

Psychosocial Support Training Report

Batch 1

Online | May-July 2022

Batch 2

Siem Reap | November 2022

Under the Project:
Enhance Victim Assistance Programme in the ASEAN Member States



Organized by:

ASEAN Regional Mine Action Center (ARMAC)
Cambodian Mine Action and Victim Assistance Authority (CMAA)
Singapore Health Services (SingHealth)

Supported By:

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The ASEAN Regional Mine Action Center (ARMAC) extends its sincere gratitude to its key partners for their invaluable collaboration in implementing this training program. The **Cambodia Mine Action and Victim Assistance Authority (CMAA)** co-organized the training and played a crucial role in its execution. **Singapore Health Services (SingHealth)** served as the technical partner, contributing expert trainers and essential in-kind support that significantly enhanced the quality of the training sessions.

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Special thanks are extended to the trainees – students, academic staff, community leaders, and volunteers – whose active engagement, commitment, and willingness to share experiences created a rich and dynamic learning environment. Their participation was essential to the programme’s positive outcomes.

Finally, ARMAC expresses its deep appreciation to the ARMAC Steering Committee for their continued guidance and support in fulfilling ARMAC’s mandate to address the humanitarian impact of landmines and explosive remnants of war in the ASEAN region.

EXECUTIVE SUMMARY

Across many ASEAN Member States (AMS), the legacy of landmines and explosive remnants of war (ERW) continues to affect the daily lives of individuals and communities. Survivors of explosive ordnance (EO) incidents often experience not only physical injuries but also long-term psychological trauma, social isolation, and limited access to mental health services. These challenges are particularly severe in rural and post-conflict areas, where mental health resources are limited and stigma remains high.

To address these gaps, the Enhance Victim Assistance Programme in the ASEAN Member States was initiated with the financial support of the **Government of the Republic of Korea, through the ASEAN–Korea Cooperation Fund (AKCF)**, a Dialogue Partner of ASEAN. The project aims to strengthen national capacities across the region to provide psychosocial support to EO victims and promote holistic recovery.

Cambodia was selected as the first country to pilot this initiative, setting a foundation for future replication across other affected ASEAN Member States. In 2022, the ASEAN Regional Mine Action Center (ARMAC), in partnership with the **Cambodian Mine Action and Victim Assistance Authority (CMAA)** and **Singapore Health Services (SingHealth)**, organized two batches of Psychosocial Support Training tailored to the Cambodian context. The primary objective was to build and enhance national capacity to provide psychosocial support to victims and survivors of EO incidents.

- **Batch 1** was conducted online from 12 May to 21 July 2022, targeting students and academic staff from national universities in relevant health and social fields.
- **Batch 2** was held in person from 14 to 18 November 2022 in Siem Reap, engaging community leaders, caregivers, and volunteers who support landmine survivors and persons with disabilities at the grassroots level.

EXECUTIVE SUMMARY

Both training sessions addressed core mental health and psychosocial support (MHPSS) topics, including:

- The psychosocial impact of landmine contamination and conflict
- Psychological trauma (including Acute Stress Disorder and Post-Traumatic Stress Disorder)
- Psychological First Aid (PFA)
- Depression, anxiety disorders, and substance-related issues

Evaluations showed that participants found the training content relevant and practical, with learning objectives clearly met and trainers recognized for their expertise. The training improved participants' ability to recognize psychological symptoms in EO victims and understand when and how to refer them for specialized treatment—contributing to greater mental health awareness and stronger community support systems.

Key Outcomes:

- **Delivered two comprehensive training batches** on psychosocial support in 2022, reaching a total of 143 participants: 65 in the online batch and 78 in the in-person batch.
- **Improved understanding of the psychological effects** of landmine-related trauma, including conditions such as PTSD, depression, anxiety, and addiction.
- **Strengthened capacity of participants** to identify mental health symptoms and refer EO victims for appropriate psychological or psychiatric care.
- **Positioned Cambodia as the pilot country** for this regional initiative, setting a foundation for replication in other ASEAN Member States.
- **Demonstrated strong interest in continued learning**, including Training of Trainers (TOT) programs, indicating momentum for future capacity building and sustainability.

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1. INTRODUCTION



1.1. Project Overview and Context

The Psychosocial Support Training in Cambodia in 2022 was a crucial component of the broader “Enhance Victim Assistance Programme in the ASEAN Member States.” This regional initiative, spearheaded by the ASEAN Regional Mine Action Center (ARMAC) in collaboration with ASEAN Member States (AMS), was designed to address a critical gap in psychosocial support for victims of landmines and explosive remnants of war (ERW). With generous financial support from the Government of the Republic of Korea through the ASEAN–Korea Cooperation Fund (AKCF), and in-kind technical support from Singapore Health Services (SingHealth), the project aims to strengthen national capacities to provide holistic psychosocial care to victims and survivors across the region.

The Psychosocial Support Programme under this initiative focuses on four core components:

- i. Professional Skill Transfer Programme,
- ii. Training of Trainers (TOT) program for psychosocial supports,
- iii. Community Health Workshops; and
- iv. Continuing Training for Master Trainers

Cambodia was the **first ASEAN Member State to pilot and implement** this component, serving as a model for regional replication. The 2022 trainings delivered under this initiative contributed significantly to local capacity building, with an ambitious target of training 243 (82 Female) healthcare professionals — including doctors,

nurses, medical students, allied health workers, and community-based volunteers — across ASEAN. SingHealth’s expert trainers and in-kind contributions were instrumental in ensuring the technical quality and effectiveness of the training.

1.2. Objectives of the Report

This report provides a detailed overview and summary of the Psychosocial Support Training activities conducted in Cambodia during 2022. Specifically, it aims to document the implementation of the first and second batches of this training. The report describes the context, objectives, partnerships, methodology, participants, training content, outcomes, feedback, challenges, and lessons learned from both the online and onsite training sessions. It seeks to highlight the achievements in building capacities for providing psychosocial support to victims and survivors of explosive ordnance in Cambodia as part of the broader Victim Assistance project objectives. The report serves to fulfill reporting requirements and potentially inform future iterations of the training and related victim assistance activities.

1.3. Link to Broader Project Timeline

The Psychosocial Support Training conducted in Cambodia during 2022 represents the foundational “Year 1” activities of the Psychosocial Support component within the “Enhance Victim Assistance Programme in the ASEAN Member States”. The first online batch ran from May 12 to July 21, 2022, while the second onsite batch took place from November 14–18, 2022. These initial training batches were part of a planned series, with the overall program aiming to conduct a total of four Training on Psychosocial Support batches (Batch 1 – Batch 4) and two Train of Trainer (TOT) batches (Batch 5 – Batch 6). The successful completion of these first two batches laid the groundwork for subsequent phases of the training program, including the anticipated Training of Trainers (TOT) program session expected to be held in either the 3rd or 4th quarter of 2023. The program is expected to run over multiple years to reach the target of training 240 service providers.

