Program Related to assist the Survivors Divided to three Phases

- PHASE 1  Survey all The affected Area
- PHASE 2  Medical Examination
- PHASE 3  Direct Support
<table>
<thead>
<tr>
<th>Period</th>
<th>Mine Victims</th>
<th>Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communities</td>
<td>Victims</td>
</tr>
<tr>
<td></td>
<td>involved</td>
<td>Killed</td>
</tr>
<tr>
<td>Recent Victims</td>
<td>82</td>
<td>67</td>
</tr>
<tr>
<td>Victims of Less Recent Date</td>
<td>478</td>
<td>2,513</td>
</tr>
<tr>
<td>All Victims</td>
<td>492</td>
<td>2,580</td>
</tr>
<tr>
<td>Had no victims</td>
<td>104</td>
<td>-</td>
</tr>
</tbody>
</table>

**Recent Victims**

392

Found during Phase No1
And accidents from May 2000 to December 2003
Some Photos of The Recent Victims

Female
Male
Children
What we do for them

- Field evacuation if we are available in the area
- Paying all the Medical costs
- Follow-up the case and provide all the assistance needs
- Provide the artificial limbs or any needs
- Including the victim on the list which will be sent to the Ministry of Social Affairs
Comprehensive Care Victim Assistance Program

Phase One

- Locate survivors and complete medical history forms
Copy of Form of the Phase One

Victim Assistance Program Consent Form

We are here to collect information about your injuries. By participating in the Yemen Humanitarian Demining Program, you will be helping other Yemeni's with injuries. If we can collect enough data, a medical review will be held to determine if any medical assistance can be offered. Some injuries can be helped by doctors, and some cannot, but your information will help others and if God wills it, the doctors will be able to help you.

نص هذا النموذج بعض المعلومات عن القضايا. ويشار إلى النموذج في البرنامج الإنساني ل завод الإقامة في اليمن. يمكن أن تساعد المعلومات التي نقوم بتجميعها، في تقديم المساعدة المطلوبة. بعض الإصابات يمكن مساعدته أو بعضها، لا يمكن مساعدتها ولكن البيانات المتعلقة بها، قد تكون مفيدة في إعداد الحسابات الإنسانية. ولذا، فإننا نستعين بأن نقدم لكم المساعدة في ذلك.

Victim Name: مساوئ محالة

Victim Signature: signature

Date of data Collection: 28.10.2088

VICTIM INFORMATION

Date Collector ID Number: Victim ID Number

Fecha de recolección: Nombre del recolector: 

Who Sullied The Information?

Vicinity: Vicinity

Vicinity’s Family Relative: Vicinity’s Family Relative

Community Member: Community Member

Military: Military

Occupation before the accident: Occupation before the accident

Occupation now: Occupation now

Father's name: Father's name

Name of victim’s village/town: Name of victim’s village/town

 Governate: Governate

Number of children/dependents: Number of children/dependents

Age (Years): Age (Years)

Sex: Sex

عدد الأطفال الذين يعودون

العمر

-E-
Injury Information Continued

- Was first aid given at the site of injury? [ ] No [ ] Yes (Specify)
- Was first aid given by a medical person? [ ] No [ ] Yes (Specify)
- How long after the injury did care begin?
  - Not Applicable
  - Less than 30 minutes
  - 30-60 minutes
  - 1-2 hours
  - More than 2 hours
- Was the victim taken to a hospital/clinic? [ ] No [ ] Yes
- Was anyone else injured at the same time? [ ] No [ ] Yes
  - Number injured? [ ]
  - Number killed:
    - Number of people injured (if known)
    - Number of people killed (if known)
- Were any animals injured at the same time? [ ] No [ ] Yes (Specify)
# Disabilities

