JMU Casualty Database Workshop, May 13-14, 2002

Sponsored by the U.S. Department of State, Humanitarian Demining Program Office

Working Group Recommendations (as of May 24, 2002)

The following recommendations were drawn up by each of the three sub-groups who then shared their recommendations with all the participants in a concluding plenary session. The work of the sub-groups built upon the open plenary discussion of the previous day. Each sub-group was to draft specific recommendations that the entire group would be asked to review and approve. Please see the attached agenda for more information on the structure and tasks of the workshop.

One issue that was discussed at length on Monday, May 13 that permeated the sub-group deliberations was the role of mine action in victim assistance and what the purposes are for collecting victim data. The Information Management System for Mine Action (IMSMA) which has become the most commonly used database system around the world collects and manages data primarily to facilitate the tasks of locating and clearing mined areas. Some information on victims is useful for this purpose, such as who got hurt (sex, age), the location of the mine accident, what was the victim doing when the accident occurred, and what was the device that caused the accident (some debate over how detailed the information on device needs to be).

The argument was made by the GICHD representatives that in light of the large amounts of data required to provide the full range of services required by victims it is not necessarily the responsibility of the mine action centers (MACs) or national demining organizations (NDOs) to collect additional data on victims, that this is more properly the responsibility of the national ministries of health. Nevertheless, recognizing the greater victim assistance community's information needs IMSMA has been developed to collect some supplementary data on mine/UXO victims. The current version of the IMSMA mine victim functionality was developed in collaboration with the World Health Organization and certain NGOs who advised the IMSMA developers at the GICHD on what data fields should be included.

Many members of the working group recognized the important role played by the MACs/NDOs in collecting mine victim data and agreed that they should continue to do so. They also acknowledged that there is a limit to what the MACs/NDOs should be expected to collect. The effort of mine action to collect data should not be sqaundered, hence the need for a careful evaluation of the data being collected for its relevancy. The workshop participants generally agreed that a two-page incident victim report form was appropriate and that an effort needs to be made to insure that what data is collected on that form be relevant to the purpose for which it is collected. Don't waste time, effort and space on the form collecting something that will not be used.

They also pointed out that what data is collected through IMSMA is only part of the information that is needed to plan and implement victim assistance programs. IMSMA provides useful information for identifying "immediate" victim assistance needs but is not sufficient for planning long-term rehabilitation and reintegration. One participant suggested that a one-time survey of the mine victim situation might be a better way of determing whether there is in fact a "problem" with landmines in a particular country rather than collecting the IMSMA data on a continuing basis. The group was therefore also asked to consider the need for mine victim data beyond just assessing the current IMSMA tool and to make recommendations for promoting the better collection and sharing of information that is required for providing adequate assistance to mine victims. They also considered the connection between mine victims and other people with disabilities.

Sub-group 1 on the Common Core of Data Fields:

Recommendation: The IMSMA terms of "incident" and "accident" be changed to correspond to terminology used in IMAS but that it is important to distinguish between the two concepts

"Incident" should become ***mine accident*** – IMAS definition: an accident away from the demining workplace involving a mine or UXO hazard
"Accident" should become ***demining accident*** – IMAS definition: an accident at a demining workplace involving a mine or UXO hazard
IMAS definition of "accident" – an undesired event which results in harm

Recommendation: Data collection should have a specific, identified purpose. The group recommends the following four purposes and recommends that all data fields be linked to each of these and be relevant to them. If not, then the data field should not be used.

These four (4) purposes for collecting data on mine accident victims are:

1. Operational mine action, which includes surveying, marking, clearance, quality assurance, and operations planning and management
2. Mine risk reduction education
3. Victim assistance
4. Advocacy/Donor information needs/Resource mobilization

The members applied these purposes to the data fields included in the IMSMA Mine/UXO Incident Report and Incident Victim report. If the data fields could be identified as having particular purposes, then they could be assessed based on that purpose and it can be determined whether they are relevant to that purpose. If they do not serve that purpose, then they should be dropped and new data fields could be identified to replace them.

- Demographic information that is collected is useful for all four purposes. The members of the sub-group reviewed demographic information collected as items 2.1-2.7 on the "Victim" report form and decided that they are all relevant. They agreed that it is preferable to specify "Family name" and "First name" and to use "Date of Birth" rather than "age". These were two questions about data fields that arose from the survey component of the project (as summarized in the "Managing Landmine Casualty Data" report issued by the MAIC in January 2002). They could not agree on what other data fields should be added, but **recommended** that country programs customize this section to add additional fields based on the country situation and the purposes for the data. One suggestion was that information on a victim's "Nationality" may be relevant.