2. BACKGROUND

2.1. EO/Mine Context in Cambodia

Cambodia continues to face enduring challenges stemming from the widespread contamination of explosive ordnance (EO), including landmines and other explosive remnants of war (ERW). These hidden threats pose ongoing risks to the safety and wellbeing of communities, impede socio-economic development, and contribute to long-term humanitarian concerns.

Between 1979 and 2019, the Cambodian Mine Victim Information System (CMVIS), managed by the Cambodian Mine Action and Victim Assistance Authority (CMAA), recorded a total of 64,855 EO-related casualties. In 2020 alone, 65 casualties were provisionally reported, comprising 42 men, 16 boys, 4 women, and 3 girls. These statistics underscore the continuing human cost of Cambodia's explosive ordnance legacy.

In response, the Royal Government of Cambodia has made sustained efforts to address the needs of EO victims and survivors through a combination of legal frameworks, strategic plans, and coordinated multi-sectoral responses. Key national measures include:

- The **Law on the Protection and Promotion of the Rights of Persons with Disabilities** (enacted in 2009),
- The **ratification of the Convention on the Rights of Persons with Disabilities** (2012),
- The **National Disability Strategy Plan (2019–2023)**,
- The **National Mine Action Strategy (2018–2025)**.

To enhance coordination, the Government established a technical working group composed of CMAA, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the Disability Action Council (DAC), the Persons with Disabilities Foundation (PWD-F), and heads of Physical Rehabilitation Centers. This group is responsible for monitoring, evaluation, and data collection on mine/ERW survivors receiving services from various providers.

CMAA plays a central role in coordinating assistance for EO victims and regularly reports progress to key international frameworks, including the Convention on Certain Conventional Weapons (CCW) and the Anti-Personnel Mine Ban Convention (APMBC), particularly under the pillar of Victim Assistance.

Services provided to EO survivors include emergency medical care, physical rehabilitation (e.g., prosthetics, orthotics, mobility aids), and increasingly, **psychological support**. Cambodia has also expanded **community-based rehabilitation (CBR)** services to all 25 provinces, ensuring local-level access to health assessments, referrals, basic care, and the empowerment of persons with disabilities. These efforts highlight the critical need for strengthening psychosocial support services — the central aim of ARMAC's initiative under the current project.

2.2. Project Inception and Purpose

The *Enhance Victim Assistance Programme in the ASEAN Member States* was conceived in direct response to requests from ASEAN Member States (AMS) affected by explosive ordnance (EO) and landmines. During a regional consultation process, ARMAC, together with AMS and relevant stakeholders, identified seven key areas requiring support in mine action—four of which were specifically related to victim assistance.

This prioritization emerged from the Regional Workshop on *Enhancing Mine Action Knowledge and Promoting Future Platforms for Mine Action Knowledge Sharing for ASEAN Member States*, hosted by ARMAC in November 2018. The workshop served as a foundational platform for AMS to collectively express the need for more targeted and coordinated support to victims of EO across the region.

Recognizing the persistent gaps in psychosocial, medical, and community-based rehabilitation services for EO survivors, AMS and ARMAC jointly initiated this comprehensive victim assistance

project. The overarching goal is to strengthen victim assistance in a sustainable and inclusive manner by addressing core service gaps, capacity limitations, and regional coordination challenges. The project is structured around five key objectives, with a strong emphasis on promoting the establishment of a regional *Victim Assistance Network (VAN)* as an initial step. This network is envisioned to facilitate experience-sharing, knowledge exchange, and resource mobilization among AMS to enhance national and regional capacities for victim assistance.

The project is generously funded by the Government of the Republic of Korea through the ASEAN–Korea Cooperation Fund (AKCF) and Singhealth (In-kind), and is implemented under ARMAC's coordination in close partnership with national authorities and technical partners.

2.3. ARMAC's Mandate and Involvement

The ASEAN Regional Mine Action Center (ARMAC) was established following the ASEAN Leaders' Statement in November 2012 and began operations in 2017. ARMAC serves as a center of excellence to encourage efforts to address EO for interested AMS and to facilitate cooperation between interested AMS and relevant institutions. Its mandate includes facilitating appropriate medical and rehabilitation assistance for victims of EO upon request from affected AMS and assisting interested AMS in research and knowledge sharing on the effects of EO. The "Enhance Victim Assistance Program in the ASEAN Member States" project falls under ARMAC's second and third mandates. ARMAC collaborates with a wide range of stakeholders, including national authorities, mine action operators, donors, research institutions, and the public, to implement programs from regional to local levels. ARMAC comprises the 10 ASEAN Member States as its Steering Committee. Through its work, ARMAC contributes to the ASEAN Political–Security Community (APSC) Blueprint 2025, specifically by promoting the study, documentation, and sharing of best practices to address the humanitarian aspects of landmines/ERW.

2.4. Needs Assessment and Identified Gaps in Victim Assistance

The project was initiated after identifying needs and a critical gap of support for ERW victims in affected AMS. In Cambodia, there is a significant burden of psychological health problems, with estimations suggesting about 40% of Cambodians suffer from such issues. The prevalence of Post-Traumatic Stress Disorder (PTSD) in Cambodia is noted as significantly higher than the global average. Despite the high need, there is a tremendous gap between available mental health services and what is required. Only a small percentage of health centers (2%) and referral hospitals (59%) offer mental health services to out-patients. The country also has a very limited number of psychiatric in-patient units and a severe shortage of trained mental health professionals, including psychiatrists and psychiatric nurses, with most concentrated in Phnom Penh. The quality of existing services is limited, lacking adequate follow-up and referral systems. There is an over-reliance on medication and low mental health literacy, impacting the ability to recognize symptoms. These service gaps are tied to insufficient and unstable financing, a shortage of professionals, especially in rural areas, and a lack of supportive policies and action plans. Regarding psychological support specifically for EO victims/survivors, a 2017 report noted a lack of activity to address the challenge, with only 0.2% of the total health budget spent on mental health and no planning for psychologists and social workers in health sector human resource planning. There is also limited coordination among the working group in mental health for assessing adequate psychological support. A study found that persons with disabilities and their families experience significant psychological distress, discrimination, stigma, and their rights often remain unrecognized. The level of physical impairment correlates with the degree of psychological distress. Survivors often lose confidence after becoming disabled. Social exclusion, stigma, discrimination, family conflict, and lack of employment are key concerns for them. These identified needs and gaps underscored the necessity of the Psychosocial Support Training program.

3. TRAINING OVERVIEW



3.1. Overall Training Objectives

The Psychosocial Support Training program in Cambodia, implemented under the “Enhance Victim Assistance Programme in the ASEAN Member States” project, aims to strengthen the capacity of ASEAN Member States (AMS) in delivering effective psychosocial support to victims of explosive ordnance (EO), including landmines and unexploded ordnance (UXO).

