commun 30 Other: Data gati Material Commun Festival Child-to-d	ity mapping what other? nering distribution ity • Music	Marking re Evaluation Printed pre Safety brief	naintenanc ss • Ra fing • Theater	e • Minefiel • Mo dio • TV • Sci	n: d handover nitoring • Video hool road show	• Support to demining • ^{5.3} Other: what other? • ^{5.3} Other: what other? • ^{5.3} Other: what other?

NMAS 13.10, Edition 2.1: Amendment Record

The NMAS are subject to a comprehensive or partial review by the Review Board periodically. Changes in the context as well as safety requirements and efficiency considerations may necessitate amendments to individual NMAS standards more frequently. If this occurs, such amendments shall be given a number, dated, and detailed in the table below. The amendment should also be indicated on the header under the NMAS edition number.

Whenever the formal review of the NMAS is completed, a new edition shall be issued. Amendments that have taken place before the review date shall be incorporated in the new edition and the amendment record table cleared. Consequently, the recording of amendments shall start again until the next review.

The most recent revisions of the NMAS shall be posted on the Lebanon Mine Action Center (LMAC) website on www.lebmac.org.

Number	Date	Amendment Details
1	March 2020	Minor revisions throughout.