



TRAINING OF TRAINERS (TOT) MANUAL

PROVIDING PSYCHOSOCIAL SUPPORT TO EXPLOSIVE ORDNANCE SURVIVORS



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Executive Summary

This **Psychosocial Support Manual for Explosive Ordnance (EO) Survivors** provides a thorough, user-friendly guide for practitioners, policymakers, survivors, and community workers. It outlines practical approaches to address the emotional and social needs of EO survivors across **ASEAN** and beyond. The manual emphasizes survivor-centered care, cultural sensitivity, and community engagement, ensuring that survivors are supported not just medically but holistically.

Key Highlights:

Understanding EO Victimization

Explains what explosive ordnance (EO) is and why it's so dangerous, highlighting the deep emotional and social wounds survivors face. Emphasis is on recognizing trauma and overcoming stigma to rebuild lives with dignity.

Core PSS Principles

Introduces fundamental values guiding psychosocial support (PSS), such as the PROTECT framework, cultural awareness, and the "Do No Harm" approach.

Impact of Trauma

Describes common reactions to EO trauma – from immediate shock and PTSD symptoms to long-term depression, anxiety, grief, and coping with disability – helping readers recognize and respond to these challenges.

Frameworks for Support

Outlines how to provide effective Psychological First Aid (PFA) in the critical moments after an incident (Look, Listen, Link) and how to continue with counseling, peer support, community support, and rehabilitation for long-term healing.

Therapeutic Approaches

Details evidence-based therapies (like Cognitive Behavioral Therapy, EMDR, mindfulness-based techniques, and group therapy) tailored to EO trauma recovery. It underscores the power of peer support and shared experience in healing.

Rehabilitation & Reintegration

Explores how physical rehabilitation and emotional well-being go hand-in-hand. Provides strategies to support survivors with disabilities (amputations, mobility issues, etc.) and to promote social inclusion, vocational training, and work opportunities.

Supporting Vulnerable Groups

Addresses special considerations for women, children, the elderly, and survivors with pre-existing mental health conditions. It outlines tailored interventions (e.g., safe spaces for women, play therapy for children, home-based care for the elderly, and integrated care for those with mental health needs).

Family & Community Roles

Stresses that recovery is a team effort – families need tools to cope and communicate effectively, and communities play a pivotal role in reducing stigma and embracing survivors. Discusses how awareness campaigns and survivor advocacy foster inclusive attitudes.

Care for Caregivers

Recognizes the risk of burnout and compassion fatigue among helpers. Offers self-care strategies and encourages peer support networks for caregivers to share experiences, learn coping techniques, and sustain their well-being.

Program Sustainability

Emphasizes building long-term, community-driven psychosocial programs. Covers continuous monitoring and evaluation to measure what works, adapting based on feedback. Advocates for community ownership, capacity-building, and policy support to ensure programs last and evolve.

Training Modules

Provides field practitioners with structured training modules (and an 8-Day Training-of-Trainers (ToT) program outline as an annex) covering everything from PSS basics and PFA skills to community-based support, training skills, and program sustainability. This helps build local expertise and standardized practices across the region.

Real Stories & Resources

Features inspiring survivor stories (e.g., Ahmed's journey from trauma to entrepreneurship, Omar's experience with counseling) to illustrate real-world impact. The manual also guides readers to additional resources: key organizations, online toolkits, and further reading for ongoing learning.

By blending **practical field guidance** with professional insights, this manual serves as a comprehensive resource. Whether you're on the ground in a village or shaping policy in a capital city, the content is designed to be accessible and actionable, empowering all stakeholders to support EO survivors in healing and reclaiming their lives.



FOREWORD

By Ms. Rothna Buth

Executive Director, ASEAN Regional Mine Action Center (ARMAC)

The humanitarian impact of explosive ordnance in our region has been profound. For decades, communities across ASEAN have endured the legacy of landmines and unexploded ordnance. **Survivors bear not only physical scars but also deep psychological wounds.** Recognizing this, the ASEAN Regional Mine Action Center (ARMAC) has prioritized psychosocial support as an essential pillar of victim assistance.

This manual represents a landmark achievement in our collective effort to uplift EO survivors. It was conceived under the ASEAN-Korea Cooperation Fund (AKCF)-supported Victim Assistance Project, which sought to build regional capacity in providing holistic care for survivors. Through collaborative Training of Trainers (TOT) sessions and expert consultations, we have woven together international best practices with local wisdom from communities in Cambodia, Lao PDR, Myanmar, Thailand, Vietnam, and beyond.

Why is this manual so important now?

As ASEAN moves toward greater integration and shared responsibility, we must ensure that no survivor is left behind. Physical rehabilitation, prosthetics, and medical care have long been at the forefront of assistance programs. Yet, without addressing trauma, stress, and social reintegration, our support remains incomplete. Psychosocial well-being is the bedrock upon which survivors rebuild their lives, regain confidence, and become active members of society again.

This manual is designed as a practical field guide, one that you can carry with you whether you are visiting a survivor's home, leading a community workshop, or drafting national policy. It contains **step-by-step** guidance, culturally sensitive approaches, and real-life case studies that resonate with the resilience and hope we see in survivors every day. The language is kept accessible, reflecting ARMAC's belief that knowledge should not be locked away in academia, but shared on the ground where it can make a difference.

We envision a future where all **field practitioners, health workers, community leaders, and families** have the knowledge and tools to provide compassionate and effective psychosocial support. With this manual, ARMAC aims to harmonize psychosocial support efforts across ASEAN, ensuring consistency and quality while still allowing for local adaptation and creativity.

In presenting this manual, we honor the courage of survivors who have taught us so much about healing and the strength of the human spirit. We also acknowledge the dedication of those who work tirelessly to assist them – the caregivers, counselors, medical professionals, and community volunteers. Your work often goes unrecognized, but it is profoundly valued.

It is our hope that this comprehensive manual will not only **inform and educate** but also **inspire action**. Every section is a reminder that effective support is within our reach when we combine knowledge, empathy, and collaboration.

Together, let us commit to a future where **survivors of explosive ordnance live with dignity, peace, and opportunity**, supported by communities and systems that help them thrive. On behalf of ARMAC, I extend our deepest gratitude to all who have contributed to this manual and to those who will use it to transform lives.