**Data Collector ID Number**: [Blank]

**Victim ID Number**: [Blank]

Does the victim have difficulty seeing?  
- Yes (Specify below)
- No

**Specify Below**:  
- Right Eye Blind
- Right Eye Weak
- Left Eye Blind
- Left Eye Weak
- Both Eyes

Does the victim have difficulty hearing?  
- Yes (Specify below)
- No

**Specify Below**:  
- Difficulty following conversation
- Unable to hear loud noises
- Hard to follow

Does the victim have any limb amputations?  
- Yes (Specify)
- No

<table>
<thead>
<tr>
<th>Right Arm</th>
<th>Right Leg</th>
<th>Left Arm</th>
<th>Left Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td>Hip</td>
<td>Shoulder</td>
<td>Hip</td>
</tr>
<tr>
<td>Humerus</td>
<td>Femur</td>
<td>Humerus</td>
<td>Femur</td>
</tr>
<tr>
<td>Elbow</td>
<td>Knee</td>
<td>Elbow</td>
<td>Knee</td>
</tr>
<tr>
<td>Forearm</td>
<td>Tibia/Trula</td>
<td>Forearm</td>
<td>Tibia/Trula</td>
</tr>
<tr>
<td>Wrist</td>
<td>Ankle</td>
<td>Wrist</td>
<td>Ankle</td>
</tr>
<tr>
<td>Hand</td>
<td>Foot</td>
<td>Hand</td>
<td>Foot</td>
</tr>
<tr>
<td>Thumb</td>
<td>Ache</td>
<td>Thumb</td>
<td>Ache</td>
</tr>
<tr>
<td>Fingers</td>
<td>Ache</td>
<td>Fingers</td>
<td>Ache</td>
</tr>
</tbody>
</table>

Can the victim walk unaided?  
- Yes
- No

Does the victim walk with the aid of crutches?  
- Yes
- No

Does the victim have a wheelchair?  
- Yes
- No

Is the victim still in pain from the injuries?  
- Yes
- No

Does the victim have phantom limb sensation?  
- Yes
- No

Is the victim still having treatment?  
- Yes (Specify)
- No

Has the victim had physiotherapy?  
- Yes (Specify)
- No

Has the victim had any psychological support?  
- Yes (Specify)
- No

Has the victim had any vocational training?  
- Yes (Specify)
- No
Victim Assistance Program

Phase two

Schedule the examination to determine needs / treatment
**Physical exam. sheet**

Name: 
Occupation: 
Age: Sex: M / F 
Governorate: 
District: 
Village: 
History: Medical History: 
Trauma: Y / N; if yes, then location of accident:

---

**Clinical Discharge Summary**

<table>
<thead>
<tr>
<th>Admission cause:</th>
<th>Diminished vision (p.s.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic Summary:</td>
<td>Pt. about 10 yr. old, has history of landmine trauma since four years</td>
</tr>
<tr>
<td>Physical Ex. Summary:</td>
<td>conscious, oriented, afibrile</td>
</tr>
<tr>
<td></td>
<td>Chest clear,</td>
</tr>
<tr>
<td></td>
<td>CVS. NORMAL DOUBLE RHYTHM</td>
</tr>
<tr>
<td></td>
<td>ABD. SOFT.</td>
</tr>
<tr>
<td>Eye: mild div. Squint</td>
<td>const, pupil, cataract, amyopia</td>
</tr>
<tr>
<td>Investigations On Admission:</td>
<td>C.B.C. A+B- scan</td>
</tr>
<tr>
<td>Medical Intervention:</td>
<td>Complete [ ] Incomplete [ ] Not Practised [ ]</td>
</tr>
<tr>
<td>Operation:</td>
<td>Complete</td>
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<tr>
<td>Progress:</td>
<td>E.C.C.E.</td>
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</tbody>
</table>
Victim Assistance Program
Phase Three

According to exam report, provide corrective surgery, physical therapy, prosthesis fitting, medical equipment such as wheel chairs, hearing aids, glasses, crutches or other walking devices. All expenses are covered by National Mine Action Program including transportation and hotel, food, and daily allowance.
<table>
<thead>
<tr>
<th>Year / Month</th>
<th>District</th>
<th>No. of Victims</th>
<th>Medical Support Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Support / Aid / Assistance Provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hearing Aid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
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<td>0</td>
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<td>2002</td>
<td>3</td>
<td>96</td>
<td>600</td>
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<tr>
<td>Total</td>
<td>5</td>
<td>150</td>
<td>774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>District</th>
<th>Medical survey phase No. of Victims</th>
<th>Examination phase No. of Victims</th>
<th>Medical Support Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Support / Aid / Assistance Provided</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Hearing Aid</td>
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<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
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</tbody>
</table>

### What We Need

Medical Training in proper procedures for immediate trauma care for mine victims
- Surgical Training in proper techniques to save the limb if possible, or best practice for amputation
- Accepting evacuation to Medical Facilities for most difficult cases
- Physical Therapy equipment
Phase Four
Reintegrate the survivors in the productive society
Through
- Teaching the survivors any profession (like stitching, decoration hoses, needlework etc.)
- Opining any kind of small business
- Establish association for the survivors and support the NGOS who work in this field.
- Including them in Government social affairs lists
Thank you

Mansour Al Ezzi

Project Manager
Director Of Yemen Executive Mine
Action Center

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00 796 71102 618
Fax 00 1 796 302 791/5