



# **Guidelines for the Socio-economic Reintegration of Landmine Survivors**

written by

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**Cover: WRF Uganda**—After receiving their new limbs, Ugandan amputees prepare to return to their communities and resume productive agricultural work. Photograph by WRF.



## Introduction

The Mine Ban Treaty entered into force March 1, 1999. Article 6, paragraph 3, of the Treaty requires that States Parties, “in a position to do so shall provide assistance for the care and rehabilitation, and **social and economic reintegration** of mine victims.” The Treaty states:

...assistance may be provided, inter alia, through the United Nations system, international, regional or national organizations or institutions, non-governmental organizations or institutions, the ICRC (International Committee of the Red Cross), National Red Cross or Red Crescent societies and their International Federation, non-governmental organizations, or on a bilateral basis.

While it is preferable that nations conform to the goals of the Mine Ban Treaty, it is recognized that Treaty non-signatories are also making contributions to the development of programs to meet the needs of landmine survivors.

Following the entry into force of the Treaty, the International Campaign to Ban Landmines (ICBL) Working Group on Victim Assistance (WGVA) produced a document entitled Guidelines for the Care and Rehabilitation for Survivors (ICBL, 2000). This document provides an extremely useful set of overall guidelines, which have begun to be used as a reference tool around the world. The WGVA document discusses, among other things, the need for increased assistance in the area of economic integration initiatives, comprehensive psychological and social supports, legislation, public awareness and access to a variety of already existing programs.

Since the publication of the WGVA Guidelines, it has come to light that further elaboration on efforts related to socio-economic reintegration of survivors would be useful for both States developing national policy and practitioners in the field. Thus, UNDP formulated and funded a project to look at the socio-economic reintegration of mine victims. The project was executed by the World Rehabilitation Fund (WRF), and included the development of a series of more detailed guidelines on the specific topic of socio-economic reintegration. UNDP also enlisted the cooperation of the United Nations Mine Action Service (UNMAS) in recognition of that agency’s role as the UN focal point for all mine-related activities.

Prior to initiating the Socio-economic Reintegration program and considering the Guidelines, WRF conducted a round of focus group meetings with both landmine survivors and rehabilitation professionals in Lebanon, Uganda and Guatemala. Feedback from survivors revealed that the most acute needs identified by landmine survivors were not the medical rehabilitation services, but assistance in helping them to resume their roles as productive community members and contributors to their families’ well being.

In 2002, the Anti-Personnel Mine Ban Treaty Standing Committee on Victim Assistance and Socio-economic Reintegration (SCVA) conducted a consultative process to identify its priorities. That process confirmed the findings of the WRF-led focus groups.

These findings accentuate the limited attention being paid to socio-economic reintegration issues in the development of victim or survivor assistance programs. The findings also pointed to the need for guidelines to assist policy makers and service providers develop strategies to best meet the needs of landmine survivors.

The challenge in developing such a document is to strike the best balance between the array of programming options available, something that can be an extremely complex and daunting task, especially when it is not possible to consult with all of the stakeholders in the field.



## Development of Guidelines

The process involved in creating these Guidelines has benefited, not only from the aforementioned focus group feedback, but also from extensive consultation with a wide-range of stakeholders in multiple mine-affected countries. As such, WRF aims to offer a useful tool for those in the field who constantly face decisions about various programming alternatives.

The first step in developing the Guidelines involved an in-depth review of existing guidelines and policies on related matters such as the Guidelines for the Care and Rehabilitation for Survivors, previously mentioned, and the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. Using these publications as a framework, WRF staff, with consultation from the field, developed a classification scheme and then established the core content.

A draft version of the Guidelines was published in *Providing Assistance to Landmine Victims: A Collection of Guidelines, Best Practices and Methodologies*, and distributed in English, French and Spanish at the May 2001 meeting of the SCVA in Geneva. Focus groups then reviewed and discussed this draft to provide essential feedback and to substantiate the potential field application.