PREFACE

Purpose and Vision:

This manual was developed out of a pressing need to better address the **long-term psychosocial impacts of EO incidents**. While significant progress has been made in medical care and demining efforts, many survivors and their families continue to struggle with trauma, stigma, and socio-economic challenges. Our vision is a **standardized yet adaptable field manual** that bridges the gap between theory and practice, helping translate psychosocial support principles into real-world action across diverse contexts in ASEAN.

Development Process:

ARMAC led a collaborative process to create this manual. We engaged **mental health professionals, experienced field workers, and EO survivors themselves** to ensure the content is both expert-informed and grounded in lived experience. Over several months, drafts were tested in training workshops and field missions:

- **Workshops:** Initial modules were refined during six **Training of Trainers (ToT)** sessions (conducted in partnership with SingHealth) held in Cambodia. Feedback from these sessions was instrumental in adjusting the tone and ensuring cultural relevance.
- **Field Feedback:** Portions of the manual were piloted by community-based organizations working directly with EO survivors in rural villages. Their experiences guided the inclusion of tools like community awareness kits and family coping exercises.
- **Expert Review:** Psychologists, social workers, and disability advocates from ASEAN Member States reviewed the content for technical accuracy and inclusivity, particularly for sections on vulnerable groups and caregiver support.

How to Use This Manual:

This manual is organized into clear sections that **build from foundational concepts to practical applications:**

The Introduction sets the stage, explaining why psychosocial support is crucial and who can benefit from this guide.



The main chapters (I–X) cover the journey from understanding EO victimization to implementing sustainable support programs, each delving into specific topics (trauma reactions, support techniques, special populations, etc.).



Real-world examples, case studies, and “Tools” (like the Peer Support Program Guide) are interwoven to translate concepts into actionable steps.



Each chapter ends with a summary of key points or best practices, making it easy for quick reference.



The Training Modules section (xi) provides a condensed curriculum for those educating others—useful for running workshops or formal training courses.



An **Annex** outlines an 8-Day ToT Program with detailed schedules, which can be used by trainers to impart the knowledge from this manual to new cohorts of practitioners.



Tone and Style:

Recognizing the wide audience, we maintained a **balance between professional and accessible language**:

- **For field practitioners:** Step-by-step guidance (e.g., how to do PFA, how to set up a peer group) and checklists are provided. Technical jargon is minimized or explained where necessary.
- **For policymakers and program managers:** Sections on sustainability, policy, and measuring impact provide insight into program design and advocacy.
- **For survivors and community members:** The manual avoids clinical tone. It uses empathetic language and real stories to validate their experiences and encourage community-driven solutions.



Limitations and Adaptability:

While comprehensive, this manual is not a one-size-fits-all prescription. ASEAN is home to tremendous **cultural, linguistic, and social diversity**. Users are encouraged to adapt activities and approaches:

- Translate or modify exercises to fit local languages and cultural practices (e.g., adjust group therapy techniques to resonate with community storytelling traditions).
- Use the case studies as inspiration; local examples may be even more effective for training or community education.
- Recognize that resource availability varies; some communities may have licensed therapists, while others rely on volunteers. The manual offers low-resource alternatives where possible (like basic counseling skills for non-professionals).

We have included placeholders for visuals (diagrams, case study callouts, tables, inspirational images) where they can enhance understanding. Organizations using this manual should feel free to insert context-appropriate photos or diagrams (e.g., a photo of a counseling session in a local clinic, a diagram of a PFA “Look, Listen, Link” model in action, etc.) in these suggested spots.

A Living Document:

The field of mental health and psychosocial support (MHPSS) is continually evolving. ARMAC intends for this manual to be a **living document**:

- We welcome feedback, new case studies, and lessons learned from those implementing these strategies.
- Future editions could incorporate emerging evidence, new techniques (e.g., digital mental health tools for remote areas), and reflections from the field.
- There is space to expand, for instance, adding Annexes on country-specific resources or new chapters on related topics (like psychosocial support in emergency EO responses or integration with livelihood programs).

In sum, **this manual is a collective achievement and a collective tool**. Its real value will be realized when it is in your hands, adapted to your context, and used to make a tangible difference in the lives of EO survivors. We trust that you will treat it not as an instruction book, but as a supportive companion in your critically important work.

THANK YOU FOR JOINING
US IN THIS MISSION!

ACKNOWLEDGMENTS

The **ASEAN Regional Mine Action Center (ARMAC)** extends its deepest gratitude to all individuals and organizations that contributed to the development of this Psychosocial Support Manual for Explosive Ordnance (EO) Survivors. This manual represents a **collective effort** to strengthen psychosocial support services across ASEAN, ensuring that EO survivors receive holistic, survivor-centered, and sustainable assistance.

- **ASEAN-Korea Cooperation Fund (AKCF):** We express our sincere appreciation to the AKCF for their generous financial support, which made this initiative possible. Their commitment to victim assistance and humanitarian mine action has been pivotal in advancing regional collaboration and capacity-building in psychosocial support. The AKCF's support exemplifies how international cooperation can directly improve lives at the community level.
- **Ms. Leila El-Ali – Psychologist and Physical Health Specialist (ARMAC):** We extend our deepest appreciation to Ms. Leila El-Ali for her leadership in authoring this manual and contributing her extensive expertise in mental health, trauma support, and physical rehabilitation. Her work bridges global best practices with local realities, ensuring the manual is both clinically sound and contextually relevant. Her commitment to the wellbeing of EO survivors is reflected in every page.
- **SingHealth:** Our gratitude to SingHealth, whose technical expertise and partnership in conducting the six Training of Trainers (ToT) sessions in Cambodia (Phase I of the Victim Assistance Network project) laid a strong foundation for this manual. Their team of mental health and trauma care experts provided invaluable insights, ensuring the content is evidence-based and practically relevant.
- **ASEAN Member States & Practitioners:** We extend a special thanks to representatives and practitioners from ASEAN Member States – particularly **Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam** – for active participation, sharing local experiences, and committing to victim assistance. Their grassroots insights ensured the manual speaks to real challenges and solutions on the ground. The contributions from national mine action centers, health ministries, and NGOs enriched the manual's cultural appropriateness and depth.