The primary objective is to build the knowledge and skills of healthcare providers, community workers, and other relevant stakeholders in addressing the psychological and social consequences of EO-related trauma. Delivered through a structured Professional Skill Transfer Programme, the training seeks to enhance participants’ capacity to:

- Understand the psychosocial impacts of EO-related injuries;
- Recognize common mental health conditions such as trauma, depression, and anxiety disorders;
- Identify cases requiring referral to specialized psychiatric or psychological care.

Ultimately, the training contributes to improved mental health literacy and the strengthening of victim assistance services in EO-affected communities across Cambodia.

3.2. Expected Number and Target Groups of Trainees

The Psychosocial Support Programme was designed with the goal of training a total of 240 individuals across ASEAN Member States (AMS), with Cambodia serving as the first country to pilot the initiative. The programme focused on equipping participants with the knowledge and skills to provide effective psychosocial support to victims of explosive ordnance (EO), including landmines and unexploded ordnance (UXO). The primary target groups included:

- Medical Doctors
- Nurses
- Medical Students
- Allied Health Professionals
- Community Volunteers

These trainees represented both the formal healthcare system and community-based service providers, ensuring a comprehensive and inclusive approach to psychosocial support delivery. The first two batches were structured as follows:

- **Batch 1 (Online):** Comprised students and faculty members from national academic institutions specializing in health sciences and social work.
- **Batch 2 (In-Person):** Included local community leaders, grassroots volunteers, and representatives from survivor support networks.

This diverse and inclusive training model helped bridge institutional expertise with grassroots engagement, thereby enhancing the responsiveness, accessibility, and sustainability of psychosocial care in mine/ERW-affected communities.

3.3. Implementing Partnerships

The implementation of the Psychosocial Support Training in Cambodia was made possible through a dynamic partnership among regional, national, and technical institutions committed to strengthening victim assistance services. At the core of this collaboration were the ASEAN Regional Mine Action Center (ARMAC), the Cambodia Mine Action and Victim Assistance Authority (CMAA), and Singapore Health Services (SingHealth).

To formalize this partnership, ARMAC signed Memoranda of Understanding (MoUs) with both CMAA and SingHealth. These agreements laid the foundation for a structured and coordinated approach to the training program. CMAA played a pivotal role in facilitating national coordination and mobilizing local stakeholders, while SingHealth, as the technical lead, provided a team of highly qualified experts to deliver the training content.

The collaboration was designed to build the capacity of health professionals and frontline service providers operating in a variety of settings, including health posts, primary care centers, district hospitals, and NGOs across Cambodia. The joint effort focused on ensuring that participants would not only gain clinical knowledge but also

develop practical skills to address the complex psychosocial needs of explosive ordnance (EO) survivors.

For the first batch of training conducted online, ARMAC worked closely with leading academic institutions in Cambodia. These included the University of Health Sciences (UHS), International University (IU), Chenla University, the National Institute of Social Affairs, and the Department of Prosthetics and Orthotics (DPO). These institutions helped identify and engage students and faculty members specializing in medicine, psychology, and social work.

The second batch, delivered in person, engaged a different cohort of partners—grassroots organizations and foundations that work directly with affected communities. Key partners included the Cambodian Mine Victim Information System (CMVIS), the Volunteer Survivors Network, Physical Rehabilitation Centers, the Cambodian Red Cross, and the Trauma Care Foundation. The Ministry of Health (MoH) also contributed to the coordination of this onsite training, particularly in mobilizing healthcare workers from various provinces.

This initiative was generously supported by the Government of the Republic of Korea, through funding from the ASEAN–Korea Cooperation Fund (AKCF), a Dialogue Partner mechanism that continues to demonstrate strong commitment to humanitarian assistance in the region. The training program serves as a model for effective multi-level partnership, combining international expertise with national ownership and local participation, and marking a significant step forward in enhancing the delivery of psychosocial support services to EO victims in Cambodia.



4. ONLINE PSYCHOSOCIAL SUPPORT TRAINING (BATCH 1)



4.1. Objectives of the Training

The Online Psychosocial Support Training, referred to as Batch 1, was designed to enhance the capacity of future healthcare and allied professionals to support victims of explosive ordnance (EO), including landmines and unexploded ordnance (UXO). As part of the broader regional initiative, this training specifically targeted students and faculty members in Cambodia's academic and medical institutions.

The training aimed to deepen participants' understanding of the psychosocial impact that EO incidents can have on individuals, families, and communities. It introduced key mental health concepts—such as trauma, depression, anxiety, and addiction—and emphasized the importance of early recognition and referral for specialized psychological care. By strengthening mental health literacy and promoting a trauma-informed approach, the course helped participants build a foundational skill set that contributes to

improved outcomes for survivors. The training also introduced practical self-care techniques to support emotional resilience among care providers.

4.2. Date, Time, and Format

The first psychosocial support training, Batch 1, was conducted entirely online due to COVID-19-related constraints. Batch 1 was delivered through a series of six virtual sessions held between **12 May and 21 July 2022**. Each session lasted approximately **2–3 hours** and was scheduled weekly in the afternoon (14:00–17:00 Cambodia Time), allowing flexibility for both students and professionals to participate.

The course was facilitated using the Zoom platform, ensuring broad accessibility and interactive engagement. Despite the remote format, the training was structured to maintain high levels of participation and dialogue through real-time presentations, case discussions, and Q&A segments.



4.3. Participants (Number and Stakeholder Groups)

The first batch of the Psychosocial Support Training, conducted online, was designed to engage students and faculty members from national academic institutions, particularly those specializing in medical and health-related disciplines. The training focused on building foundational knowledge among future and current healthcare providers regarding the psychosocial impacts of explosive ordnance (EO), including landmines and unexploded ordnance (UXO). Participants were drawn from key partner institutions, including the Cambodia Mine Action and Victim Assistance Authority (CMAA), International University (IU), University of Health Sciences (UHS), Chenla University, the National Institute of Social Affairs, and the Department of Prosthetics and Orthotics (DPO).

A total of 75 individuals participated in at least one session of the training. Of these, 65 trainees met the completion criteria—defined as attending at least 70% of the sessions—and were awarded certificates. Among the eligible trainees, 39 were women, reflecting a strong gender balance and ARMAC's commitment to inclusive participation.

Participants represented a wide range of disciplines, including nursing, medicine, midwifery, and prosthetics and orthotics. Faculty members from partner institutions also joined the training, enriching the sessions with their insights and fostering institutional buy-in. In addition to the core participants, representatives from CMAA and observers from the ASEAN-Korea Project Management Team (AKPMT) were present throughout the course. One expert trainer from Singapore Health Services (SingHealth) led the technical delivery of the training. A small number of individuals could not be fully identified due to missing names or student IDs during Zoom sessions and were recorded as Unidentified Participants.