## Focus Group Feedback

Targeting Cambodia, Lebanon and Mozambique, the three countries in which WRF/UNDP was involved in carrying out the Socio-economic Reintegration of Landmine Survivors project, WRF conducted two focus groups in each country specifically related to the Guidelines. Of the six focus groups, three consisted of landmine survivors and three included policy makers and service providers, with the average group size being eight. The detailed responses from the groups resulted in extensive revisions to the Guidelines.

## Organization of Guidelines

The Guidelines are organized by topic into a series of Factors. The Factors are then divided into a graduated range of options, from basic services that must be in place to provide a minimally acceptable standard of care, through to a comprehensive listing of services that key stakeholders consider to be of high importance when resources are available.

The Factors themselves are divided into two major categories: "Pre-conditions for Socio-economic Reintegration," and "Target Areas for Socio-economic Reintegration". The "Pre-condition" factors are included since they must be in place for effective socio-economic reintegration to take place. (For example, while not directly involved in socio-economic integration, if the minima of all factors in the pre-conditions are not provided in a timely manner, then the individual injured by a landmine may not be adequately prepared to benefit from further services).

The first major category, **Pre-Conditions for Socio-economic Reintegration** includes four Factors:

- Factor 1 – Evacuation, First Aid, Emergency Care;
- Factor 2 – Physical and Psychological Treatment;
- Factor 3 – Medical and Psychosocial Rehabilitation;
- Factor 4 – Ongoing Medical Follow-up.

The second major category, **Target Areas for Socio-economic Reintegration** includes five Factors:

- Factor 5 – Psychosocial Support;
- Factor 6 – Vocational Rehabilitation;
- Factor 7 – Economic Development;
- Factor 8 – Education;
- Factor 9 – Community Integration and Support.



These Guidelines can be used as a checklist, against which policy and program developments can be compared. It should be noted that the Guidelines are intended to describe what is **minimally** necessary in the developing country context, what is **desirable** where resources permit, and what is required to achieve a reasonably **optimum** level of services to assist in the socio-economic reintegration of landmine survivors.

It is recognized that with tremendous gaps in existing services, combined with the current reality that only limited resources are available for victim assistance initiatives, much work will be required in order to achieve the standards presented in this document. The Guidelines do not constitute levels of excellence, but rather, types of activities that should be established to begin properly addressing socio-economic reintegration strategies for landmine survivors.

In previous drafts of the Guidelines, WRF included two additional factors: Policy Development and Legislation and Data Collection and Dissemination. While WRF places extreme importance on these matters, it has been concluded that the Guidelines should be confined to direct service matters. These two areas do not lend themselves to categorization in the same manner as the other factors. It should be pointed out that the Guidelines themselves could be used for both policy and to identify areas for which data should be collected.

Policy Development and Legislation has been a major area of concern of the ICBL Working Group on Victim Assistance (see Statement for the Second Meeting of States Parties to the Mine Ban Treaty, 2002 and Victim Assistance: Contexts, Principles and Issues, 2002 for example); The Landmine Monitor (especially Landmine Monitor Report, 2000); and the UNMAS paper, Mine action and effective coordination: the United Nations Policy.

The issue is also addressed in several articles that have appeared in The Landmine Monitor (see especially Eitel, 1999).

Data collection and management has been an area of intense focus with the Landmine Impact Survey (LIS) being a major data collection tool and the Information Management System for Mine Action (IMSMA) being the most widely used management system.

Both are constructed primarily to facilitate the tasks of locating and clearing mined areas. Both systems are cognizant, however, of the value of gathering information to help victim assistance efforts. The Mine Action Information Center (MAIC) at James Madison University has been considering the need for data collection in the field and convened a Working Group to assess the usefulness of data collection efforts, focusing primarily on IMSMA, although there was substantial discussion on how to supplement the limited data collected by IMSMA and how to link the IMSMA with other data sources (e.g., Ministry of Health data). The reader is referred to the Working Group Recommendations and other material from the 2002 Landmine Casualty Database Workshop, which can be found on [www.maic.jmu.edu](http://www.maic.jmu.edu). It should be mentioned, however, that data concerning socio-economic integration is covered only minimally in this discussion. Hopefully, MAIC will follow-up this conference with more recommendations on data relating to the areas covered in the Guidelines.