- **EO Survivors and Families:** We are deeply grateful to the survivors who bravely shared their stories and to their families who provided perspectives on the support needed. Their voices are the heart of this manual. By recounting their journeys, they have helped shape training scenarios, case studies, and recommendations that will benefit countless others. We hope this manual honors their resilience and contributions.
- **Field Workers and Contributors:** Many field practitioners (counselors, social workers, community volunteers) took time from their duties to review drafts, suggest improvements, and test activities in their communities. Their dedication to continually improving survivor support, even as they manage heavy workloads, is commendable.
- **Editorial and Design Team:** A nod to the writers, editors, and formatters who refined the language to ensure clarity and professional tone, and to those who conceptualized the layout with headings, subheadings, and visual placeholders for a user-friendly experience. They worked to balance technical accuracy with accessible language, achieving the manual's blend of **practical field style and professional polish**.
- **Support Staff:** Lastly, thanks to the administrative and logistical staff at ARMAC who coordinated meetings, managed communications, and organized the numerous drafts and materials that came together in this final manual.

This manual stands as a testament to what we can achieve through **collaborative effort and shared vision**. It is our hope that every person who reads or implements this manual will feel the collective support of this community and will, in turn, extend that support to EO survivors and their families.

ARMAC sincerely thanks the ASEAN-Korea Cooperation Fund (AKCF) for their unwavering support and all partners dedicated to healing the unseen wounds of EO survivors.

List of Acronyms

<u>Acronym</u>	<u>Full Term</u>
» ARMAC	ASEAN Regional Mine Action Center
» AMS	ASEAN Member States
» ASEAN	Association of Southeast Asian Nations
» AKCF	ASEAN-Korea Cooperation Fund
» EO	Explosive Ordnance
» UXO	Unexploded Ordnance
» PSS	Psychosocial Support
» PTSD	Post-Traumatic Stress Disorder
» PFA	Psychological First Aid
» NGO	Non-Governmental Organization
» ToT	Training of Trainers
» MHPSS	Mental Health and Psychosocial Support
» CMVIS	Cambodia Mine/UXO Victim Information System (used contextually in survivor data)
» WHO	World Health Organization
» ICRC	International Committee of the Red Cross
» UN	United Nations

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Overview

Why This Manual Matters

Even decades after conflicts have ceased, unexploded ordnance (UXO) – from landmines to cluster munitions – continue to pose daily threats in over 60 countries. Needs – the mental health struggles, the emotional journey, and the social hurdles in rebuilding life.

The ASEAN region, with its history of conflict in some areas, is heavily affected. Each year, there are still thousands of new casualties globally. Survivors of EO incidents often face immediate crises and lifelong challenges. This manual focuses on those survivors' psychosocial needs – the mental health struggles, the emotional journey, and the social hurdles in rebuilding life.

In addressing EO survivors' recovery, physical rehabilitation alone is not enough. True healing requires acknowledging invisible wounds: trauma, grief, anxiety, loss of identity, and the strain on families and communities. By providing standardized yet adaptable psychosocial support techniques, this manual seeks to improve long-term recovery outcomes, helping survivors regain hope and functionality. It also highlights the critical importance of community reintegration – for a survivor to truly move forward, they need acceptance, inclusion, and opportunities in their community.

Example: In heavily UXO-contaminated provinces of Laos, survivors often return to farming fields out of economic necessity, even if those fields are still dangerous. The trauma is continuous – every day involves fear. Psychosocial support in such cases might involve community dialogues on safe livelihoods, group therapy to process fear and loss, and economic programs to reduce risky exposures. This manual provides guidance for such multi-faceted support, drawn from field-tested techniques.

Who This Is For

This is a practical manual for anyone involved in EO victim assistance, including:

- **Medical Teams:** Doctors, nurses, medics handling the immediate aftermath of EO incidents. (They'll find quick PFA techniques and communication tips to use in emergency care and rehabilitation settings.)
- **Counselors & Psychologists:** Mental health professionals providing therapy or counseling. (They can draw on the trauma therapy approaches, CBT techniques, and culturally sensitive practices outlined here.)

- **Community Leaders & Social Workers:** Those leading community recovery efforts, local NGOs, or village chiefs. (Sections on community reintegration, stigma reduction, and setting up peer support groups will be most useful to them.)
- **Survivors' Families:** Family members or caretakers of survivors. (The manual speaks to them directly too, offering coping strategies, ways to support their loved ones, and self-care advice for themselves.)
- **Policy Makers & Program Managers:** Government officials or NGO program directors shaping victim assistance programs. (They can use the principles, program sustainability strategies, and training modules to inform policies and programs.)

This guide isn't just for seasoned professionals—it's designed so anyone who wants to help can use it. Whether you're a trained psychologist in a capital city or a volunteer health worker in a remote village, a military medic, or a schoolteacher wanting to support a child who was injured, this manual gives you a framework and practical tools to make a positive difference.

Intended Users and Focus:

User Group	Key Focus in This Manual	Helpful Resources Inside
<i>Medical Teams</i>	Physical stabilization & mental trauma in emergency care	Quick PFA steps; "Do No Harm" tips in crisis
<i>Counselors</i>	Emotional and mental health support	Trauma therapy techniques; CBT & EMDR outlines
<i>Community Leaders</i>	Reintegration & stigma reduction	Community awareness campaign guide; peer group setup
<i>Survivors' Families</i>	Family-based support strategies	Family coping tips; caregiver self-care section

(This table, already drafted in content, reinforces the multi-audience nature of the manual.)

