

PSYCHOSOCIAL SUPPORT Training of Trainer (ToT)

Siem Reap and Phnom Penh, 2024



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

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ASEAN Regional Mine Action Center (ARMAC)

In partnership with:
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We especially honor the **Explosive Ordnance (EO) survivors**, whose resilience and voices remain central to the purpose of our shared mission. Their strength inspires continued progress toward more inclusive, survivor-centered support systems.

Lastly, we thank the **ARMAC Steering Committee** for their continued guidance and encouragement, and all **training participants** for their outstanding engagement, commitment to learning, and readiness to serve as agents of change and peer educators in their respective communities.

EXECUTIVE SUMMARY

The Psychosocial Support Training of Trainers (ToT) – Batch 5 and 6, held in April and September 2024 respectively, marked a significant milestone under the *“Enhance Victim Assistance Programme in the ASEAN Member States,”* implemented by the ASEAN Regional Mine Action Center (ARMAC) with support from the ASEAN–Korea Cooperation Fund (AKCF). These sessions were hosted in close collaboration with the Cambodian Mine Action and Victim Assistance Authority (CMAA), the Ministry of Health (MoH), and Singapore Health Services (SingHealth).

Conducted in **Siem Reap (Batch 5: April 22–26, 2024) and Phnom Penh (Batch 6: September 16–20, 2024)**, the ToTs aimed to build a cohort of qualified trainers capable of delivering psychosocial support training within their communities and professional networks. These trainings responded to the recognized critical gap in psychosocial services for victims of landmines and explosive remnants of war (ERW) in Cambodia and across the ASEAN region.

The participants—consisting of doctors, nurses, psychiatrists, psychologists, community volunteers, survivors’ networks, and allied health professionals—were divided into Psychology and Psychiatry streams, undergoing intensive, skill-based learning. The curriculum covered critical areas such as:

- **Mental health disorders:** PTSD, depression, anxiety, addiction, psychosis, and insomnia
- **Therapeutic communication and psychological first aid (PFA)**
- **Grounding techniques and self-care for caregivers**
- **Suicide risk assessment and trauma-informed care**
- **Leadership and mentorship to sustain peer-to-peer learning**

Interactive methodologies including role-playing, peer presentations, case scenario development, and group reflection sessions were central to both batches. Each training concluded with a session on ethical practice and referral guidelines to ensure sustained and appropriate care for victims.

A total of 69 trainees were trained across both sessions (22 in Batch 5 and 47 in Batch 6). Many of these participants are now prepared to cascade this knowledge to others in their institutions or communities—ensuring broader outreach and sustainability. These efforts are part of a larger regional initiative to train at least 240 healthcare providers, strengthening national and local systems to better support EO victims.

The opening and closing ceremonies of Batch 6 were graced by senior ASEAN officials and ambassadors, highlighting strong regional ownership and the importance of building a resilient, trauma-informed care system. Through this initiative, ARMAC, SingHealth, CMAA, and MoH have demonstrated a powerful model of regional cooperation, knowledge transfer, and humanitarian commitment.

Looking forward, the ToTs also reaffirmed the importance of embedding psychosocial support into national victim assistance programmes. The integration of peer-to-peer learning, survivor-centred approaches, and cross-sectoral collaboration emerged as key factors for sustainability. These elements will ensure that survivors receive not only physical rehabilitation but also the comprehensive mental health and psychosocial care necessary for long-term resilience and reintegration.

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1. INTRODUCTION



The Psychosocial Support Training of Trainer (ToT) programme forms a central component of the three-year project *“Enhance Victim Assistance Programme in the ASEAN Member States,”* funded by the ASEAN–Korea Cooperation Fund (AKCF) and implemented by the ASEAN Regional Mine Action Center (ARMAC). Conceived as a regional initiative, the project aims to strengthen the capacity of ASEAN Member States in providing comprehensive psychosocial support to victims of explosive ordnance (EO), including landmines and explosive remnants of war (ERW).

In 2024, two major ToT sessions were organised in Cambodia, representing the fifth and sixth batches of psychosocial support trainings under the project. **Batch 5** was held from 22 to 26 April in Siem Reap, and **Batch 6** from 16 to 20 September in Phnom Penh. These trainings were co-hosted by the Cambodian Mine Action and Victim Assistance Authority (CMAA) and the Ministry of Health of the Kingdom of Cambodia, with Singapore Health Services (SingHealth) serving as the principal technical partner. Together, these institutions brought unique expertise and resources, ensuring the ToTs were not only technically rigorous but also aligned with national and regional victim assistance frameworks.

The rationale for these ToTs was rooted in a recognised critical gap in psychosocial services across the region. While physical rehabilitation and medical assistance have long been prioritised in post-conflict recovery, survivors of landmines and

ERW often face enduring psychological trauma that impedes reintegration and community resilience. Addressing this gap required a shift towards embedding psychosocial care within national victim assistance strategies, supported by practical training of frontline healthcare providers, community workers, and allied professionals.

The trainings brought together a diverse mix of participants—medical doctors, psychiatrists, psychologists, nurses, community workers, allied health professionals, and representatives of survivors’ networks—reflecting the multi-disciplinary nature of psychosocial support. Divided into Psychology and Psychiatry streams, participants engaged in intensive, skill-based learning facilitated through interactive methodologies such as role-playing, peer presentations, and case scenario development. This approach not only built individual competencies but also promoted peer-to-peer learning, ensuring knowledge could be cascaded effectively within institutions and communities.

Beyond equipping participants with practical skills, the ToTs were designed to advance ARMAC’s mandate to serve as a regional centre of excellence in victim assistance. They strengthened partnerships among ASEAN Member States, technical institutions, and funding partners, while also advancing the Republic of Korea’s broader commitment to supporting peace, security, and humanitarian resilience in the ASEAN region as outlined in the ASEAN–ROK Plan of Action (2021–2025).