The LIS does consider socio-economic indicators to some extent, aiming in the survey process to identify information on the socio-economic impacts of landmines. They also incorporate a Task Assessment Planning procedure to help each affected community to use information to help develop a strategy to deal with the effects of landmines.

In addition to the data itself, there is also the need to share such information to groups concerned with the development and implementation of services and landmine survivors themselves so that appropriate planning and advocacy strategies can be developed. The user of the Guidelines should be free to “tailor” the data to meet the needs of the interested key partners and the communities involved.



## Use of Guidelines<sup>1</sup>

The Guidelines are intended for use by all mine-affected nations, whether signatories or non-signatories, and may be used in various ways, depending, in part, on the interests and needs of different user groups. They are primarily intended for policy makers and service providers interested in creating substantive change in a nation affected by landmines and UXO, such as:

- Government Ministries
- National and international non-governmental service organizations
- Advocacy groups
- Mine action centers or authorities.

## Strategies for Application

- The Guidelines can serve as a checklist to determine which rehabilitation and reintegration activities are in place and to what extent, in the country or region being reviewed.
- Different sections of the Guidelines may be applied by different users, depending on their areas of responsibility and interest. For example, if a policy maker is interested in developing regulations for a country concerning vocational rehabilitation, items in Factor 6 inform the policy maker of the areas that should be considered. The policy maker may first wish to assure that the nation is compliant with the “minimum standards” before opting to put more ambitious programming in place. Another approach would be to first assure that the minimum standards are carried out in all major areas of the country before progressing to the next level. Alternatively, service organizations may opt to first establish programs in one part of the country to the optimum standard and then use that as a model for future development in other regions of the country.
- Service providers may refer to the Guidelines in order to define their position within the larger continuum of services necessary to assist in the socio-economic reintegration of landmine survivors. The Guidelines can also help such organizations identify other complementary services with which they should consider coordinated and integrated action.
- Advocacy groups may use the Guidelines in a somewhat different manner. They can be used as a checklist for advocates as they campaign for the development of services to meet at least the minimum standards. Because the Guidelines are graduated, once a certain standard is achieved, the strategy of advocacy groups can mature until the optimum standards are provided. The Guidelines offer a basis for helping these groups logically develop plans to look at supporting their constituency in the most helpful manner.

Another point that should be made about the Guidelines is that although they are developed for the benefit of landmine survivors, the Guidelines are equally applicable to the needs of persons with disabilities in general and can be used as a blueprint for improving services for not only those injured by landmines, but also persons with disabilities resulting from other causes.

The authors of these guidelines are: Jack Victor, President Emeritus of World Rehabilitation Fund; Steven Estey, a Canadian consultant in the field of Disability and Development; and Heather Burns Knierim, President of World Rehabilitation Fund.

<sup>1</sup> WRF recognizes that these Guidelines could greatly benefit from a corresponding users manual, however, such a document would be premature, as it should be based on actual field experiences.



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## **Section A**

### **Pre-conditions for Socio-economic Reintegration of Landmine Survivors<sup>2</sup>**

<sup>2</sup> It should be noted that virtually all of the factors and activities should also be considered for all persons with disabilities.



## Factor 1

### Evacuation, First Aid and Emergency Care

**Goal:** To reduce deaths by stabilizing medical conditions and minimizing physical impairments that could result from injury.

#### Minimum

- Persons injured by landmines must have ready access to trained first aid practitioners in order to address immediate life-threatening issues and minimize further consequential damage.
- For rural areas, every village must have the capability to contact trauma specialists to request their intervention.
- First aid must include control of bleeding and shock, and provision of appropriate medication to prevent infection.
- Safe blood/serum supplies must be available.
- Expeditious evacuation of persons injured by landmines to area hospitals or clinics must be available.
- Amputation and other major emergency surgery after onset of injury must be available.