Understanding the Emotional and Social Needs of EO Survivors

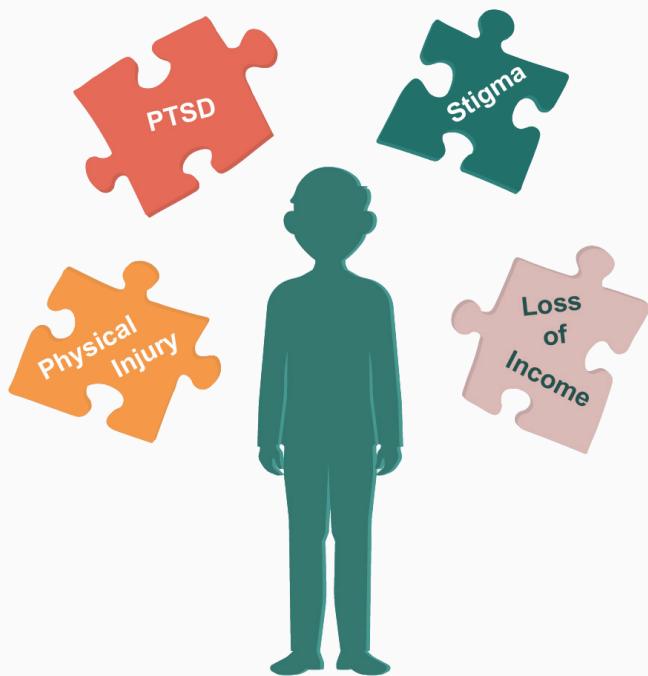
When someone survives an EO explosion, their journey is only beginning. The visible injuries – burns, amputations, shrapnel wounds – are accompanied by invisible injuries. Survivors may feel overwhelming fear, isolation, or hopelessness. They might experience:

- **Post-Traumatic Stress Disorder (PTSD):** Intrusive memories, nightmares, flashbacks, or constant hyper-vigilance. The sound of a motorcycle might trigger a flashback to an explosion, for example.
- **Depression:** Persistent sadness, loss of interest in life, withdrawal. A survivor may struggle to find motivation for rehabilitation exercises due to feeling “what’s the point?”.
- **Anxiety Disorders:** Excessive worry, panic attacks, or phobias. Some survivors become afraid to leave home or be near where the incident happened.
- **Grief:** Profound sadness for what’s lost – not only loved ones who may have died, but also lost limbs, lost livelihoods, lost futures they imagined for themselves before the incident.

In addition, survivors often face significant social and economic challenges:

- **Stigma and Discrimination:** Misconceptions about disabilities or the circumstances of the injury can lead communities to ostracize survivors. For instance, in some communities, people might wrongly believe a survivor is “cursed” or blame them for the accident.
- **Economic Hardship:** An EO injury can mean inability to work as before, leading to unemployment or underemployment. Families often face increased expenses (medical care, prosthetics) and reduced income at the same time.
- **Lack of Access to Services:** Many EO-affected regions are remote or impoverished, meaning survivors might struggle to access follow-up surgeries, physical therapy, mental health care, or even basic healthcare. Transportation and costs are major barriers.

This manual is here to help navigate these layered challenges and offer **real, compassionate support**. It advocates a **holistic approach** – understanding that healing isn’t just about treating a wound or giving a prosthetic leg; it’s about restoring a person’s sense of self, safety, and belonging. Every chapter ahead builds on this understanding, providing practical ways to foster psychological recovery and social reintegration.



I. INTRODUCTION: SETTING THE STAGE FOR LEARNING AND GROWTH

This training manual has been developed to equip participants with the knowledge, skills, and values required to provide effective psychosocial support to survivors of explosive ordnance (EO) trauma. It is part of a broader regional initiative under the "Enhance Victim Assistance Programme in ASEAN Member States (AMS)," funded by the ASEAN-Korea Cooperation Fund (AKCF) and implemented by ARMAC in collaboration with national and regional partners.

Our goal is to foster a learning environment that is not only informative, but also inclusive, respectful, and emotionally safe—empowering you to grow as a compassionate and skilled practitioner.

Purpose and Structure of the Training:

This manual will guide you through the core concepts, principles, and practical techniques of psychosocial support in the context of EO trauma. We will explore the multifaceted challenges faced by survivors, the importance of culturally sensitive and ethical care, and strategies for promoting healing, recovery, and social reintegration.

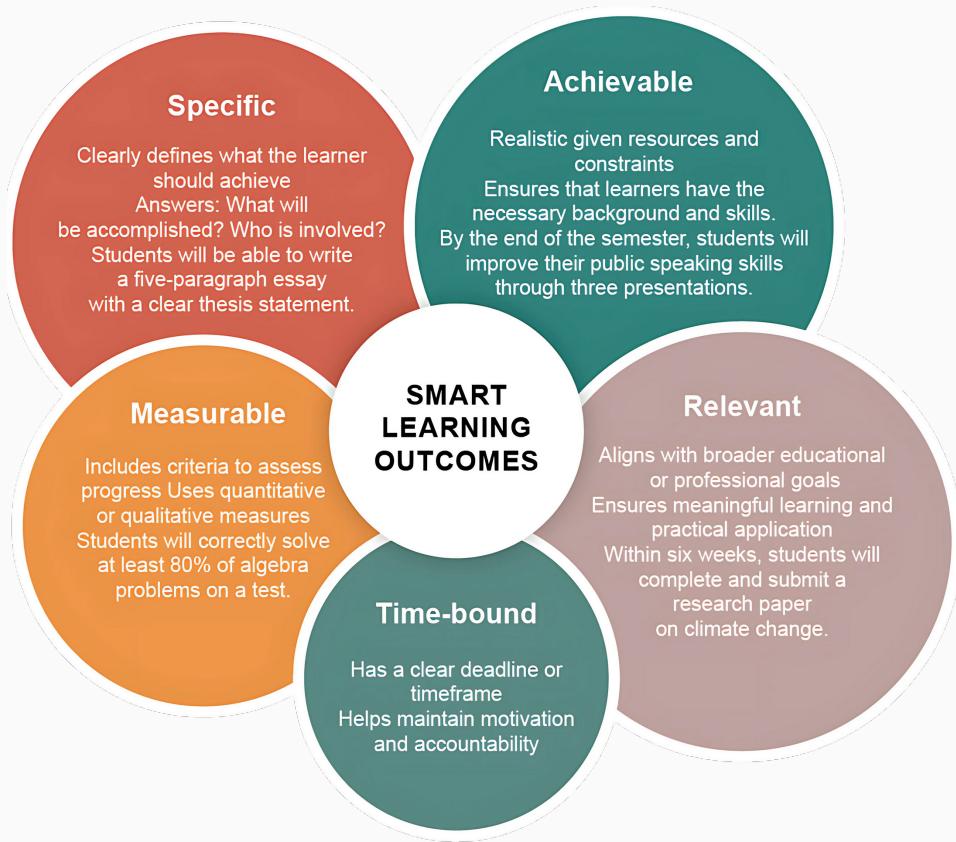
- It explains the manual's scope (what it covers)
- The intended audience
- How it should be used as a resource throughout the training.