By the end of 2024, a total of **69 trainees** had been prepared across Batches 5 and 6. These individuals represent a growing network of trainers capable of extending psychosocial support services to some of the most vulnerable communities affected by EO. Their empowerment stands as a testament to ASEAN’s collective vision for a safe, secure, and resilient community, consistent with the ASEAN Political–Security Community (APSC) Blueprint 2025.

2. BACKGROUND



The legacy of landmines and explosive remnants of war (ERW) remains one of the most pressing humanitarian challenges in the ASEAN region. Several Member States, most notably Cambodia, Lao PDR, Myanmar, and Viet Nam, continue to bear the long-term consequences of past conflicts. For Cambodia alone, it is estimated that up to **35 percent of agricultural land** has been rendered unusable due to contamination by landmines and ERW. This not only restricts livelihoods and economic development but also perpetuates poverty and food insecurity among affected populations.

The Republic of Korea, as a country that has experienced conflict and still contends with mine-affected areas along the Demilitarised Zone, understands these challenges deeply. Through the ASEAN–Korea Cooperation Fund (AKCF), the Republic of Korea has provided transformative support to the “*Enhance Victim Assistance Programme in the ASEAN Member States*,” recognising the importance of strengthening resilience not only through physical rehabilitation but also through mental health and psychosocial care.

The programme was initiated in 2022 to respond to **Project Objective Four**: to assist ASEAN Member States in providing comprehensive psychosocial support to victims of ERW. Its design reflects a holistic understanding of victim assistance, where healing encompasses not only medical treatment but also the restoration of mental health, dignity, and community belonging. The initiative is structured around four main interventions:

- 1. Professional Skill Transfer Programme** – enabling technical experts to equip healthcare providers with psychosocial competencies.
- 2. Train-the-Trainer (ToT) Programme** – preparing a cadre of trainers who can cascade skills and knowledge within their institutions and communities.
- 3. Community Health Workshops** – extending outreach at the grassroots level to empower survivors, volunteers, and community leaders.
- 4. Continuing Training for Master Trainers** – sustaining knowledge through advanced sessions and peer support mechanisms.



By the end of 2023, the project had already delivered multiple psychosocial training sessions across the region, reaching **243 trainees** through earlier batches. These included psychiatrists, nurses, medical students, health workers, and volunteers, all of whom were trained to identify, recognise, and manage conditions such as trauma, post-traumatic stress disorder (PTSD), anxiety, depression, addiction, and secondary trauma.

The two ToTs held in 2024, documented in this report, represent the **fifth and sixth batches** under the programme. They brought the cumulative number of trainees to **69 for the year** and consolidated the role of ARMAC as a regional hub for knowledge exchange and technical cooperation. In doing so, they contributed directly to the programme's broader target of training at least **240 healthcare providers** across ASEAN.

The *Psychosocial Support Training of Trainer (ToT)* initiative aligns with ARMAC's mandate to act as a centre of excellence, fostering collaboration among ASEAN Member States, dialogue partners, and technical agencies. It also advances the Republic of Korea's strategic goal of deepening cooperation with ASEAN in humanitarian mine action, as reflected in the ASEAN–ROK Plan of Action (2021–2025). By addressing both the physical and psychological dimensions of victim assistance, the programme contributes meaningfully to the realisation of the ASEAN Political–Security Community (APSC) Blueprint 2025, which envisions a safe, secure, and resilient ASEAN region.

3. MEETING OVERVIEW



The Psychosocial Support Training of Trainer (ToT) programme in 2024 was conducted in two distinct sessions: **Batch 5 in Siem Reap (22–26 April 2024)** and **Batch 6 in Phnom Penh (16–20 September 2024)**. Both were held in Cambodia, reflecting the country's unique role as one of the most heavily affected by landmines and explosive remnants of war (ERW) in the ASEAN region, and its leadership in advancing victim assistance.

These sessions were designed to equip healthcare providers, community workers, and allied professionals with the knowledge and facilitation skills necessary to deliver psychosocial support to explosive ordnance (EO) survivors. They were implemented under the framework of the ASEAN–Korea Cooperation Fund (AKCF), with ARMAC as lead organiser, CMAA and MoH as co-hosts, and SingHealth as the principal technical partner.

3.1 Objectives of the Meeting

The ToT programmes were structured around a clear set of objectives that reflected both technical learning and capacity-building goals. By the conclusion of each session, participants were expected to be equipped not only with enhanced

knowledge of psychosocial care but also with the ability to train others effectively.

The key objectives were:

- **Comprehensive understanding of psychosocial impacts:** to familiarise participants with the multifaceted effects of EO on individuals, families, and communities, including trauma, grief, and long-term mental health issues.
- **Recognition of common mental health conditions:** to build competencies in identifying depression, anxiety, post-traumatic stress disorder (PTSD), addiction, psychosis, and insomnia, and to understand their features and progression.
- **Application of Psychological First Aid (PFA):** to provide immediate, compassionate, and effective support to those in distress, particularly in crisis situations.
- **Trauma-informed practices:** to encourage approaches that recognise the impact of trauma on both survivors and caregivers, fostering safe and supportive environments.

- **Development of therapeutic communication skills:** to enhance attending, listening, and active engagement techniques through practice and role-play.
- **Care for caregivers:** to address secondary trauma and burnout, equipping participants with self-care strategies to sustain their professional roles.
- **Training and facilitation skills:** to prepare participants as trainers who could design, deliver, and evaluate psychosocial training in their own communities and institutions.
- **Leadership and mentorship development:** particularly within the psychiatry stream, to ensure sustainability of knowledge transfer and support for junior practitioners.
- **Ethical practice and referral guidelines:** to establish a foundation for appropriate, safe, and professional delivery of psychosocial services.

These objectives were common to both batches, though each was adapted slightly to the composition of the participants and the context of the host city.