#### Desired

- Emergency surgery should be available within a day of the injury in landmine areas.
- Properly trained persons providing emergency intervention/first aid should be available in all communities/neighborhoods.

#### Optimum

- Evacuation of landmine survivors to area hospitals should be available immediately.
- Emergency medicine specialists with training in treatment of landmine injuries should be available.
- Telecommunication links should be provided between the field and local clinics/hospitals.
- Surgeons should be trained in correct procedures for the amputation of limbs necessitated by landmine injuries.
- Crisis counseling should be available to help the landmine survivor and family to cope with the injury.



## Factor 2

### Physical and Psychological Treatment

**Goal:** To provide access to treatment to minimize any physical or psychological impairment resulting from injury.

#### Minimum

- Blood Transfusion capability must be ensured.
- Where surgeons are not available at the evacuation stage, they must be available as part of physical treatment, and must be trained in correct procedures for amputation.
- Proper procedures to prevent contractures and/or further infection must be followed.

#### Desired

- Access should be ensured to corrective surgery including cleaning of projectiles, debridement, pre-prosthetics re-modeling of stumps and repair of damage to organs (e.g., intestines, eyes, genitalia, etc).
- Access should be ensured to eye care, auditory medical care and other specialized surgical and medical services.
- Access should be ensured to both services and medication to relieve pain.
- Access should be ensured to rigid dressing materials to properly prepare stumps following surgery.
- Counseling should be ensured to help survivors deal with post-traumatic stress.
- Family members should be included in initial discussions about the medical treatment plan, including counseling, and should be fully informed as the plan is implemented.

#### Optimum

- Crisis counseling should be available immediately after evacuation in order to help patients cope with psychological after effects of trauma.
- A multi-disciplinary team should be available, including personnel trained in all specialty medical areas relevant to landmine injury, such as orthopedics, pediatrics, prosthetics, internal medicine, audition and vision, etc.



### Factor 3

## Medical and Psychosocial Rehabilitation

**Goal:** To restore maximum physical and emotional functional ability for landmine survivors, including the provision of appropriate assistive devices.

To be effective, this must be recognized as a holistic process, where some areas are best addressed by professionals, and other areas by peer support workers. Recognition that these two groups should inform, and be informed, by one another needs to be understood from the outset in order to ensure maximum responsiveness, and benefit for survivors themselves.

#### Minimum

- Landmine survivors must have access to post-acute rehabilitative care, including prosthetics, orthotics and physical therapy.
- Landmine survivors and their families must be included in the planning of rehabilitation interventions.
- Facility-based rehabilitation services must be augmented by appropriately trained Community-Based Rehabilitation (CBR) workers and community - based peer support systems, so that access to services for persons throughout the country is maximized.
- Landmine survivors and their families must have access to the services of individuals who have had basic training in physical therapy and occupational therapy and/or functional therapy (e.g., a CBR worker or other health worker) to provide such support to the medical rehabilitation effort.
- Landmine survivors must be shown methods of self-care and maintenance, including the use of aids and equipment, in order to function independently.

#### Desired

- A smooth and speedy continuum of services should be available from medical treatment through vocational and independent living related services.
- Access to peer support workers must be provided to assist with both physical (especially in terms of self-care and maintenance) and psychological rehabilitation.
- Landmine survivors should have access to repair, replacement and adjustment services to maintain assistive devices.
- Community-based rehabilitation (CBR) services should be linked to facilities with professionally trained service providers to ensure that backup is available for cases requiring professional expertise.
- Each full-service prosthetic/orthotic unit should have at least one ISPO Category II trained prosthetic/orthotic technologist who is available to assist technicians with lower-level skills.