Learning Outcomes: By the end of this training, participants will be able to:

- Understand the nature of EO and its devastating impact on individuals and communities.
- Identify the physical, emotional, and social consequences of EO trauma.
- Apply the core principles of psychosocial support, including cultural sensitivity and the "Do No Harm" approach.
- Recognize the signs and symptoms of common psychological difficulties experienced by survivors, such as PTSD, anxiety, depression, and grief.
- Implement evidence-based techniques for providing immediate and long-term support to survivors.
- Develop strategies to address the unique needs of vulnerable groups, including women, children, and the elderly.
- Promote the role of families and communities in the healing and reintegration process.
- Practice self-care and prevent burnout while working in high-stress environments.
- Evaluate the effectiveness of psychosocial support programs and advocate for sustainable, survivor-centered solutions.

- Facilitate effective training sessions on psychosocial support for EO survivors at community or institutional levels.
- Draw lessons from real-life survivor experiences to reinforce messages of hope, resilience, and recovery. Connect survivors and their families with essential resources and support networks.

These learning outcomes are aligned with the **SMART** framework—**Specific, Measurable, Achievable, Relevant, and Time-bound**—to provide a clear and focused roadmap for both trainers and participants, ensuring the training remains practical, relevant, and results-oriented.



Creating a Safe and Inclusive Environment

Learning is most effective when participants feel safe, respected, supported, and comfortable expressing themselves—whether by sharing experiences, asking questions, or taking intellectual risks. This training program is grounded in the belief that every participant contributes valuable perspectives and insights to the learning process. To foster a productive and inclusive environment, we are committed to:

- Establishing group norms that promote respect, empathy, and collaboration.
- Using icebreaker activities to help participants get to know each other and build rapport. Examples include pair introductions, group sharing, and quick games.
- Encouraging open, honest communication and active listening
- Ensuring that the training is accessible and relevant to everyone, regardless of their background or experience.

II. UNDERSTANDING THE IMPACT OF EXPLOSIVE ORDNANCE (EO)

What is Explosive Ordnance (EO) and Why It's So Dangerous?

Explosive Ordnance (EO) refers to a broad category of weapons that contain explosive materials and are designed to detonate. These include landmines, bombs, artillery shells, grenades, and cluster munitions. A particularly dangerous subset is **Unexploded Ordnance (UXO)**—munitions that were deployed but failed to detonate as intended. These remain active and can explode if disturbed, even decades later.

Common types of EO include:

- **Landmines:** Buried explosive devices designed to detonate upon contact. These are explosive devices buried in the ground, designed to detonate when a person or vehicle steps on or passes over them.
- **Unexploded Ordnance (UXO):** Munitions that failed to detonate as intended. These are explosive munitions that were fired, dropped, launched, or projected but failed to detonate as intended. UXO can include bombs, shells, grenades, mortars, and rockets.
- **Cluster Munitions:** Weapons that release numerous submunitions over a wide area. These are weapons that release numerous smaller submunitions or bomblets over a wide area. Many of these submunitions fail to explode on impact, becoming dangerous UXO.

EO poses significant dangers, including:

- High risk of detonation, even after many years. EO is designed to explode, and even old or corroded munitions can still function. Any disturbance, even unintentional contact, can trigger a deadly explosion.
- **Severe Injuries:** EO detonations cause horrific injuries, including (loss of limbs), severe burns, blast injuries, and penetrating fragment wounds. These injuries often lead to lifelong disabilities and require extensive medical care.
- **Death:** EO explosions frequently result in fatalities, particularly when victims are close to the blast.
- **Long-Term Threat:** Unlike other weapons, EO can remain dangerous for decades. UXO can lie dormant for years, posing a threat to future generations.
- **Obstacles to Development:** The presence of EO contamination prevents the use of land for agriculture, housing, and infrastructure projects, hindering economic development and post-conflict recovery.
- **Psychological Impact:** Living in areas contaminated with EO creates a constant sense of fear and insecurity, leading to anxiety, stress, and other mental health issues for affected communities.

Physical, Emotional, and Social Impact of EO Trauma:

Survivors of EO incidents face complex challenges that extend far beyond physical injuries. Recovery often involves long-term emotional healing, social reintegration, and economic rebuilding.

Physical impact: EO explosions often cause severe physical injuries, such as:

- Amputations and limb loss
- Burns injuries
- Blast trauma
- Penetrating injuries from fragments

These injuries may result in long-term disability, mobility challenges, and chronic pain requiring intensive medical care and rehabilitation.

Emotional and Psychological suffering:

Survivors frequently experience significant psychological trauma, including:

- **Post-traumatic stress disorder (PTSD):** This can involve flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event.
- **Depression:** Survivors may feel persistent sadness, hopelessness, and a lack of interest in life.
- **Anxiety disorders:** These can manifest as excessive worry, panic attacks, or phobias.
- **Grief:** Survivors may grieve the loss of loved ones, loss of body parts, or loss of their previous way of life.

Social Challenges: EO trauma can also lead to social challenges:

- **Stigma:** Survivors may be ostracized or rejected by their families or communities due to their injuries or disabilities.
- **Discrimination:** They may face prejudice and be denied opportunities, such as education, employment, and social participation.
- **Social isolation:** Survivors may withdraw from social interactions due to their physical or emotional difficulties.
- **Economic hardship:** Injuries can lead to loss of income, unemployment, and increased healthcare costs, pushing survivors and their families into poverty.

Promoting Empathy and Awareness:

To provide effective support, it is crucial to develop both understanding and compassion for EO survivors. This involves:

- **Learning about the obstacles survivors face:** This involves gaining knowledge about the wide range of difficulties survivors face which may include physical disabilities, ongoing pain, psychological trauma such as PTSD, social stigma, and economic hardships.
- **Developing a sense of empathy for their experiences:** This goes beyond simply knowing the facts. It involves fostering an emotional understanding of what survivors have experienced, allowing participants to connect with their suffering and demonstrate genuine care and concern.
- **Challenging stigma and discrimination:** In essence, this objective seeks to cultivate a supportive and respectful approach among those who will be assisting EO survivors.