3.2 Date, Time, and Venue

- **Batch 5 (Siem Reap, April 2024)**
 - ◊ Held from **Monday, 22 April to Friday, 26 April 2024.**
 - ◊ Venue: **Sokhalay Angkor Resort & Spa**, Siem Reap.
 - ◊ The training spanned five days, with daily sessions running from 08:30 to 17:00, including structured tea breaks and lunch breaks. The opening ceremony took place on the morning of the first day.
- **Batch 6 (Phnom Penh, September 2024)**
 - ◊ Held from **Monday, 16 September to Friday, 20 September 2024.**
 - ◊ Venue: **Hyatt Regency Phnom Penh**, a choice reflecting the importance and visibility of the event.

- ◊ Sessions generally ran from 08:00 to 17:00 daily. The opening ceremony was held on 16 September from 08:20 to 09:30, and the closing ceremony on 20 September from 12:50 to 15:15.

Both venues were selected not only for their capacity to host large groups but also for their accessibility to participants and their symbolic connection to resilience and renewal in Cambodia.

3.3 Format

Both ToTs were conducted in-person, emphasising **interactive and experiential learning methodologies**. The design reflected the principle that psychosocial support cannot be learned through theory alone but must be practised in safe and supportive settings.

The training formats included:

- **Group presentations:** Participants were divided into Psychology and Psychiatry streams, preparing and presenting on assigned topics.
- **Role-playing and case vignettes:** Participants acted out real-life scenarios, alternating roles as survivors and counsellors, to practise communication and intervention techniques.
- **Joint group discussions:** Sessions where both streams came together to reflect on ethical practices, referral pathways, and shared challenges.
- **Feedback mechanisms:** Trainers and peers provided constructive feedback after presentations and role-plays, encouraging a culture of supportive learning.
- **Interactive activities:** Ice-breakers such as the “Aeroplane!” exercise were used to encourage openness, trust, and relationship-building.
- **Curriculum structure:** Both batches covered a wide set of topics ranging from psychosocial impact and mental illness to leadership and self-care, delivered through structured lessons, multimedia resources, and participatory exercises.

The use of stories, videos, and small-group exercises created a rich and dynamic learning environment. Confidentiality and sensitivity were emphasised, particularly in relation to real-life case examples, to maintain ethical standards of training.

3.4 Opening / Closing Ceremony Summary

Each Training of Trainers (ToT) commenced with a formal opening ceremony underscoring the programme's significance and recognising the collaboration among partners. Both ceremonies reflected the shared mission of compassion, healing, and regional solidarity under the *Enhance Victim Assistance Programme in the ASEAN Member States*, funded by the ASEAN–Korea Cooperation Fund (AKCF).



Batch 5 (Siem Reap, April 2024)

The opening ceremony brought together distinguished representatives from the **ASEAN Regional Mine Action Center (ARMAC)**, the **Cambodian Mine Action and Victim Assistance Authority (CMAA)**, the **Ministry of Health (MoH)** of the Kingdom of Cambodia, and **Singapore Health Services (SingHealth)**. The event marked a pivotal moment in strengthening regional cooperation and advancing the psychosocial support component under the *Enhance Victim Assistance Programme in the ASEAN Member States* project.

Ms. Buth Rothna, Executive Director of ARMAC, welcomed participants and partners, highlighting Siem Reap as “a city of resilience and renewal”—a fitting symbol of hope and recovery that reflects ARMAC’s mission to empower survivors and strengthen regional collaboration.

H.E. Prum Sophakmonkol, Vice President of CMAA, reaffirmed Cambodia’s commitment to co-hosting the training and advancing victim assistance across ASEAN. He encouraged participants to “embrace the learning opportunities ahead with enthusiasm and dedication, transforming challenges into opportunities for healing and support.”



Representing the Ministry of Health, **Dr. Chhit Sophal**, Director of the Department of Mental Health and Substance Abuse, underscored the importance of integrating psychosocial support into Cambodia’s health system and expressed appreciation for the partnership with ARMAC, CMAA, and SingHealth in advancing mental health care for affected communities.



Ms. Irene Tan, Programme Director of SingHealth, commended the strong collaboration between Singapore and Cambodia and encouraged participants to share their experiences, engage in active learning, and continue supporting their peers and communities through this regional initiative.

The ceremony concluded with a group photo session with dignitaries, organisers, and participants. The opening day wrapped up with closing acknowledgements from the ARMAC and **SingHealth technical teams**, who summarised the objectives of the week-long training and reaffirmed their shared commitment to empowering local trainers and advancing psychosocial support for victims of explosive ordnance across the ASEAN region.

Batch 6 (Phnom Penh, September 2024)

The ceremony was presided over by senior representatives from **CMAA**, the **Embassy of Singapore**, **ARMAC**, and **SingHealth**:

H.E. Prum Sophakmonkol, Senior Minister and Vice President of CMAA, welcomed participants and reaffirmed Cambodia's dedication to advancing psychosocial victim assistance. He commended ARMAC, SingHealth, and AKCF for their collaboration in supporting survivors through compassion and resilience.



H.E. Mrs. Teo Lay Cheng, Ambassador of Singapore to Cambodia, highlighted the strong partnership between Singapore and Cambodia in promoting psychosocial care and capacity-building, noting that the initiative exemplifies ASEAN cooperation and benefits communities across the region.

Ms. Buth Rothna, Executive Director of ARMAC, described the ToT as a milestone in institutionalising psychosocial support, calling on participants to champion healing, knowledge sharing, and sustainability within their own institutions.



Ms. Chanthana Sengthong, ARMAC Project Manager, presented the training overview, outlining its focus on trauma-informed care, psychological first aid, and caregiver self-care.



Dr. Evelyn Boon, Senior Principal Psychologist of SingHealth, introduced the training methodology, emphasising interactive learning through role-plays, case discussions, and mindfulness practice to strengthen the practical application of psychosocial skills.