This diverse and multidisciplinary participant base helped ensure that the training contributed to knowledge dissemination not only within academic circles but also across national coordination, policy-making, and future service provision levels.

4.4. Training Sessions and Topics Covered

The online Psychosocial Support Training was delivered through six structured sessions, each focusing on key concepts and foundational knowledge in mental health and psychosocial support, particularly in the context of explosive ordnance (EO) impact. The sessions combined theoretical knowledge with practical insight to ensure participants gained both awareness and applicable skills.



Session 1: The Impact of Landmines

This introductory session provided an overview of landmine contamination and its profound effects on individuals, families, and communities. Emphasis was placed on the psychological consequences experienced by both direct victims and their caregivers. The session framed the importance of psychosocial support in post-conflict recovery and set the foundation for understanding mental health within a broader humanitarian mine action context.

Session 2: Trauma and Psychological Reactions
Participants explored trauma-related conditions and how to distinguish between Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). The session introduced trauma-informed care principles and discussed the psychological stages of recovery from trauma. Participants learned about emotional, behavioral, and physiological responses to traumatic experiences, equipping them with tools to support trauma-affected individuals.

Session 3: Psychological First Aid (PFA) and Self-Care

This session clarified the role of Psychological First Aid (PFA) as an immediate, non-clinical intervention designed to alleviate acute distress. Participants were introduced to core PFA principles, emphasizing empathetic communication and practical support techniques. Self-care was also discussed, highlighting strategies for healthcare providers to manage their own mental health and prevent burnout.

Session 4: Depression and Common Mental Disorders

This session focused on identifying and understanding mood disorders such as depression, dysthymia, and bipolar disorder. Through case studies and symptom differentiation, participants developed skills to recognize mental health conditions and learned when referral to specialized services is appropriate.

Session 5: Anxiety Disorders

Building on previous sessions, this training explored anxiety in depth, helping participants understand the difference between normal stress responses and clinical anxiety disorders. Participants learned to recognize symptoms, contributing factors, and available treatment options, strengthening their capacity to respond empathetically and effectively in both clinical and community settings.

Session 6: Addiction

The final session covered both substance-related and behavioral addictions. Participants were introduced to the symptoms, types, diagnostic criteria, and psychosocial consequences of addiction. The session also provided an overview of evidence-based treatment and rehabilitation approaches.

Throughout the training, pre-lecture questions and interactive elements were incorporated to reinforce learning.

4.5. Facilitators/Trainers

The training sessions for Batch 1 were primarily facilitated by **Dr. Evelyn Boon**, Senior Principal Psychologist at SingHealth, who served as the lead trainer. Dr. Boon brought extensive experience in trauma psychology and psychosocial care, providing participants with a high level of technical insight and practical tools relevant to their local contexts.



Supporting Dr. Boon, **Ms. Irene Tan** from SingHealth contributed to the facilitation of key sessions. In addition, academic and institutional facilitators from the **Cambodia Mine Action and Victim Assistance Authority (CMAA)**, **University of Health Sciences (UHS)**, **International University (IU)**, **Chenla University**, **Department of Prosthetics and Orthotics (DPO)**, and the **National Institute of Social Affairs** played crucial roles in organizing participant engagement and logistics.



Observers from the ASEAN-Korea Project Management Team (AKPMT) and CMAA were also present throughout the course, providing additional feedback and support. The diverse facilitation team and expert-led delivery ensured that the training was grounded in both international expertise and local relevance.

4.6. Observation and Feedback

Observations and feedback from the first online training batch indicated that the training was **favorably received** by both the host partner and the participants. Participants appreciated the **active learning approach** which incorporated lectures and video snippets.

A significant challenge identified during the online training was the **language barrier**, which made spontaneous changes to presentations difficult as material required translation beforehand. Another challenge noted was the difficulty in making the online training interactive due to the format, particularly when audience expressions and reactions were not visible. Despite these challenges, the online format still allowed for delivery of the training. A Post Lecture Series Survey was conducted to gather participant feedback.



The implementation of the online training for Batch 1 generated constructive insights from both facilitators and participants. Overall, the training was well-received and considered a meaningful step toward enhancing psychosocial support knowledge among future healthcare providers. Participants expressed appreciation for the structured, interactive format, which blended expert-led lectures with multimedia elements such as video snippets to enhance engagement and understanding.

Despite its success, the training also faced several challenges. One of the primary obstacles was the **language barrier**, which limited the trainers' ability to make spontaneous adjustments to their presentations. Since all materials had to be translated in advance, this occasionally reduced

the flexibility of session delivery and limited real-time adaptation based on participant needs.

Another commonly cited challenge was the **inherent limitation of the online format**, particularly in gauging participants' engagement and reactions. Trainers noted that the absence of visible facial expressions and live interactions made it difficult to assess participants' comprehension and interest throughout the sessions. These limitations also made it harder to foster active participation and discussion.

Nevertheless, the online platform enabled the successful delivery of the full training curriculum during a period when in-person interaction was constrained. To evaluate the effectiveness and relevance of the training, a **Post-Lecture Series Survey** was administered. Feedback collected through the survey highlighted participants' increased awareness of mental health topics, improved confidence in identifying psychosocial issues, and interest in further training opportunities, including face-to-face sessions and advanced courses.

The experience from this batch served as a valuable learning opportunity for future sessions, guiding improvements in training design and delivery, especially as the program transitioned into onsite implementation in the subsequent batch.

4.7. Outcomes and Assessment

The online psychosocial support training achieved a number of meaningful outcomes, laying a solid foundation for psychosocial support capacity development among health and allied professionals in Cambodia. Of the 79 individuals who participated in at least one training session, 69 met the certification requirement of attending a minimum of 70% of the sessions. This represented 87% of those who actively engaged with the course, demonstrating strong commitment despite the limitations of remote delivery.

The training sessions effectively enhanced participants' knowledge of the **social and psychological impacts of explosive ordnance**, including trauma, depression, anxiety disorders, and addiction.

A key focus was on **improving mental health literacy**, enabling participants to identify psychological conditions early and determine when referrals to specialized mental health professionals are necessary. This understanding is essential for ensuring timely intervention and holistic care for affected individuals and communities.

Additionally, the training emphasized the importance of being "**communication ready**" **in times of crisis**, equipping participants with practical communication tools and a trauma-informed approach to engagement. These skills are especially critical in frontline healthcare, community-based support, and emergency response settings.