Training Activities for This Module **Interactive lecture on Types and Risks of EO**

- This is a teaching method where participants receive information about the various kinds of explosive ordnance (EO).
- EO includes items like landmines, cluster munitions, and unexploded ordnance (UXO).
- The lecture will cover the characteristics of each type.
- The lecture will also explain the effects these EO have, such as the blast radius, the kind of injuries they cause, and their potential long-term impact.
- Importantly, the lecture will detail the risks associated with each type of EO, emphasizing why they are dangerous and the potential for harm they pose to individuals and communities.

Case study analysis and survivor testimonies:

- This activity involves examining real-life examples and hearing directly from people who have survived EO incidents.
- Participants will analyze specific cases to understand the complexities of EO victimization, the challenges survivors face, and the factors that influence their recovery.
- Survivor testimonies will be shared, providing firsthand accounts of the survivors' experiences, including the physical, emotional, and social consequences of EO trauma.

Group discussions on stigma and discrimination:

- Participants will explore the stigma associated with EO injuries and disabilities, discussing the negative attitudes and beliefs that exist in communities.
- The discussions will also cover the various forms of discrimination that survivors may face, such as exclusion from social events, difficulty finding employment, and denial of access to services.
- Participants will analyze how stigma and discrimination affect survivors, examining the psychological, social, and economic consequences, and how these factors hinder their reintegration into society.

Guest speaker session:

- This activity involves inviting professionals who work in the fields of mine action and EO risk reduction to share their expertise.
- These speakers will provide participants with practical insights and knowledge from the field, sharing their experiences and lessons learned.
- The speakers may discuss topics such as:
 - The challenges of locating and clearing EO.
 - The impact of EO on affected communities.
 - Strategies for educating people about EO risks.
 - The importance of victim assistance and support services.

III. CORE PRINCIPLES OF PSYCHOSOCIAL SUPPORT (PSS)

Fundamental Values and Ethical Principles: Our work is guided by core values such as:

- Respect
- Dignity
- Empowerment

And ethical principles, including:

- Confidentiality
- Informed consent
- Professional boundaries

Cultural Sensitivity and Trauma-Informed Care: Providing effective support requires:

- Sensitivity to the cultural background of individuals and communities.
- Understanding how trauma impacts people.
- Providing care that avoids causing further harm (trauma-informed care).

The "Do No Harm" Approach:

- A central tenet of PSS is to ensure that our interventions do not inadvertently cause additional suffering or exacerbate existing trauma.

The "Do No Harm" Approach

A central tenet of PSS is to ensure that our interventions **do not inadvertently** cause additional suffering or exacerbate existing trauma.



Presentation on the PROTECT framework: The PROTECT framework outlines key psychosocial principles. We will examine this framework in detail to understand how its principles guide the delivery of PSS.



Role-playing scenarios on cultural sensitivity: Through role-playing, we will practice how to respond to individuals from diverse cultural backgrounds in a way that is respectful and appropriate. This will help us develop practical skills in cross-cultural communication and support.



Group discussions on ethical guidelines: We will discuss ethical guidelines and standards in PSS. This will help...



Ethical dilemmas in PSS: We will analyze case studies that present complex ethical dilemmas commonly encountered in PSS work. This will help us apply ethical principles to real-world situations and develop our ethical decision-making skills.

Promote Safety
Ensuring the physical and emotional safety of individuals is paramount

Offer Support
Providing appropriate assistance and care

Empowerment
Supporting individuals in regaining control over their lives and building on their strengths

Transparency
Being open and honest in communication

P R O T E C T

Respect
Acknowledging and upholding the dignity, rights, and choices of every person

Treat with Compassion
Approaching individuals with kindness, empathy, and understanding

Cultural Sensitivity
Recognizing and respecting the cultural beliefs and practices of individuals and communities

IV. THE PSYCHOLOGICAL TOLL OF EO TRAUMA: UNDERSTANDING EMOTIONAL AND MENTAL HEALTH EFFECTS

This section examines the specific psychological consequences of EO trauma, providing a foundation for understanding the emotional and mental health needs of survivors.

Immediate and Long-Term Psychological Consequences: EO trauma can trigger a range of psychological responses, both immediately and in the long term.

- Survivors often experience shock and acute stress responses immediately following an EO incident. This section describes symptoms like disorientation, numbness, and heightened fear.

Understanding PTSD, Anxiety, Depression, and Grief: We will explore how these common mental health conditions manifest in EO survivors.

- Long-term mental health issues such as depression and anxiety are common among survivors

Adjusting to Life with Disabilities: This section addresses the unique psychological and emotional challenges associated with physical disabilities resulting from EO injuries.

ACTIVITIES:

- **Expert lecture on trauma psychology:** A mental health professional will provide a detailed explanation of how trauma impacts the brain and behavior. This lecture will cover the psychological mechanisms involved in trauma responses, helping you to understand how trauma manifests in survivors.
- **Video presentations and guided discussions:** We will watch videos featuring EO survivors and discuss their experiences. These real-life examples will illustrate the diverse ways in which individuals respond to and cope with trauma, fostering a deeper understanding of the human impact of EO incidents.
- **Small group activities:** In these sessions, you will work in small groups to identify specific trauma symptoms and discuss effective strategies for addressing them. This will provide you with practical skills in recognizing and responding to the psychological needs of EO survivors.
- **Panel discussion with mental health professionals:** Experts in the field will share their insights on coping mechanisms and effective interventions for EO survivors. This panel discussion will offer a range of perspectives and evidence-based strategies for supporting mental health and emotional well-being in this population.

V: HELPING SURVIVORS HEAL: FRAMEWORKS, APPROACHES, AND PRACTICAL STRATEGIES

This lesson focuses on the methods and strategies used to support the recovery of EO survivors. It emphasizes the importance of providing comprehensive care that addresses both immediate and long-term needs.

1. Introduce Psychological First Aid (PFA) and its relevance to EO survivors:

Definition and Purpose:

- PFA is not professional counseling, but a humane, supportive response to a fellow human being who is suffering and may need support.
- It aims to reduce initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.
- It involves providing practical care and support, assessing needs and concerns, helping people address basic needs (like food, water, and shelter), listening without pressuring them to talk, and comforting them.
- Specifically, in the context of EO incidents, PFA is crucial because explosions are sudden, violent, and often result in physical injury, loss of life, and severe psychological trauma.