Messages throughout the ceremony underscored the importance of psychosocial support in fostering resilience, regional collaboration, and peer-to-peer learning. The event concluded with the national anthems of Cambodia and ASEAN, followed by group photographs with dignitaries, organisers, trainers, and participants.

Closing Ceremony

Distinguished remarks were delivered by:



Mr. Kim Hyun Soo, Deputy Chief of Mission, Embassy of the Republic of Korea, who commended participants' dedication and reaffirmed ROK's steadfast support to humanitarian mine action through AKCF.



Mr. Soukinda Ounavong, Second Secretary, Embassy of the Lao PDR (on behalf of H.E. Buakeo Phumvongsay, Chair of ARMAC Steering Committee),** who emphasised the shared regional goal of strengthening victim assistance and psychosocial support.



Prof. Tan Hiang Khoon, Deputy CEO of SingHealth, reaffirmed that psychosocial care is “a lifeline for survivors and their families, helping them reclaim their lives and rebuild their futures”.



Ms. Buth Rothna, Executive Director of ARMAC, closed by inspiring participants to carry their knowledge forward, “transforming pain into progress” through compassion and community leadership.

The ceremony concluded with certificate presentations and a group photo, symbolising the culmination of three years of psychosocial-capacity building under the *Enhance Victim Assistance Programme*.



The final ToT in Phnom Penh concluded not only the training cycle but also a significant chapter of regional capacity-building in psychosocial victim assistance. The closing ceremony celebrated the achievements of all partners and trainees, symbolising the handover of knowledge and responsibility to a new generation of trainers. Together, ARMAC, CMAA, MoH, SingHealth, and the ASEAN-Korea Cooperation Fund reaffirmed their lasting partnership and commitment to ensuring that psychosocial care and resilience remain central to victim-assistance efforts across ASEAN.

4. PARTICIPANTS



The 2024 Psychosocial Support Training of Trainer (ToT) programme brought together a diverse body of participants, reflecting the multidisciplinary and collaborative nature of psychosocial support. Across both batches, the emphasis was on ensuring broad representation from medical, psychological, community, and survivor networks, thereby strengthening the programme's relevance and impact.

4.1 Total Numbers

A total of **69 trainees** completed the training across the two batches. Of these, **22 were trained in Batch 5 (Siem Reap, April 2024)** and **47 in Batch 6 (Phnom Penh, September 2024)**. These numbers represent the direct outcome of the programme in terms of capacity building.

For **Batch 6**, when including trainers, organisers, and distinguished guests, the total number of attendees reached **74 participants**. This figure captures the wider engagement of stakeholders but does not alter the core training outcome of 47 trainees.

4.2 Stakeholder Groups

The trainees represented a wide range of professions and stakeholder groups, ensuring that psychosocial support capacity would be embedded across multiple levels of care and service provision. The key groups included:

- **Medical professionals:** doctors, nurses, and psychiatrists responsible for clinical and rehabilitative care.
- **Psychologists:** practitioners providing therapy, counselling, and trauma-informed care.
- **Allied health professionals:** occupational therapists, social workers, and rehabilitation specialists.
- **Community workers and volunteers:** grassroots actors and members of survivors' networks who provide first-line psychosocial support in local communities.
- **Medical students:** future practitioners who will carry forward new standards of psychosocial care.

- **Representatives of survivors' networks:** individuals with lived experience, who contributed invaluable perspectives to the learning environment.



4.3 Geographic Representation

While Cambodia served as the host country, the training programme welcomed participants from multiple ASEAN Member States. This regional mix strengthened cross-cultural learning and reinforced the shared commitment to building an ASEAN-wide network of psychosocial support trainers.

Batch 5 in Siem Reap drew largely from Cambodian professionals, complemented by selected participants from neighbouring countries. Batch 6 in Phnom Penh expanded this reach further, with greater regional representation and engagement from ASEAN-level stakeholders.



4.4 Attendance Mode

Both batches were conducted fully in-person, with participants attending all five days of training. The face-to-face format was essential for practising

therapeutic communication, role-play, and peer-to-peer learning, ensuring the acquisition of practical skills that could not be replicated in a virtual environment.



4.5 Distinguished Guests and Observers

The visibility and importance of the ToT programmes were underscored by the participation of distinguished guests and observers, particularly in Batch 6.

The opening and closing ceremonies in Phnom Penh were attended by senior officials and dignitaries, including:

- **H.E. Mr. Prum Sophakmonkol**, Senior Minister and Vice President, CMAA
- **H.E. Mrs. Teo Lay Cheng**, Ambassador of Singapore to Cambodia
- **Representatives of ASEAN Member States and dialogue partners**
- **Senior leadership of ARMAC**
- **SingHealth technical team**, including senior psychiatrists and psychologists who delivered the training

Their presence signalled strong political support, regional ownership, and commitment to sustaining psychosocial support as a pillar of victim assistance.

5. TECHNICAL AND THEMATIC DISCUSSIONS



The training content of the Psychosocial Support Training of Trainer (ToT) programme was designed to balance **clinical knowledge** with **practical facilitation skills**. This approach ensured that participants not only developed a solid understanding of psychosocial concepts but also acquired the ability to apply them effectively in their communities and institutions.

The curriculum was structured around both plenary and breakout sessions, with participants divided into **Psychology and Psychiatry streams** for tailored learning. Sessions combined lectures, case presentations, role-playing, group exercises, and peer feedback. Trainers from SingHealth and the Ministry of Health facilitated these sessions, supported by ARMAC and CMAA.

5.1 Overview of National Victim Assistance Programmes and Services

The training began with an overview of existing victim assistance (VA) frameworks in Cambodia and the broader ASEAN region. Presentations highlighted:

- National policies and strategies on mine action and VA, led by CMAA and MoH.
- Gaps in psychosocial services at both clinical and community levels.
- The role of survivors' networks and community-based organisations in bridging these gaps.

This contextual framing allowed participants to situate their technical learning within the broader national and regional landscape of VA.