#### Optimum

- Rehabilitation services should be coordinated, ideally, under the direction of a Rehabilitation Medicine Specialist, to ensure that there is a smooth continuum of services from medical treatment through vocational, psychological, psychosocial and independent living related services.
- Rehabilitation centers should be located throughout the country so that landmine survivors are not separated from their families for extended periods of time during the critical weeks and months immediately following their injury.
- Training of technicians to improve the local production and manufacturing of assistive devices and other accessories should be ensured.
- Governments should ensure that no one is denied devices (including prostheses, orthoses, wheelchairs, crutches, etc.) due to cost. Additionally, varying types of wheelchairs, mobility devices, appropriate aids and appliances (including visual and auditory) should be available to suit individual needs.
- Each full-service prosthetic/orthotic service unit should have at least one ISPO Category I trained prosthetic/orthotic professional who is available to assist technicians with lower-level skills.



## Factor 3

# Medical and Psychosocial Rehabilitation continued

### Minimum

- Where possible, locally produced aids and equipment must be made available. Where this is not possible, essential aids (such as prosthetics or wheelchairs) should be imported until such time as local production can meet the demand.
- Provision must be made for the fabrication and fitting, as well as the equitable distribution of equipment/devices to those in need, whether in urban or rural settings.
- Psychological support services must be available to landmine survivors through the provision of supportive counseling by individuals trained to provide such services, either peer workers or professionals.

### Desired

- Each full-service orthopedic unit should have at least one service provider with formal training in physical therapy [physiotherapy], such as a physical therapy assistant who is available to support other service providers.
- Rehabilitation service providers should be informed about other services that can benefit the survivors and their families and be able to refer survivors to those services.

### Optimum

- The government should encourage the training and utilization of Category II prosthetic/orthotic technologists and optimize their geographic distribution.
- All other prosthetic/orthotic technicians should have ISPO Category III certification or equivalent training.
- Each full-service orthopedic unit should have at least one physical therapist with a professional degree in physical therapy.
- Landmine survivors should have access to services provided by personnel trained in other rehabilitation service specialties as appropriate (e.g. physical, occupational and speech therapists).
- Each full-service rehabilitation unit should provide access to psychological counseling and social work support services. This should be provided by trained personnel, who have direct access to people with a professional degree in social work, psychology and/or counseling.
- Governments should encourage the training and provision of employment, at a locally appropriate wage, for all major rehabilitation service areas, such as: psychiatry, rehabilitation nursing, social work, prosthetics/orthotics, physical, occupational and speech therapy, psychology and community based rehabilitation.



## Factor 4

### Ongoing Medical Follow-up

**Goal:** To provide active monitoring of health status during the high-risk period in the immediate years following injury and provide a point of contact for disability-specific health issues.

#### Minimum

- Ongoing access to rehabilitation programs to reduce further effects of disability and the provision of maintenance and repair of assistive devices must be available to landmine survivors.
- Landmine survivors must have access to all general health services, including for example: immunization programs, well-baby clinics, HIV/AIDS awareness programs, etc.
- Landmine survivors must be provided with the skills and information to carry out basic medical self-assessment.

#### Desired

- Repairs and replacements of assistive devices necessary for ambulation or communication should be provided at no cost to the individual when such repair or replacement is necessary for the proper functioning of the device.
- Discharge planning should involve family members, and all involved professional and para-professional disciplines, including peer support workers, community-based rehabilitation staff and medical professionals. It should also include comprehensive and realistic steps for both full physical and psychosocial reintegration in to the community.

#### Optimum

- A suitable means of communication should be developed to inform survivors about improvements and medical/technological advances that may be useful for them. This can be done, for example, through peer support workers, national/local disability advocacy groups, newsletters and/or meetings in community centers.
- Regular outpatient follow-up clinics should be held in the community.



## **Section B**

### **Target Areas for Socio-economic Reintegration**



## Factor 5 Psychosocial Support

**Goal:** To assist landmine survivors, through a well balanced team of peer support workers and professionals, to resume their role in the community by helping them to cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.