Core Principles:

- **Safety:** Ensuring the survivor's physical and emotional safety is paramount. This includes moving them away from danger, providing secure shelter, and protecting them from further harm.
- **Comfort:** Offering comfort through gentle words, a reassuring presence, and addressing immediate needs like warmth or pain management.
- **Connection:** Facilitating connection with loved ones and support systems. This can involve helping them locate family members or connecting them with community resources.
- **Stability:** Helping survivors regain a sense of stability by providing clear information, establishing routines, and assisting with practical tasks.
- **Information gathering:** Gathering information about the person's immediate needs and concerns.
- **Practical assistance:** Offering practical help to address immediate needs and concerns.

Application to EO Survivors:

- EO survivors may experience intense fear, shock, confusion, and grief. PFA providers should be sensitive to these reactions and avoid pressuring them to talk about their experience.
- Addressing immediate physical injuries is critical, but emotional support should be provided simultaneously.
- Providing accurate and clear information about available resources and support services is essential.
- It is very important to remain calm, and speak in a calm reassuring tone.
- Recognizing and respecting cultural differences in how people express and cope with distress.

2. Emphasize the importance of both short-term and long-term emotional care:

Immediate Emotional Support:

- The immediate aftermath of an EO incident is critical for stabilizing the survivor and reducing acute distress.
- Providing a calm and reassuring presence can help survivors feel safe and supported.
- Active listening, empathy, and validation of their feelings are essential.
- Recognizing the signs of acute stress reactions (e.g., panic attacks, flashbacks, dissociation) and providing appropriate support.

Long-Term Psychological and Emotional Challenges:

- EO survivors may experience long-term psychological effects, such as post-traumatic stress disorder (PTSD), anxiety, depression, and grief.
- Ongoing care is essential to address these challenges and promote healing.
- This may involve access to mental health professionals, support groups, and community resources.
- Long term care should also focus on rebuilding a sense of normalcy and safety, and also focus on the resilience of the survivor.
- Long term care should be culturally sensitive, and consider the survivors individual needs.

Continuum of Care:

- A continuum of care ensures that survivors receive appropriate support at every stage of their recovery.
- This includes initial crisis intervention, short-term support, and long-term mental health services.
- Coordination between different agencies and service providers is essential to ensure seamless care.

3. Explore the role of community and family in the healing process:

Emotional Support:

- Family members and friends can provide essential emotional support by listening, validating feelings, and offering comfort.
- Creating a safe and supportive environment where survivors feel understood and accepted is crucial.

Practical Assistance:

- Community members can provide practical assistance by helping with tasks such as childcare, grocery shopping, or transportation.
- This practical support can reduce stress and allow survivors to focus on their recovery.

Sense of Belonging:

- Feeling connected to a community can help survivors regain a sense of belonging and normalcy.
- Participating in community activities and support groups can foster social inclusion and reduce isolation.

Fostering Supportive Relationships:

- Educating family members and community members about the effects of trauma can help them provide more effective support.
- Encouraging open communication and promoting empathy can strengthen supportive relationships.
- Community leaders can play a vital role in mobilizing support and raising awareness.

Social Inclusion:

- Reducing stigma associated with mental health issues is vital for social inclusion.
- Promoting understanding and acceptance of survivors' experiences can help them reintegrate into their communities.

4. Introduce evidence-based therapeutic approaches like CBT and mindfulness:

Cognitive Behavioral Therapy (CBT):

- CBT helps survivors identify and change negative thought patterns and behaviors that contribute to their distress.
- It involves teaching coping skills to manage anxiety, flashbacks, and other symptoms of PTSD.
- Exposure therapy, a component of CBT, can help survivors gradually confront and process traumatic memories.
- CBT helps to challenge distorted beliefs, and promotes healthier coping mechanisms.

Mindfulness Techniques:

- Mindfulness involves paying attention to the present moment without judgment.
- Mindfulness techniques, such as meditation and deep breathing, can help survivors manage stress, improve emotional regulation, and reduce anxiety.
- Mindfulness can also help survivors develop greater self-awareness and acceptance.
- Mindfulness can help the survivor to stay grounded in the present, and to not be overwhelmed by flashbacks, or other intrusive thoughts.

Integration of Approaches:

- CBT and mindfulness can be used in combination to provide comprehensive trauma-informed care.
- Other therapeutic approaches, such as Eye Movement Desensitization and Reprocessing (EMDR), may also be beneficial for some survivors.
- It is important that the therapeutic approaches are tailored to the individual needs and preferences of the survivor.

Access to Services:

- Ensuring access to qualified mental health professionals who are trained in trauma-informed care is essential.
- Addressing barriers to access, such as cost, transportation, and stigma, is crucial.
- Community based mental health services, can provide valuable support.

Activities:

1. Introduce Psychological First Aid (PFA) and its relevance to EO survivors:

• Activity 1: Role-Playing Scenarios:

- Divide participants into small groups.
- Provide each group with a scenario involving an EO survivor in the immediate aftermath of an explosion.
- Ask them to role-play how they would apply the core principles of PFA (safety, comfort, connection, stability, information gathering, practical assistance) in that situation.
- Facilitate a debriefing session where groups share their experiences and discuss challenges and insights.

• Activity 2: "PFA in Action" Video Analysis:

- Show short video clips depicting PFA being applied in real-life crisis situations (if available, choose those that relate to explosions or similar traumas).
- Ask participants to identify the PFA principles being demonstrated and discuss the effectiveness of the interventions.

• Activity 3: Needs Assessment Exercise:

- Provide a list of potential immediate needs of an EO survivor (e.g., physical safety, shelter, food, water, emotional support, information about loved ones).
- Have participants prioritize these needs and discuss how they would address them in a practical way.

2. Emphasize the importance of both short-term and long-term emotional care:

- Activity 1: Timeline of Recovery:**

- Have participants create a timeline illustrating the potential emotional journey of an EO survivor, from the immediate aftermath to long-term recovery.
 - Discuss the importance of providing different types of support at each stage.