5.2 Challenges and Gaps

Participants identified persistent challenges that hinder psychosocial support delivery:

- Limited numbers of trained mental health professionals in Cambodia and other ASEAN Member States.
- Inadequate integration of psychosocial services into existing healthcare systems.
- Stigma surrounding mental illness, which prevents survivors from seeking care.
- Weak referral pathways between community-level responders and clinical providers.
- Limited resources for continuous professional development and training of trainers.

These gaps reinforced the urgency of building a sustainable cadre of trainers capable of cascading psychosocial knowledge.

5.3 Participant Testimonials

Throughout the training, survivors and participants shared personal experiences, which were used as teaching moments. Testimonials described the long-term emotional impact of landmine injuries, the social exclusion faced by survivors, and the relief offered by even simple psychosocial interventions.

These narratives not only humanised the technical content but also reminded participants of the lived realities they are working to address.

5.4 Technical Guidance and Training Topics

5.4.1 Psychosocial Impact of Landmines and Explosive Ordnance

Participants examined the wide-ranging psychosocial consequences of EO accidents. Beyond physical disability, survivors may suffer loss of livelihood, grief, stigma, and chronic psychological distress. Trainers highlighted that psychosocial well-being is deeply linked to family and community resilience, making support networks critical.

5.4.2 Overview of Mental Illness

This session provided participants with a foundation in psychiatric concepts, covering:

- Definition and classification of mental disorders.
- Biological, psychological, and social risk factors.
- Early signs and symptoms requiring referral.
- The importance of culturally sensitive approaches in diagnosis and care.

5.4.3 Trauma and Post-Traumatic Stress Disorder (PTSD)

PTSD was emphasised as one of the most common conditions among EO survivors. Trainers explained:

- **Symptoms:** intrusive memories, avoidance, hypervigilance, and negative mood alterations.
- **Differentiation from Acute Stress Disorder (ASD):** timing and duration of symptoms.
- **Treatment approaches:** trauma-focused cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), and pharmacological options.
- **Practical exercise:** role-plays where participants practised engaging with trauma survivors using empathetic listening and grounding techniques.

5.4.4 Depression and Basic Risk Assessment

Depression was covered as a prevalent condition affecting survivors and caregivers alike. Trainers explained:

- **Key diagnostic features:** persistent sadness, loss of interest, changes in appetite and sleep, suicidal ideation.
- **Treatment:** antidepressant medication, psychotherapy (CBT, interpersonal therapy), lifestyle interventions.
- **Risk assessment:** participants were trained to identify severity and decide when referral to specialist care was needed.

5.4.5 Suicide Risk Assessment

Recognised as a critical skill, suicide risk assessment was taught using structured frameworks:

- **Warning signs:** expressions of hopelessness, giving away possessions, withdrawal.
- **High-risk factors:** prior attempts, co-morbid depression, substance abuse, lack of social support.
- **Stages of intervention:** before, during, and after suicidal acts.
- **Exercise:** participants conducted simulated assessments and presented safety plans for hypothetical cases.

5.4.6 Anxiety Disorders

The session introduced the spectrum of anxiety disorders, including generalised anxiety disorder, panic disorder, phobias, and obsessive-compulsive disorder. Trainers explained symptom recognition, referral needs, and evidence-based treatments. Group discussions addressed the role of stigma and cultural interpretation of anxiety in ASEAN contexts.

5.4.7 Addiction and Substance Use

Participants learned about the psychosocial and physiological impacts of substance use, covering alcohol, opioids, stimulants, cannabis, and tobacco. Trainers discussed diagnostic criteria, withdrawal symptoms, and the role of addiction in compounding trauma.

Case scenarios focused on managing dual diagnosis (e.g. PTSD and substance dependence).

5.4.8 Therapeutic Communication and Attending Skills

Interactive workshops emphasised the importance of active listening, open body language, and non-judgmental responses. Participants practised building rapport, reflecting emotions, and offering supportive statements.

Role-plays allowed trainees to apply communication techniques in scenarios involving distressed survivors.



5.4.9 Psychological First Aid (PFA) and Grounding Techniques

PFA was taught as an immediate, compassionate response to survivors in crisis. Trainers demonstrated grounding techniques such as controlled breathing, sensory focus, and progressive muscle relaxation.

Participants practised guiding survivors through these techniques during high-stress situations.

5.4.10 Self-Care and Secondary Trauma Management

Recognising the burden of secondary trauma on caregivers, this session equipped participants with strategies for self-care: mindfulness, peer supervision, and balanced workloads. Trainers stressed the importance of acknowledging burnout and seeking professional support when needed.

5.4.11 Ethical and Legal Considerations

Participants were briefed on ethical principles guiding psychosocial practice, including confidentiality, informed consent, non-maleficence, and respect for survivors' autonomy. Trainers also discussed referral guidelines to ensure survivors accessed appropriate levels of care without delay.

5.4.12 Leadership and Mentorship Skills

To ensure sustainability of psychosocial training, leadership development was embedded in the curriculum. The psychiatry stream particularly focused on mentoring junior staff, building training modules, and modelling ethical practice.

Exercises included group projects where participants designed training plans tailored to their institutional contexts.

6. MEETING OUTCOMES

The Psychosocial Support Training of Trainer (ToT) programme yielded tangible results that extended beyond individual skill acquisition. By the end of Batches 5 and 6, participants, facilitators, and institutional partners had achieved a set of outcomes that demonstrated the value of the trainings for both national and regional victim assistance frameworks.

6.1 National-Level Commitments

At the close of both ToT sessions, participants and national stakeholders articulated a number of commitments:

- **Cambodia:** Representatives from the Ministry of Health and CMAA committed to integrating psychosocial training modules into ongoing national health and rehabilitation programmes. Particular emphasis was placed on extending training to provincial hospitals and rehabilitation centres where survivors receive care.
- **Other ASEAN Member States:** Participants from neighbouring countries expressed readiness to adapt the ToT model to their national contexts, using the training as a baseline for developing local psychosocial support curricula.
- **Health institutions:** Several hospitals and medical schools represented at the trainings pledged to incorporate psychosocial concepts into continuing education for healthcare providers.