Assessment tools included **pre-lecture questions**, which allowed trainers to gauge the baseline understanding of participants, and a **Post Lecture Series Survey** to collect feedback on training quality and relevance. While detailed quantitative survey data for Batch 1 was not available at the time of reporting, overall observations and qualitative feedback indicated that the training was well-received. Notably, several trainees expressed interest in further engagement, with **seven participants registering their intention to join the Training of Trainers (TOT) program**, underscoring the training's role as a catalyst for continued learning and multiplier impact.

This initial batch, despite being conducted virtually, demonstrated the feasibility and value of building psychosocial support capacity within EO-affected contexts through accessible, well-structured, and inclusive training modalities.

5. ONSITE PSYCHOSOCIAL SUPPORT TRAINING (BATCH 2)



5.1. Objectives of the Training

The second batch of the Psychosocial Support Training was conducted in person, designed to deepen practical understanding and application of psychosocial support principles within community settings. The training aimed to empower grassroots-level workers, community leaders, and survivor networks with the capacity to recognize and address mental health challenges faced by victims of explosive ordnance (EO), including landmines and UXO.

Building on the foundational concepts introduced in the first batch, this onsite session emphasized real-world application of trauma-informed care, psychological first aid, and techniques for identifying mental health conditions such as depression, anxiety, and addiction. The training also focused on enhancing communication readiness and basic self-care knowledge among participants.

5.2. Date, Time, Venue, and Format

The second batch of training was conducted as a **five-day in-person training**. It took place from **14 to 18 November 2022**. The venue for the training was the **SokhalayAngkor Hotel in Siem Reap, Cambodia**. The format involved simultaneous teaching of two subgroups of trainees in separate rooms, with the groups swapping rooms midweek. This format allowed for active learning, including role play and practices, which made the training interactive and engaging.

5.3. Participants (Number and Stakeholder Groups)

The target group for the onsite training (Batch 2) was specifically **community leaders and volunteers**. This group primarily consisted of community workers and members of survivors' networks in Cambodia.

Participants were mainly from organizations and foundations including the Volunteer Survivors Network, Cambodian Mine Victim Information System (CMVIS), Physical Rehabilitation Centre, Cambodian Red Cross, and the Ministry of Health (MoH).

A total of **78 trainees attended this batch**. Among the 78 participants, 14 were female. Notably, all 78 participants attended the full five-day training session, achieving 100% attendance.

5.4. Training Sessions and Topics Covered



The onsite training was structured over five days and covered seven main sessions. The content of each topic was customized based on feedback received from the pre-training assessment to match the participants' existing knowledge. Presentation slides were translated beforehand and distributed as handouts to help participants follow the lectures. The 78 participants were divided into two subgroups, Group A and Group B, and the topics were allocated between Psychiatry and Psychologist teams.

The training covered the following key topics:

- **Introduction to Psychiatric Diagnosis.** This session focused on how psychiatrists diagnose psychiatric disorders, including the role of history taking, mental state examination, physical examination, and laboratory investigations.
- **Anxiety Disorders.** This included generalised anxiety disorder, panic disorder, and phobias. The Psychiatry Team covered this topic. Trainees explored different aspects and learned about treatments.

- **Posttraumatic Stress Disorder (PTSD).** The Psychiatry Team covered this disorder. Trainees explored different aspects and learned about treatments.

- **Depression.** The Psychiatry Team covered this disorder. Trainees explored different aspects and learned about treatments.

- **Suicide and Deliberate Self-Harm.** The Psychiatry Team covered this topic. This session provided knowledge to assess the severity of suicide risk and differentiate between suicide and deliberate self-harm behaviors.

- **Alcohol and Drug Abuse/Addiction.** The Psychiatry Team covered these topics. Trainees gained understanding of features, epidemiology, causation, and treatment of these disorders. Discussions included distinguishing between abuse and dependence.

- **Somatic Symptom and Related Disorders.** The Psychiatry Team covered this topic. This session introduced different aspects, symptoms, causes, criteria, and treatment for these disorders.

- **Psychosocial Impact of Landmines.** This was covered by the Psychologist Team. It aimed to build capabilities in understanding the social and psychological impact.

- **Psychological First Aid (PFA).** The Psychologist Team covered PFA. PFA is described as initial and immediate psychological and emotional support, not a therapy.

- **Basic Attending Skills.** This was covered by the Psychologist Team.

- **Grounding Techniques.** This was covered by the Psychologist Team.

- **Caring for the Self (Self-Care).** This was covered by the Psychologist Team.

The structure also included pre-lecture questions and post-lecture series surveys. Annexes for this training included the agenda, notes, and specific materials/presentations covering Psychosocial Impact Lecture 1, PFA, Grounding and Basic Attending, Self-Care, Introduction to Psychiatry, PTSD, Depression, Suicide Assessment, Alcohol Abuse Disorder, Drug Addiction, and Somatic Symptom Disorder.

5.5. Facilitators/Trainers



The onsite training for Batch 2 was led by a team of three experts from SingHealth. These were **Dr. Evelyn Boon**, **Prof. Leslie Lim**, and **Dr. Cecilia Kwok**. Dr. Evelyn Boon is identified as a psychologist and trauma expert. Prof. Leslie Lim and Dr. Cecilia Kwok are identified as psychiatrist experts. The trainers customized and delivered the content according to the participants' knowledge, which was assessed beforehand.

These elements helped participants internalize key concepts and gain practical, take-home skills relevant to their community-based roles.

One of the most appreciated aspects of the training was the facilitators' ability to connect theoretical content with real-life experiences shared by participants. Trainers created a supportive learning environment by encouraging open dialogue and drawing on the lived experiences of trainees. This approach helped contextualize the material within Cambodia's post-conflict landscape and strengthened participants' confidence in applying psychosocial support techniques in the field.

Despite the overall success, a recurring challenge identified was the language barrier. The need for pre-translation of training materials limited the flexibility for real-time adaptation during discussions. Nevertheless, facilitators and translators worked closely to ensure key messages were effectively conveyed.

A Post Lecture Series Survey was conducted at the end of the training to assess participant satisfaction and learning outcomes. The results were overwhelmingly positive:

- **94%** of trainees agreed that the content coverage was adequate, with **55%** strongly agreeing.
- **88%** agreed that the training objectives were met, with **33%** strongly agreeing.
- **95%** acknowledged that the trainers were knowledgeable and well-prepared, with **54%** strongly agreeing.

Only four participants did not submit their evaluations, but the overall response rate reflected a strong level of engagement and satisfaction.

These findings underscore the relevance and impact of the training in equipping community-level practitioners with essential psychosocial support skills and promoting a more trauma-informed approach to victim assistance in EO-affected areas.

5.6. Observation and Feedback



Feedback gathered from the onsite training (Batch 2) demonstrated that the program was well-received and highly valued by participants. Trainees responded positively to the active learning methodology, which blended structured lectures with engaging visual materials such as video snippets. The in-person format significantly enhanced the learning experience by enabling practical role-play exercises, interactive group discussions, and scenario-based practices.