### Minimum

- Landmine survivors must be provided with counseling to help them adjust to their new situation, including practical coping strategies and an understanding of how to set realistic goals and persevere in achieving them.
- Hospitals treating landmine survivors must have staff training in the psychological adjustment process and to increase understanding of the potential of survivors to live successfully in the community. Staff also should be aware of practical issues, including discrimination likely to be faced in communities.
- Landmine survivors must be involved in this training wherever possible so that their experiences can enhance the treatment process for others.
- Peer support programs must be established to offer assistance in the hospital and after discharge to those who want such support.

### Desired

- An array of professional and peer-based psychosocial resources should be available from which landmine survivors can be provided with a program appropriate to their individual needs, including:
  - Psychological counseling and social work support services—provided by trained personnel having access to people with a graduate degree in social work, psychology and/or counseling;
  - community-based rehabilitation (CBR) and other outreach services, which should have access to facility based programs with professional staff for back-up support;
  - peer counseling and support, which should include practical training in setting and achieving realistic goals. This service should be available in home settings, if desired.

### Optimum

- Programs should support the delivery of all psychosocial services under conditions most suited to each individual's needs and circumstances, including home or community settings where appropriate.
- Programs serving women, children and the elderly, should have staff trained to understand the unique issues found within each of these populations.



## Factor 6

### Vocational Rehabilitation

**Goal:** To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.

#### Minimum

- Vocational training programs must be accessible to landmine survivors in all landmine-affected areas.
- Landmine survivors must have access to counseling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic in their personal circumstances.
- Access to existing job placement and recruiting services must be ensured for landmine survivors.
- Vocational training programs, including basic adult education and job skills upgrading must be affordable and physically accessible to landmine survivors in all landmine-affected areas.
- When appropriate, individuals should be assisted to return to their prior occupation if that is their interest.

#### Desired

- Vocational training and job placement programs should seek advisory support from employers.
- Landmine survivors should have access to case management services to assist in coordinating vocational and medical rehabilitation programs with other aspects of their individual rehabilitation plan to ensure that a smooth continuity of service can be achieved.
- In areas where there are formalized employment opportunities, trainees should be counseled on how to apply for jobs in these industries.
- Where relevant, placement readiness training should be available. This training would instruct candidates in job search skills, such as filling out job applications, preparing resumes, mastering effective interview techniques, etc.
- Successful placement candidates should receive both short and long-term follow-up visits by the organization that assisted in the placement process.

#### Optimum

- All industry-related vocational training programs should have access to job placement and job development services.
- A sensitization effort aimed at employers should be undertaken so that landmine survivors are not denied opportunities because of discrimination and/or stereotypical thinking.
- Jobs for persons with disabilities should be in integrated settings and in vocations that also employ persons without disabilities.
- Government sponsored employer incentives should be considered to ensure adequate employment opportunities for landmine survivors.
- A full array of pre-vocational, vocational and job-experience services should be available to fit the vocational rehabilitation needs of each landmine survivor on an individualized basis.



## Factor 7 **Economic Development**

**Goal:** To assist landmine survivors to initiate and maintain their own businesses.

### **Minimum**

- Micro-enterprise programs, as well as other economic development efforts, must also be accessible to landmine survivors.
- Micro-credit financing should be available at favorable interest rates for landmine survivors.
- Landmine survivors should have access to business training programs aimed at maximizing their efficiency and ensuring sound business practices.

### **Desired**

- Comprehensive business training should be available for landmine survivors, including the development of business plans and other business related activities in areas such as sales, pricing, purchasing, etc.
- Business plans should include strategies for income generation that promise to result in sustainable business ventures.

### **Optimum**

- On-going technical assistance consultation should be provided to ensure stability and growth of businesses developed by landmine survivors.
- Efforts should be made to stimulate the development of cooperatives or entrepreneurial partnerships as strategies for improving income opportunities for landmine survivors.