6.2 Identified Challenges

Despite the strong commitments, participants and facilitators acknowledged several continuing challenges:

- **Resource limitations:** Many countries lack the financial and human resources to sustain psychosocial training at scale.
- **Shortage of specialists:** The ratio of psychiatrists and psychologists to population remains extremely low in much of the region.
- **Referral gaps:** Weak referral systems mean that many survivors do not transition smoothly from community-based support to specialist care.
- **Stigma and cultural barriers:** Survivors often avoid seeking psychosocial support due to social stigma, misconceptions, or reliance on traditional coping mechanisms.
- **Sustainability:** Without continued follow-up and refresher training, there is a risk that newly acquired skills may not be fully applied or sustained over time.

6.3 Agreed Action Points

To address these challenges and maximise the impact of the trainings, participants, trainers, and ARMAC agreed on the following action points:

1. **Cascade training:** Each trainee would commit to conducting at least one knowledge-sharing session in their institution or community within six months of completing the ToT.
2. **Documentation and reporting:** Trainees were encouraged to share reports of their cascade activities with ARMAC, enabling regional monitoring of progress and impact.
3. **Strengthen referral pathways:** National institutions would work to clarify and streamline referral mechanisms between community responders, hospitals, and specialised services.
4. **Engage survivors' networks:** Survivor representatives would be included as active partners in future training and outreach activities.
5. **Promote peer support:** Participants agreed to maintain communication with their peers across ASEAN, forming a professional community of practice to share experiences, challenges, and good practices.
6. **Leverage regional platforms:** ARMAC committed to hosting follow-up dialogues under the Regional Victim Assistance Network (VAN) to sustain momentum and facilitate knowledge exchange.

7. GOOD PRACTICES AND SUCCESSES



The Psychosocial Support Training of Trainer (ToT) programme in 2024 demonstrated several good practices that contributed to its effectiveness and sustainability. These practices not only enhanced the immediate quality of the trainings but also provided valuable lessons for future victim assistance programming across the ASEAN region.

7.1 Strong Partnerships and Collaboration

The ToTs were made possible through close collaboration among ARMAC, CMAA, the Ministry of Health, and SingHealth. Each partner contributed distinct strengths:

- **ARMAC** provided coordination and regional leadership, ensuring alignment with ASEAN objectives.
- **CMAA** facilitated national ownership, drawing on its authority in mine action and victim assistance.

- **MoH** ensured integration into the national health framework, linking the training to existing systems of care.
- **SingHealth** delivered technical expertise, offering evidence-based training methods rooted in clinical practice.

The partnership was cited by participants and stakeholders as a model of effective cross-sectoral cooperation.

7.2 Instrumental Funding Support

The ASEAN–Korea Cooperation Fund (AKCF) provided the financial foundation for the programme. Participants consistently recognised the importance of sustained funding in enabling not just one-off training, but a multi-year initiative with cumulative impact. The Republic of Korea's support was viewed as an expression of solidarity and a concrete contribution to ASEAN's humanitarian and peace-building goals.



7.3 Empowerment and Capacity Building

By the end of the trainings, participants expressed increased confidence in their ability to both provide psychosocial support and to train others. The emphasis on role-playing, group presentations, and peer feedback gave participants a sense of ownership over their learning. Many reported that they felt empowered to return to their workplaces and communities as change agents and multipliers of knowledge.



7.4 Comprehensive Skill Acquisition

The curriculum balanced **technical depth** with **practical application**. Trainees not only learned to identify and manage psychosocial conditions but also acquired training and facilitation skills. This dual focus ensured that participants left the programme with a well-rounded toolkit for both direct service delivery and capacity building.



7.5 Interactive and Experiential Methodologies

One of the most successful aspects of the ToTs was the use of interactive methodologies. Rather than relying solely on lectures, trainers employed:

- Role-playing and simulations based on real-life case vignettes.
- Group presentations to reinforce research and teamwork.
- Ice-breakers and energisers (such as the “Aeroplane!” activity) to build trust and openness.
- Peer-to-peer feedback to strengthen reflective practice.

These methods ensured active engagement, encouraged mutual learning, and created a safe environment for practising sensitive skills.

7.6 Promotion of Regional Ownership

The active involvement of senior officials, ambassadors, and ASEAN representatives in the opening and closing ceremonies highlighted strong regional ownership of the initiative. Their presence demonstrated political commitment and reinforced the importance of psychosocial support as an integral part of victim assistance.

Participants also acknowledged the symbolic value of holding the trainings in Cambodia—a country with a long history of landmine contamination and a strong commitment to victim assistance. This choice grounded the training in lived experience and fostered a sense of regional solidarity.

8. LESSONS LEARNED



The Psychosocial Support Training of Trainers (ToT) programme provided valuable insights into how psychosocial capacity building can be deepened and sustained across ASEAN. Beyond technical learning, the 2024 ToTs became a platform for reflection on how knowledge transfer, mentorship, and collaboration can create lasting impact. Drawing from participant feedback, partner reflections, and institutional experiences, several key lessons emerged that will inform Phase II programming at both national and regional levels.



8.1 Importance of Multi-Stakeholder Collaboration

The ToTs reaffirmed that psychosocial support cannot succeed through a single institution or discipline. Participants and speakers consistently highlighted the strength of cooperation between ARMAC, CMAA, the Ministry of Health, SingHealth, and survivor networks. This collaboration bridged clinical expertise, national policy, and community realities, ensuring that learning remained both evidence-based and contextually grounded.

Participants appreciated being able to engage directly with psychiatrists, social workers, and survivor representatives, which made the content relatable to real-world practice. The integrated delivery model demonstrated that victim assistance thrives when institutional, technical, and community perspectives converge under a shared humanitarian mission.