5.7. Outcomes and Assessment

The onsite training (Batch 2) achieved significant outcomes, notably the **100% attendance of all 78 registered trainees for the full five-day duration**. This contrasts with the online batch where completion was based on attending 70% of sessions.

The training successfully built capabilities among community workers and survivors' networks in understanding the social and psychological impact of landmines on individuals and families. Similar to the online batch, a key outcome was enabling trainees to **recognize patients' conditions and identify when further psychiatric or psychological treatment is needed**. Early recognition was emphasized as crucial for improving prognosis and ensuring holistic care.

Participants gained knowledge on a range of mental health conditions, including diagnosis, symptoms, causes, and basic management strategies for anxiety, PTSD, depression, suicide risk, alcohol and drug abuse, and somatic symptom disorders. They also learned practical skills such as Psychological First Aid, grounding techniques, basic attending skills, and self-care.

Assessment included pre-lecture questions and a Post Lecture Series Survey, the results of which indicated high satisfaction with the content, objectives, and trainers.

A significant outcome indicating the program's potential for sustainability was the **expressed interest from a large number of trainees in attending Training of Trainers (TOT) sessions**. Specifically, 25 trainees from Batch 2 registered their interest in participating in a future ToT program.

6. TECHNICAL AND THEMATIC DISCUSSIONS



6.1. Psychosocial Impact of Landmines/ EO

A core theme across both training batches was the psychosocial impact of landmines and other explosive ordnance. The training introduced how landmine incidents affect different aspects of human lives. Discussions covered the impact on the individual and their family. Trainees shared their experiences working with clients affected by mines, highlighting the huge impact on individuals with disabilities, affecting their income, leading to discrimination, social disconnect, and changing their lives significantly, sometimes by as much as 90%. The impact extends to families, with children sometimes unable to attend school because they become the primary income earners. Family conflicts, divorce, and psychological issues like PTSD and suicidal thoughts can also arise. Loss of limbs, eyes, and effects on memory and thinking were noted as direct physical and cognitive impacts. The lingering presence of landmines in villages, fields, and forests continues to pose a threat even years after conflict has ended. The training emphasized that psychological treatments are vital for both direct and indirect victims of landmines.

6.2. Trauma and Stress Disorders (ASD, PTSD)

Trauma was a central topic, with sessions dedicated to understanding what trauma is and exploring different types of reactions caused by traumatic experiences. Trainees learned to differentiate between Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD) based on their signs and symptoms. The symptoms of PTSD discussed included nightmares, flashbacks, anxiety, and avoidance behaviors. Recovery stages from burns and trauma intervention principles, such as trauma-informed care, were also introduced as tools for future practice. It was noted that the prevalence of PTSD in Cambodia, particularly among EO victims/survivors, is significantly higher than the global average.

Trainees shared experiences of victims who suffered from severe PTSD, such as an old man who had nightmares after being robbed and nearly killed. Recognizing PTSD symptoms like nightmares, flashbacks, anxiety, and avoidance was emphasized, with trainers advising that if a person exhibits several of these symptoms, they should be referred to a psychiatrist for proper diagnosis.

While some cases can recover without treatment, PTSD and anxiety often require longer treatment time than depression. Sharing experiences in support groups and providing knowledge about their condition can help victims feel normal and supported.

6.3. Psychological First Aid (PFA)

Psychological First Aid (PFA) was taught as an initial and immediate psychological and emotional support for individuals experiencing trauma-related distress. It was explicitly stated that PFA is not a therapy. PFA involves listening to the person and identifying what they need. Importantly, PFA trainers clarified that it is generally **not risky**. Unlike counseling or psychiatric assessment, PFA avoids asking extensive questions about a person's traumatic history to prevent triggering distress. The concept is to provide a supportive presence and listen, creating a safe space for the person to share their worries without judgment.

6.4. Common Mental Health Conditions (Depression, Anxiety, Addiction)

Beyond trauma, the training covered several common psychological conditions.

- **Depression:** Trainees learned to identify, recognize, and differentiate the symptoms of depression. Key symptoms described include sadness, slowness, feeling very down all the time, talking less, unwillingness to do anything, loss of interest in hobbies, lack of motivation at work, and neglect of family responsibilities. The training also touched upon bipolar disorders and dystonia. Trainers advised that for someone with depression, it is best to be non-judgmental and just listen, creating a safe space for them to share their worries. Recovery from depression can take significant time, potentially one to three years.
- **Anxiety:** The training covered both normal and disorder behaviors of anxiety, focusing on identifying signs, symptoms, causes, common treatments, and management strategies.

Symptoms described include restlessness, tension, asking many questions, being perceived as "high," and inability to sit still. When talking to an anxious person, one might also start to feel anxious. Trauma can be a cause of anxiety, and if both are present, they would be managed simultaneously. Anxiety disorders, like PTSD, may require a longer treatment time than depression.

- **Addiction:** Both substance and behavioral addictions were introduced. Trainees learned about different types of addictions, their symptoms, diagnostic criteria, and treatment. The onsite training specifically covered alcohol and drug abuse/addiction, including features, epidemiology, causation, and treatment. Distinguishing between abuse and dependence was part of the discussion. Discussions also touched on addressing addiction in lower socioeconomic populations. A trainee suggested that showing real drugs or having drug-addicted persons share experiences could enhance learning, but trainers noted limitations in accessing real drugs. In some contexts, like Singapore, doctors are required by law to report drug users to the police, although efforts are made to refer individuals to rehabilitation centers.

6.5. Suicide and Deliberate Self-Harm

The onsite training included a session dedicated to suicide and deliberate self-harm. Trainees gained knowledge on how to assess the severity of suicide risk and differentiate between suicidal behavior and deliberate self-harm. Trainers discussed how to ask direct questions about suicidal plans, such as "Have you been so sad that you want to die?". If a person expresses a detailed plan (e.g., jumping off a bridge, eating all medication on a specific date), it indicates a high risk, and hospitalization might be necessary, potentially involving contacting authorities like the police. If there is no specific plan but ongoing worry, the trainer suggested encouraging the person to see a counselor and asking about their support network (friends, family) who can help keep them safe. Trainers reassured participants that asking about suicide plans does not cause a person to kill themselves; often, sharing relieves pressure. Individuals who are truly determined to commit suicide may not disclose their plans.



6.6. Somatic Symptom and Related Disorders

This topic was covered in the onsite training. The session introduced different aspects of these disorders, including their symptoms, causes, diagnostic criteria, and treatment approaches.

6.7. Introduction to Psychiatric Diagnosis

The onsite training included an introductory session on how psychiatrists diagnose psychiatric disorders. This session focused on the methods used by psychiatrists, including taking a detailed history from the patient and conducting a mental state examination. The role of physical examination and laboratory investigations in the diagnostic process was also discussed.