1. Operational mine action, which includes surveying, marking, clearance, quality assurance, and operations planning and management

- The "Mine/UXO Incident Report" is viewed as containing data needed for operational mine action. The group **recommends** that mine action operators review these data fields for their relevancy.

- Certain sections of this "Incident Report" form also collect data that relate to the other purposes for data collection. These sections will be identified along with the sections of the "Incident Victim" report form for each of the other purposes identified.

2. Mine risk education

- On the "Incident report" form the location information (Nearest city and Location of incident – items 1.15-1.21), information on device (items 2.1-2.8; also on "Incident Report" form as item 6), and item 1.14 (Was area marked? Also on "Incident Victim" form as item 4.12) also are collected for purposes of mine risk reduction education.

- On the "Incident Victim" form data fields (items) 4.5-4.10 also interpreted as mine risk reduction education questions.

- Sub-group **recommends** that personnel from the mine risk reduction education field assess the relevancy of these questions. Do they provide data that is useful for their purposes? If any of them do not, then they should be removed and potentially replaced with items that serve their purposes better. In particular, workshop participants questioned the relevancy of items 4.6-4.10 and 4.12. Questions also were raised about the need to make so many distinctions about the type of Device. Was it sufficient just to distinguish between APL and other, or APL, anti-tank and other? No consensus emerged and most participants agreed that the information is useful if it can be collected.

3. Victim assistance

- The following sections of data fields on the "Incident Victim" report were identified by the sub-group as having a victim assistance purpose:

  General information (section 1), including location (nearest city – items 1.10-1.14)
  Individual data (demographic information – section 2)
  Injuries (section 3)
  Other Information (section 4 – items 4.1-4.4 on medical facilities, items 4.13 & 4.14 on Occupation, 4.5 on Activity at time of incident, and item 4.11 Medical report reference)
  List of Other Victims (section 5 -- items 5.1-5.3)
  Device (section 6)

- The sub-group **recommends** that the specific items in these sections be reviewed by victim assistance practioners and their relevancy assessed, and those items that are not useful should be removed or replaced by other more relevant items.

- In particular, questions were raised about the need for both Occupation (item 4.13) and Occupation *prior* to accident (item 4.14). It was suggested that one question on the occupation *at the time of the accident* may be sufficient. This item received limited discussion and no consensus was reached. A few participants also questioned the value of using the diagram of the human body to indicate injuries, although this point was not discussed extensively. It did, however, also come up in the survey that was conducted by the MAIC earlier in the project. Both the occupation questions and the diagram take up considerable space on the form; they should be used only if they have a real importance.

- Once again, it is important to emphasize that data collected through IMSMA on mine victims is only part of the information needed to plan and implement victim assistance programs and that mine victims are only one category of people with disabilities that require assistance from the health system.

4. Advocacy/Donor information needs/Resource mobilization

- The subgroup agreed that the individual victim data (demographic information) but without the release of names was important for the purposes of providing donors and the public information about the effects of landmines (the scope of the problem).
- The subgroup concluded that all of the data fields identified as having a victim assistance purpose would also be important for advocacy and donor or public information needs but that the information would be analyzed and reported differently depending on the audience.

Sub-group 2 on Data Collection Methodology, Design of Data Collection Form, Training, and Cultural and Ethical Issues:

Recommendation: The IMSMA terms of "accident" and "incident" need to be reevaluated in order to determine the difference, and possible combining, of the 2 forms in the Incident Report.

Recommendation: In the IMSMA Incident Report and Incident Victim forms, the category names in items 1.3 and 1.4 need either to be changed or those collecting information need to be properly trained to differentiate the sections.

Those collecting the information have often confused these sections in the past. Additional training to clarify the difference may be beneficial.

Or, the wording can be changed.

	Current	**Proposed**
Item 1.3	Data gathered by	Method
Item 1.4	Reported by	Person

An additional suggestion to clarify item 1.3 was to require specification of whether the data came from a medical facility report, a community survey, both or other (specify).

Recommendation: The "Device that caused the incident" section in the Incident Report and Incident Victim forms needs to be reevaluated for relevancy.

Victim reporting, photographs, and patient evaluations can rarely determine what device caused the incident. It is useful information if it can be obtained. Completed forms could be reviewed to determine if the section was completed and if it was completed correctly (if the device was accurately determined at a later time). If it is found that this section was left blank or was inaccurate, then the section may be irrelevant and can be deleted.