Lesson: Sustainable psychosocial victim assistance requires multi-sector coordination and co-ownership among government bodies, technical experts, and survivor communities.

8.2 Relevance of Psychosocial Support to Holistic Victim Assistance

A recurring message across both ToT sessions was that psychosocial recovery is as vital as physical rehabilitation. Many participants reflected that, in practice, the focus often remains on physical injuries while emotional trauma is overlooked. The training helped shift this mindset—re-emphasising that psychosocial support is not an add-on, but a lifeline for survivors and their families, helping them rebuild confidence, social connection, and purpose.

The modules on trauma care, post-traumatic stress, and anxiety management were described as eye-opening. They underscored how unaddressed mental health issues can delay physical recovery and community reintegration.

Lesson: Psychosocial support must be fully mainstreamed into victim assistance frameworks to achieve complete survivor recovery and reintegration.

8.3 Effectiveness of Training Methodologies

Participants from both ToT sessions consistently commended the experiential and interactive teaching methods used. Role-plays, case studies, small-group discussions, and scenario-based exercises were regarded as the most effective components. Trainers from SingHealth noted that these approaches promoted active learning and immediate application of skills such as active listening, psychological first aid, and grounding techniques.

The smaller group format in Siem Reap (Batch 5) allowed for personalised feedback, while the Phnom Penh session (Batch 6) provided opportunities for participants to practise facilitation and presentation—preparing them to become future trainers.

Lesson: Practical, participatory learning methods foster confidence, skill retention, and readiness to cascade training more effectively than lecture-based formats.

8.4 Need for Continuous Support and Expansion

While participants expressed strong confidence in applying what they had learned, they also emphasised that psychosocial competence requires continuous reinforcement. Many called for refresher sessions, advanced modules, and mentorship opportunities to refine their facilitation skills and deepen understanding of complex cases.

Participants valued the commitment expressed by ARMAC, CMAA, and SingHealth to sustain follow-up learning and mentorship under Phase II. The recognition of “master trainers” within the 2024 ToTs was especially appreciated, as it established a mechanism for ongoing peer-to-peer learning even after the formal project phase ended.

Lesson: Psychosocial capacity building must be viewed as a continuous, long-term process that includes structured follow-up, peer networks, and refresher opportunities.



8.5 Addressing Stigma and Cultural Barriers

Stigma around mental health remains a deep-rooted barrier in many ASEAN societies. Participants discussed how survivors often hesitate to seek psychological support due to fear of judgement or misunderstanding. The ToT curriculum encouraged trainees to approach psychosocial care with cultural sensitivity—recognising how trauma is expressed differently across contexts and emphasising empathy, respect, and confidentiality.

This approach was reinforced by exchanges among participants from different backgrounds, which

broadened understanding of regional variations in beliefs and coping mechanisms. Trainers highlighted that addressing stigma begins within institutions themselves, through leadership endorsement and peer advocacy.

Lesson: Effective psychosocial interventions must be culturally adapted and actively challenge stigma through education, empathy, and example.



8.6 Integrating Care for Caregivers

The ToTs devoted dedicated sessions to self-care and managing vicarious trauma, acknowledging that caregivers themselves often face emotional exhaustion. Participants found these discussions highly relevant and practical, especially the breathing, mindfulness, and grounding exercises introduced by SingHealth facilitators. Many expressed that the focus on caregiver well-being was one of the programme's most meaningful aspects.

The inclusion of caregiver mental health as part of the core curriculum signalled a maturing understanding that sustainable psychosocial services depend on the well-being of those delivering them. Participants also shared plans to integrate peer-support mechanisms within their workplaces.

Lesson: Supporting those who provide care is fundamental to maintaining service quality and ensuring long-term resilience among psychosocial practitioners.



8.7 Building a Regional Network of Trainers and Practitioners

A final lesson emerging from both ToTs was the power of regional solidarity. Participants reported that interacting with peers from various ASEAN Member States gave them renewed motivation and a sense of belonging to a larger regional movement. Closing remarks from partners and donors consistently framed this training cohort as the foundation of a cross-border network of psychosocial professionals.

The recognition that “each trainer is now a beacon of hope” captured the essence of this transformation—from individual learners to regional ambassadors of care. This network will serve as a cornerstone for Phase II, facilitating continuous collaboration, knowledge exchange, and harmonised standards across ASEAN.

Lesson: Building a regional network of psychosocial trainers strengthens collective capacity, fosters shared learning, and ensures sustainability of psychosocial support across ASEAN.

Together, these lessons underscore that psychosocial victim assistance is both a technical discipline and a human commitment. The ToT participants, through their dedication, compassion, and growing expertise, now form the backbone of a sustainable, region-wide system of care—turning knowledge into healing and collaboration into hope.

9. RECOMMENDATIONS



The 2024 Psychosocial Support Training of Trainer (ToT) programme generated a series of recommendations aimed at strengthening the delivery, sustainability, and integration of psychosocial support in victim assistance. These recommendations are directed towards **national stakeholders, ARMAC and regional actors, and technical and funding partners.**

9.1 For National Stakeholders

1. Integrate psychosocial support into national health systems

Ministries of Health should formally embed psychosocial support within their victim assistance and broader health frameworks, ensuring that it is recognised as a standard component of care.

2. Expand training to provincial and community levels

Trainees should be supported to cascade knowledge to provincial hospitals, rehabilitation centres, and local communities, ensuring outreach to rural and marginalised populations most affected by explosive ordnance.

3. Strengthen referral pathways

Clear referral mechanisms should be established between community-level responders, hospitals, and specialised care providers. This will ensure that survivors receive timely and appropriate support across levels of care.

4. Address stigma through awareness campaigns

Governments and health institutions should conduct community awareness initiatives to reduce stigma surrounding mental illness, encouraging survivors and families to seek psychosocial support

5. Monitor and evaluate training impact

National stakeholders should establish simple monitoring systems to track the effectiveness of cascade training and the application of new skills in real-world contexts.