6.8. Self-Care, Grounding, and Basic Attending Skills

These practical skills were included in the training, particularly emphasized in the onsite batch by the Psychologist Team. Basic skills on **self-care** were introduced to help participants recognize their own stress and find effective ways to address it. The concept of caring for the self was a dedicated session in the onsite training. Trainers acknowledged the reality of heavy workloads, especially for healthcare providers, and discussed strategies like taking short breaks, ensuring balanced nutrition, staying hydrated (emphasizing water over sugary drinks or alcohol), exercising to release tension, and taking time to recharge, especially on weekends. It was noted that comfort food is acceptable occasionally but should not replace a healthy diet.

Grounding techniques and **basic attending skills** were also covered. Grounding techniques help individuals remind themselves of their present location and what is happening. Basic attending skills involve being fully present and listening to someone. Mindfulness, drawing parallels to Buddhist meditation, was suggested as a simple and helpful skill, particularly for managing distress like nightmares associated with PTSD.



6.9. Mental Health Context and Challenges in Cambodia

The training context acknowledged the significant mental health challenges in Cambodia. Estimates indicate that about 40% of Cambodians suffer from psychological health problems. The prevalence of PTSD is particularly high, especially among EO victims. Cambodia faces a substantial gap between the need for mental health services and their availability. Limited mental health services are available in health centers and referral hospitals, and there is a severe shortage of trained psychiatrists and psychiatric nurses, mostly based in Phnom Penh. Mental health care is described as a "stepping stone," with limited quality, inadequate follow-up, and deficient referral systems. Challenges include an over-reliance on medication, low mental health literacy, insufficient funding, a shortage of professionals particularly in rural areas, and a lack of policies and action plans. Regarding psychological support for EO victims, limited activity, minimal health budget allocation to mental health, lack of planning for psychologists and social workers, and limited coordination were noted. Despite community-based rehabilitation services offering some support, the need remains high.



6.10. Discrimination and Stigma Faced by Persons with Disabilities

Discussions during the training highlighted the issue of discrimination and stigma faced by people with disabilities in Cambodia. Trainees shared observations and personal experiences. One trainee noted that discrimination is not necessarily due to being a landmine victim but rather due to the disability itself, citing societal preference for “good looking persons”.

Examples include people avoiding sitting with a person with a disability at a wedding party or restaurant owners assuming a person with a disability lacks the financial means to pay. Trainees reported witnessing villagers using discriminatory labels based on disability instead of using names, which can negatively impact feelings. Persons with disabilities may also feel undervalued or have their competency doubted, including by local authorities. Some survivors expressed losing confidence after becoming disabled. Social exclusion, stigma, and discrimination were identified as key concerns for persons with disabilities. The trainers discussed the challenge of moving towards genuine equality, noting that while current laws prioritizing people with disabilities for employment and services are important, the long-term goal is for people to be hired based solely on their skills, regardless of disability. They emphasized the importance of mental health literacy, normalizing mental health issues, and destigmatizing help-seeking by having leaders and role models share their experiences.

6.11. Role of Different Service Providers

The training targeted a diverse group of potential service providers to EO victims/survivors, including medical students, nurses, doctors, allied health professionals, community workers, and survivors' networks. The curriculum aimed to provide fundamental knowledge and skills relevant to their roles. It was stressed that the training, particularly for community workers and volunteers, did not aim to train them as counselors; rather, it aimed to equip them with skills to recognize conditions and know when to refer to more specialized professionals. Participants were encouraged to refer patients with depression, anxiety, or other mental illnesses to psychologists or counselors when needed. The training emphasized that recognizing conditions early allows for determining when more specialized psychiatric or psychological treatment is required, which improves prognosis and ensures holistic care. Discussions implicitly acknowledged the roles of psychiatrists for diagnosis and medication, psychologists for therapy (like Cognitive Behavioral Therapy, CBT), counselors, and social workers in providing support. Trainers mentioned the potential role of social workers in Cambodia as another group to engage with.

7. TRAINING OUTCOMES AND OUTPUTS

7.1. Number of Trainees Meeting Completion Criteria

The Psychosocial Support Training program recorded strong participation and completion rates across the two training batches.

- **Batch 1 (Online):** Of the 79 participants who attended at least one session, 69 trainees (including 41 females) successfully met the completion criteria by attending a minimum of 70% of the sessions. These participants were subsequently awarded training certificates, reflecting an 87% completion rate for the online batch.
- **Batch 2 (Onsite):** All 78 participants (including 14 females) attended the full five-day training session, achieving a 100% completion rate. The full attendance demonstrated strong commitment and engagement among the trainees.

In total, **147 participants**, of whom **55 were female**, met the completion requirements across both training batches. This high rate of successful participation highlights the program's effectiveness in delivering accessible and relevant psychosocial support capacity-building to a diverse group of healthcare and community-based practitioners.

7.2. Overall Outputs Achieved



The 2022 Psychosocial Support Training program in Cambodia delivered a comprehensive set of outputs that reflect the successful implementation

of planned activities under the "Enhance Victim Assistance Programme in the ASEAN Member States."

Key outputs achieved include:

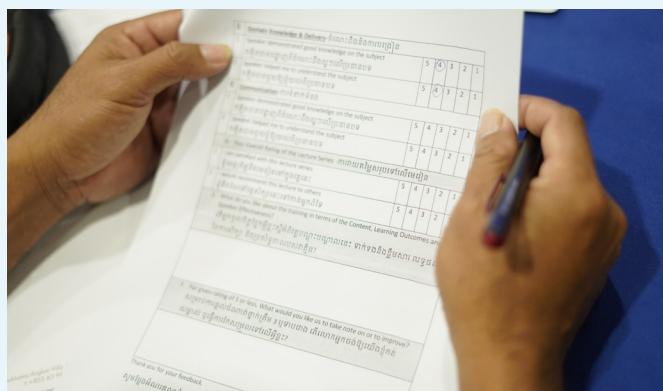
- Successful completion of **six online training sessions** under Batch 1, targeting students and faculty from national health and social work institutions;
- Delivery of a **five-day in-person onsite training** for Batch 2, engaging community-level service providers and representatives from survivor networks;
- Issuance of **training certificates to 69 eligible participants** from Batch 1 who met the attendance requirement of at least 70%;
- **Training of 78 participants** in Batch 2, all of whom completed the full program, resulting in a 100% participation rate;
- **Development and dissemination of training modules and materials** covering key psychosocial support topics, including trauma, depression, anxiety, addiction, and psychological first aid. These were supplemented by handouts and presentation slides, some of which were translated into the local language to ensure accessibility;
- Implementation of **pre-lecture questions and post-lecture series surveys** in both batches to facilitate active learning and obtain feedback on training effectiveness;
- **Compilation of training notes and summary reports** documenting session content, participant engagement, challenges encountered, and key lessons learned.