Recommendation: Items 4.7-4.10 in the Incident Victim form need to be reevaluated for relevency to mine risk education personnel. Would they make use of such data? How does it help their training programs?

Item 4.7 asks, "Did the person know that the area was dangerous?" This question is often not answered because money may not be given in aid to the victim if the victim was aware of the danger.

The offensiveness as well as relevancy of these questions needs to be taken into consideration.

Item 4.12 ("Was area marked?") was viewed by the members of the sub-group as having immediate value to mine action programming and should be retained.

This sub-group also discussed ***the need to determine who will be using the data and whether they will have access to it.*** The sub-group members saw this as two related issues:1) the need for host governments to provide access to the information, and 2) the need to educate potential users of data about its existence. Those collecting the data have an obligation to make sure those who would be interested in the data know that it exists (that is has been collected). It is important for the authorities to understand that it is to their benefit to share the information. Potential users of the data need to be clear about how they intend to use it – what they can gain by using it or how it is useful to them. *Who* will be using the data determines what should be collected. This point was made in the general discussion sessions of the workshop as well as in the sub-group discussion.

It was suggested that all landmine casualty data collected be reported to the World Health Organization (WHO), in particular Dr. Etienne Krug of the Department of Injuries & Violence Prevention, who is building a database for all trauma. Data on mine/UXO casualties would help in determining the scope of a country's mine problem (as a public health problem).

Recommendation: Mine Action Centers that wish to collect data need to have a partnership either with the WHO directly or with the national Ministry of Health (with whom the WHO maintains contact); this would ensure that the appropriate information is collected and is accessible to those who need it. [Note: Sub-group 3 recommends that MACs or national demining authorities establish direct collaboration with the national Ministries of Health in the efforts to collect mine victim data.]

The sub-group also examined the ***topics of training data collectors and data entry personnel***. It was noted that training is not a simple process and it takes a long time to do it properly. It is also important to offer retraining and refresher courses. Coordination among the various agencies and organizations involved in mine action also is essential to the effectiveness of data collection efforts.

Recommendation: More women and landmine survivors should be employed in various mine action duties, especially in direct victim contact (like surveying) and in data entry activities. Employing landmine survivors helps provide comprehensive solutions to the global mine problem.

Sub-group 3 on the Implementation and Use of a Global Casualty Database System and Related Ethical Issues

The sub-group recommnded taking out the term "global" from the title above. They could not make recommendations for a "global" casualty database system because it was difficult enough to get the various agencies and organizations to collaborate on a national level to establish a casualty database.

The sub-group's report follows:

Recommendations for the Implementation and Use of Casualty Database Systems

Preamble: Ministries of Health are responsible for the long-term health care and rehabilitation of all persons with disabilities, including mine victims.

Recommendation: The standing committee on victim assistance should engage the national Ministry of Health on the need for victim data collection

Recommendation: The primary responsibility for the collection and management of data on mine victims is with the Ministry of Health.

- The Mine Action Center (MAC)/National Demining Organization (NDO) should collaborate with the Ministry of Health and/or health care providers to establish a mine victim data collection system

Recommendation: The MAC/NDO takes the responsibility to advocate the need for data collection within the national mine action authority.

Recommendation: The MAC/NDO takes the responsibility to advocate the need for data collection internally

Recommendation: The confidentiality of victims' information is to be protected to the full extent of the governing law, rule and regulation.

Recommendation: Donors should support and encourage the collection and reporting of casualty data.

Concerns were raised by several participants that Ministries of Health in many mine affected countries already find it difficult to meet their current obligations and that they must be given the needed support from MACs, NGOs, and international donors to allow them to take on the additional responsibility for data collection on mine victims. The Ministries of Health are ultimately responsible for the long term health care and rehabilitation mine victims require but they need assistance in doing this in many cases. The working group acknowledged that the MACs have an important role to play in assisting the ministries to collect mine victim data.

Some participants also pointed out that the responsibility for the medical care and rehabilitation of disabled persons does not just lie with the Ministry of Health but is shared with others such as the ministries of education and labor. It was suggested that the preamble more accurately should read: "Ministries of Health and/or other relevant ministries are responsible for the long term health care and rehabilitation of all persons with disabilities, including mine victims." No consensus on this rewording emerged from the discussion and so the text of the sub-group's recommendation was not altered.

For more information on the workshop and the casualty database project, contact:

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