9.2 For ARMAC and Regional Actors

1. Consolidate ARMAC's role as a knowledge hub

ARMAC should host a dedicated psychosocial working group under the Regional Victim Assistance Network (VAN), serving as a platform for resource-sharing, peer exchange, and regional coordination.

2. Facilitate cross-border learning

Regular regional forums, study visits, and webinars should be organised to allow practitioners to share lessons learned, case studies, and culturally adapted approaches to psychosocial support.

3. Standardise training modules

ARMAC, in collaboration with technical experts, should develop a regional psychosocial training package that can be adapted by ASEAN Member States, ensuring consistency in core content while allowing cultural flexibility.

4. Promote survivor leadership

Survivors should be included not only as beneficiaries but also as co-trainers, mentors, and advocates within the VAN, ensuring that lived experience guides psychosocial programming.

9.3 For Technical and Funding Partners

1. Sustain long-term support

Technical partners such as SingHealth and funding partners such as AKCF should commit to supporting multi-year training cycles, recognising that psychosocial capacity-building requires continuous reinforcement.

2. Develop advanced and refresher modules

Beyond initial ToTs, funding should be allocated to refresher courses, advanced training sessions, and ongoing mentorship to sustain knowledge and deepen expertise.

3. Support digital platforms for peer exchange

Investment in online platforms would allow trainers to remain connected, share resources, and access continuous learning opportunities even after the training sessions have ended.

4. Link psychosocial support to broader development goals

Partners should align psychosocial programming with the Sustainable Development Goals (SDGs), particularly those on health, well-being, and peace, to strengthen advocacy and resource mobilisation.

10. WAY FORWARD



The successful completion of the 2022–2024 Psychosocial Support Training and Training-of-Trainers (ToT) programme has laid a solid foundation for sustainable and institutionalised psychosocial victim assistance in Cambodia and across the ASEAN region. With 243 unique professionals trained from 41 institutions, the project has not only met but slightly exceeded its target. More importantly, it has created a capable national pool of psychosocial trainers equipped to cascade knowledge and skills within their institutions and communities.

Building on these achievements, the next phase (2025–2026) will focus on **Phase II of the Psychosocial Support Programme**, aimed at sustaining, expanding, and regionalising the impact generated during Phase I. This phase will concentrate on three strategic priorities:

10.1. Institutionalisation and national integration

The pool of Cambodian trainers established through the ToT sessions will lead ongoing cascade trainings within hospitals, universities, rehabilitation centres, and community-based organisations. These follow-on sessions will ensure that psychosocial support becomes a core component of national victim assistance frameworks and health service delivery. ARMAC will continue collaborating with national authorities and key partners to embed psychosocial practices into existing healthcare and rehabilitation systems.

10.2. Regional replication and capacity expansion

Under Phase II, the training model and manuals developed during Phase I — the *Psychosocial Support Training Manual and Training-of-Trainers Manual* — will be adapted for implementation in other explosive ordnance (EO)-affected ASEAN Member States. This regional replication will strengthen national capacities across Southeast Asia, promote peer learning through the ASEAN Regional Victim Assistance Network (VAN), and enhance cross-country cooperation on psychosocial survivor support.



10.3. Sustainability and knowledge exchange

To ensure long-term sustainability, Phase II will emphasise knowledge management, monitoring, and cross-border collaboration. Lessons learned from Cambodia's experience will be documented and shared through regional workshops and communities of practice. ARMAC will also explore partnerships with academic and healthcare institutions to provide technical support, update training materials, and further refine psychosocial curricula based on evolving needs.

Together, these efforts will transition psychosocial support training from a country-level initiative to a **regional capacity-building platform**, ensuring that survivors across ASEAN continue to receive compassionate, competent, and sustainable psychosocial care well into 2026 and beyond.

CONCLUSION



The Psychosocial Support Training of Trainer (ToT) – Batches 5 and 6, held in Siem Reap and Phnom Penh in 2024, marked a decisive step in advancing psychosocial victim assistance within ASEAN. By equipping **69 trainees** with both technical knowledge and facilitation skills, the programme addressed a critical gap in survivor care and laid the foundation for a multiplier effect across institutions and communities.

The ToTs demonstrated that psychosocial support is not merely an adjunct to victim assistance but a **core element of holistic recovery**. Survivors require care that addresses both physical and psychological wounds, enabling them to reclaim dignity, resilience, and a meaningful place in society. Through these trainings, ASEAN took tangible strides toward embedding this principle into practice.

The outcomes extended beyond individual learning. Commitments made by national stakeholders underscored growing recognition that psychosocial support must be integrated into health and victim assistance systems. The active participation of ambassadors, senior officials, and survivors themselves highlighted strong **political support and regional ownership**. The involvement of technical experts and community actors alike ensured that the programme was grounded in evidence while responsive to real-world needs.

Several key strengths stood out: **effective partnerships, sustained funding support, empowering methodologies, and the promotion of regional collaboration**. These factors not only enhanced the immediate quality of the ToTs but also positioned the programme as a model for future replication. At the same time, the lessons learned emphasised the need for ongoing training, refresher courses, stronger referral systems, and greater efforts to combat stigma.

Looking ahead, the way forward is clear. The trained cohort must now cascade their knowledge within their communities, ARMAC must consolidate its role as a regional hub for psychosocial support, and partners must continue to provide the technical and financial backing required to sustain momentum. Only through **continuous learning, survivor-centred approaches, and cross-border solidarity** can ASEAN achieve the vision of resilient, inclusive, and trauma-informed systems of care.

The 2024 ToTs therefore stand not as an endpoint, but as part of a larger journey. They represent both progress achieved and potential yet to be realised — a reminder that the work of victim assistance is ongoing, and that psychosocial support must remain at the heart of ASEAN's humanitarian response.

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