These outputs directly contribute to the achievement of **Objective 4** of the project, which focuses on enhancing the capacity of ASEAN Member States (AMS) to provide psychosocial support to victims of explosive remnants of war (ERW). The results also lay a strong foundation for future scale-up efforts and cross-border knowledge sharing.

8. FEEDBACK FROM TRAINEES

Feedback from trainees was collected primarily through Post Lecture Series Surveys. The feedback, particularly from the onsite Batch 2 for which detailed evaluation percentages are provided, indicated that the training was **favorably received** by the participants.

8.1. Assessment of Content Adequacy



Regarding the adequacy of the training content, the feedback from Batch 2 was overwhelmingly positive.

- **94% of trainees agreed that the content coverage was adequate.**
- Among these, a strong majority of **55% strongly agreed** that the content coverage was adequate.

This indicates that the topics selected and covered in the training were perceived by participants as sufficient and relevant to their needs and roles.

8.2. Assessment of Training Objectives Met

Trainees also provided feedback on whether the training successfully met its stated objectives. For Batch 2, the evaluation results demonstrated a high level of agreement.

- **88% of trainees agreed that the training objectives were met.**
- Among these, **33% strongly agreed** that the training objectives were met.

This outcome suggests that the training successfully delivered on its aims to build capabilities in understanding psychosocial impact and recognizing conditions.

8.3. Assessment of Trainer Knowledge

The expertise of the trainers was highly regarded by the participants in Batch 2.

- **95% of trainees agreed that the trainers were knowledgeable about the training topics.**
- A significant majority, **54%, strongly agreed** that the trainers were knowledgeable.

This feedback highlights the effectiveness of the trainers from SingHealth (Dr. Evelyn Boon, Prof. Leslie Lim, and Dr. Cecilia Kwok) in conveying the necessary information and skills to the participants.

8.4. Interest in Training of Trainers (TOT) Program



A particularly positive feedback point and outcome indicating sustainability potential was the strong interest expressed by trainees in becoming trainers themselves. Many trainees indicated their interest in attending a Training of Trainers (TOT) program. A total of **32 trainees registered their interest** in attending Train of Trainers sessions. This included 7 trainees from Batch 1 and 25 trainees from Batch 2. This high level of interest suggests a willingness among participants not only to apply their learning but also to contribute to expanding the reach of psychosocial support training within Cambodia. The Training of Trainers (TOT) program session is expected to be held in either the 3rd or 4th quarter of 2023.

9. CHALLENGES AND SOLUTIONS



9.1. Identified Challenges During Training

The implementation of the Psychosocial Support Training in 2022 encountered certain challenges. A recurring challenge noted across both the online and onsite formats was the **language barrier**. This presented difficulties for spontaneous changes to presentations because the material needed to be translated beforehand.

During the online training specifically (Batch 1), there was a notable challenge in making the sessions interactive. This was primarily attributed to the online format, especially when audience expressions and reactions were not visible to the trainers and facilitators. The lack of visual cues limited the ability to gauge immediate understanding or engagement and adapt the session flow spontaneously.

10. LESSONS LEARNED



10.1. Key Lessons from Implementation

The implementation of the first two batches of Psychosocial Support Training in Cambodia in 2022 yielded valuable lessons that can inform future training initiatives under the Victim Assistance Programme. A key lesson learned was the **trainees' willingness and commitment to learn and apply the skills** acquired during the training in their work duties. This indicates a strong motivation among the target groups to enhance their capacity to support EO victims/survivors.

Another significant lesson was the trainees' **eagerness to adapt and replicate** the training. This eagerness, particularly demonstrated by the high number of trainees interested in the Train of Trainers program, suggests a potential for cascading the training and building sustainable local capacity.

The **openness of the trainees to sharing** their experiences facilitated the learning process significantly. Encouraging participants to share their lived experiences and insights helped contextualize the theoretical knowledge and fostered a more engaging and relevant learning environment. This confirms the value of incorporating interactive elements and creating a safe space for sharing in future training designs.

The feedback from trainees regarding the content, objectives, and trainers also provided valuable insights, affirming that the chosen topics and delivery methods were largely effective and well-received. The positive evaluation results, particularly the high agreement on trainers' knowledge and content adequacy, highlight the success of the partnership with SingHealth and the selection of trainers.

Lessons were also learned regarding the formats. While online training allowed for reaching a large number of participants remotely, the onsite format proved more conducive to interactive learning, practical exercises like role-plays, and deeper engagement through personal sharing. Future training design can leverage these strengths based on target groups and learning objectives.

The challenge posed by the language barrier reinforced the lesson that meticulous pre-training preparation, including translation of materials, is essential for smooth delivery, especially when working with diverse language backgrounds.

10.2. Willingness and Commitment of Trainees

A particularly important lesson learned was the evident willingness and commitment of the trainees. Their full attention during the sessions and their expressed desire to apply the learned skills in their work underscores the relevance and value of the training program to their professional and volunteer roles. Their proactivity in sharing experiences enriched the training content and created a collaborative learning environment. This strong engagement from trainees is a positive indicator for the potential impact and sustainability of the Victim Assistance Programme's psychosocial support component. The high interest in further training as trainers also reflects this commitment and eagerness to contribute to capacity building efforts.

CONCLUSION



The successful completion of the first and second batches of the **Psychosocial Support Training in Cambodia** under the “Enhance Victim Assistance Programme in the ASEAN Member States” marks an important milestone in advancing psychosocial care for victims and survivors of explosive ordnance (EO) in the region.

Implemented through the strong collaboration of **ARMAC, CMAA, and Singapore Health Services (SingHealth)**, the training achieved its core objective of strengthening the capacity of both institutional and community-based actors to deliver psychosocial support. Participants—comprising medical students, university faculty, healthcare professionals, community leaders, and volunteers—demonstrated a high level of engagement and commitment to learning.

The training equipped participants with essential knowledge on the psychosocial impact of landmines, trauma, and mental health conditions such as depression, anxiety, and addiction. It also improved their ability to recognize psychological distress, apply initial support strategies, and refer individuals in need to specialized care—enhancing both awareness and service readiness at the local level.

Feedback from trainees was overwhelmingly positive, particularly regarding the relevance of the content, the achievement of training objectives, and the expertise of the trainers. Notably, the strong expression of interest in a future **Training of Trainers (TOT)** program underscores the program’s sustainability potential and its ability to build a network of local psychosocial support champions.

Despite some challenges—such as language barriers and limitations inherent in online delivery formats—the program has laid a solid foundation for expanding psychosocial support initiatives in Cambodia. These efforts contribute meaningfully to the broader vision of **strengthening victim assistance** across ASEAN, fostering resilience and inclusive recovery in mine/ERW-affected communities.

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