## Factor 8

### Education

**Goal:** To address systemic disadvantages in educational access, and enable both children and adults disabled by landmines to full and equal educational access.

#### Minimum

- Children disabled by landmines must have access to educational opportunities in their communities.
- Landmine survivors must be able to attend regular schools in their own communities.
- Teachers should receive training in working with children with physical and emotional disabilities.
- Adult landmine survivors must be encouraged and enabled to complete formal or informal educational programs.

#### Desired

- Children disabled by landmines should have access to education that provides proper support services. This education should occur in an integrated setting.
- Teachers should receive training in working with children with physical and emotional disabilities in an integrated setting.
- Instructors in adult educational upgrading programs should receive training in educating students with physical and emotional disabilities.

#### Optimum

- At least one teacher in every jurisdiction should have training in the field of special education, be familiar with the problems of all children with disabilities in his/her community, and be accessible to help support other teachers where these skills are needed.
- All educational institutions should provide access to counseling services through a social worker, guidance counselor or psychologist.
- Teachers with pupils in their classes who have special needs due to landmine injuries should receive extra assistance in the classroom and/or have smaller class sizes to allow sufficient attention to be paid to these special needs.



## Factor 9

### Community Integration and Support

**Goal:** To assist landmine survivors to return and participate fully in the life of their community.

#### Minimum

- Discharge planning must include practical preparation of the survivor for reintegration, bearing in mind personal circumstances and likely barriers in the home and community.
- Discharge planning must include practical preparation of survivor and family members for social and economic reintegration.
- Expectations and issues about returning to the community must be reviewed by service providers and the landmine survivor, along with family members prior to discharge. This will include arrangements for land, housing, access to clean water and a healthy environment to the same extent as is afforded to other citizens of the community.
- Upon discharge from medical care, survivors must be referred to government departments and local service providers appropriate for his/her needs.
- All communities affected by landmines must have access to either outreach programs from local rehabilitation service providers or community-based rehabilitation services.

#### Desired

- It should be assured that landmine survivors have the opportunity to participate in the fundamental activities of a normal community life – including home, education, employment, socialization and transportation – in facilities free from physical barriers.
- Communities should participate in assisting landmine survivors to return to their village and be socially and economically reintegrated into the community.
- Community leaders should ensure that landmine survivors be provided land rights similar to other community members upon their return to their home villages.
- Families and peers should be educated to assume supportive roles, both to assist survivors to re-adapt to their family and to help them assume independent roles as active contributors to their communities.
- Disability awareness programs/materials should be locally-developed and make use of landmine survivors and other persons with disabilities as trainers and spokespersons.

#### Optimum

- Technical advice and assistance on modifications to the home and workplace should be provided by experts, including survivors themselves.
- Sensitization programs should be designed, with major input from survivors themselves, and undertaken to help overcome attitudinal barriers in the community.
- Programs to assist landmine survivors, including all areas of service covered in these Guidelines should have special provisions to ensure that needs of women, children and the elderly are equally addressed.
- Regular circulation of publications, in local language, addressing medical and community living information should be arranged.
- Landmine survivors should have ready access to peer support through local resources or regular visits to or by peer workers.
- Governments should support the costs involved in providing home and institutional access modifications.

continued on the next page



## Factor 9

### **Community Integration and Support** continued

#### **Minimum**

- Information about needs, reintegration strategies and possible adjustment difficulties, etc. must be conveyed to community leaders, local support workers, landmine survivors and their families.
- Arrangements for ongoing peer support must be made to help with the transition back into the community.

#### **Desired**

- Advocacy mechanisms should be developed/supported with community leaders, peer support workers, rehabilitation professionals and family members.
- The formation of self-help/self-advocacy groups of persons with disabilities, which include landmine survivors, at the community level, should be assisted.

#### **Optimum**

- Communities should be encouraged to support the integration of persons with disabilities into all civic and recreational activities of the community.
- Assistance should be available for the formation of self-sufficient organizations of persons with disabilities at the national level.



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