- Activity 2: Identifying Stress Reactions:**

- Provide a list of common acute and long-term stress reactions (e.g., flashbacks, nightmares, anxiety, depression, social withdrawal).
 - Have participants discuss how they would recognize these reactions and what steps they would take to provide support.

- Activity 3: Resource Mapping:**

- Create a map of available local resources for EO survivors, including mental health services, support groups, and community organizations.
 - Discuss how to connect survivors with these resources.

3. Explore the role of community and family in the healing process:

- Activity 1: "Support Network" Diagram:**

- Have participants create a diagram illustrating the various support networks that can be available to an EO survivor (e.g., family, friends, community groups, religious leaders).
 - Discuss the different roles that each network can play in the healing process.

- Activity 2: Communication Skills Practice:**

- Provide scenarios involving communication with distressed family members or community members.
 - Have participants practice active listening, empathy, and providing supportive feedback.

- Activity 3: Community Awareness Campaign Planning:**

- Divide participants into groups and have them develop a plan for a community awareness campaign to reduce stigma and promote support for EO survivors.
 - This could include designing posters, creating social media messages, or planning a community event.

4. Introduce evidence-based therapeutic approaches like CBT and mindfulness:

- Activity 1: CBT Thought Record Exercise:**

- Introduce the concept of a CBT thought record (identifying negative thoughts, challenging them, and replacing them with more balanced thoughts).
- Provide a sample scenario and have participants practice filling out a thought record.

- Activity 2: Guided Mindfulness Meditation:**

- Lead participants through a short guided mindfulness meditation exercise, focusing on breath awareness or body scan.
- Discuss the benefits of mindfulness for managing stress and anxiety.

- Activity 3: Role-Playing Therapy Sessions:**

- Have some participants role play as a therapist, and others as a survivor. Create simple scenarios that would utilize CBT, or mindfulness techniques.
- Debrief, and discuss the effectiveness of the techniques used.

- Activity 4: Resource Exploration:**

- Provide a list of online and local resources for CBT and mindfulness training.
- Have participants research these resources and discuss their potential benefits for EO survivors.

VI: Rehabilitation and Emotional Well-Being: Supporting Survivors' Journey to Recovery

This lesson addresses the long-term needs of EO survivors, focusing on the interconnectedness of physical rehabilitation and emotional well-being. It emphasizes that recovery from EO incidents is a complex process that requires a holistic approach, integrating physical, psychological, and social support. This lesson will explore the challenges survivors face in rebuilding their lives and examine strategies to facilitate their journey towards recovery and social reintegration.

Objectives:

Highlight the connection between physical rehabilitation and emotional well-being

- Physical injuries from EO incidents can have profound and lasting psychological and emotional consequences. Survivors often experience a range of mental health challenges, including depression, anxiety, post-traumatic stress disorder (PTSD), and changes in self-perception.
- **This section will explore the bidirectional relationship between physical and emotional well-being:**
 - **How physical rehabilitation can positively influence a survivor's emotional state by:**
 - Increasing independence and mobility, leading to a greater sense of self-efficacy and control.
 - Improving body image and self-esteem through the use of prosthetics and other assistive devices.
 - Facilitating social interaction and participation in meaningful activities.
 - **How emotional distress can hinder the rehabilitation process:**
 - Depression and anxiety can reduce motivation and adherence to physical therapy regimens.
 - PTSD symptoms, such as flashbacks and hypervigilance, can interfere with concentration and learning new skills.
 - Emotional trauma can lead to social withdrawal and isolation, impeding the recovery process.
 - The importance of a holistic approach will be emphasized, where physical and mental health professionals work collaboratively to address the interconnected needs of EO survivors.

Address the unique challenges of amputees and persons with disabilities:

- Many EO survivors experience the loss of limbs or other disabilities, which present specific and significant obstacles to recovery and reintegration into their communities.
- **This section will examine the multifaceted challenges faced by these individuals:**
 - **Physical challenges:**
 - Pain management, including phantom limb pain for amputees.
 - Mobility limitations and the need for assistive devices (prostheses, wheelchairs, etc.).
 - The long and often arduous process of physical therapy and rehabilitation.
 - Potential for secondary health problems due to injury or immobility.
 - **Psychological challenges:**
 - Body image issues and feelings of disfigurement or incompleteness.
 - Grief and loss associated with the loss of a limb or physical function.
 - Increased risk of depression, anxiety, and PTSD.
 - Challenges to identity and self-esteem.
 - **Social challenges:**
 - Stigma and discrimination, leading to social exclusion and isolation.
 - Difficulties in accessing education, employment, and other opportunities.
 - Barriers to participation in social and cultural life.
 - The impact of disability on family relationships and social support networks.
 - The section will also discuss the importance of providing tailored support and resources to address these unique challenges and promote the well-being of amputees and persons with disabilities.

Develop strategies for social inclusion and reintegration:

- Successful long-term recovery requires that survivors are able to participate fully in their communities and rebuild their lives with dignity and purpose.
- This section will focus on developing practical and sustainable strategies to

- **Promote social inclusion:**

- Identify and address barriers to participation in various aspects of community life, including education, employment, healthcare, and social activities.
- Advocate for policies and programs that promote accessibility and inclusivity.
- Foster a culture of respect and acceptance for persons with disabilities.

- **Reduce stigma and discrimination:**

- Raise awareness about the challenges faced by EO survivors and persons with disabilities.
- Challenge negative stereotypes and misconceptions.
- Promote positive portrayals of persons with disabilities in the media and public discourse.

- **Empower survivors to rebuild their lives and achieve their full potential:**

- Provide access to vocational training, employment opportunities, and financial assistance.
- Support the development of self-advocacy skills and leadership abilities.
- Facilitate peer support networks and survivor organizations.
- Promote the participation of survivors in decision-making processes that affect their lives.
- The importance of community engagement and collaboration among various stakeholders, including government agencies, NGOs, and civil society organizations, will be emphasized.

Activities:

- Presentations by rehabilitation specialists:
 - Medical professionals specializing in rehabilitation will provide in-depth information on the rehabilitation process for EO survivors.
 - This will include:
 - Surgical interventions, such as amputation surgery and reconstructive surgery.
 - The process of prosthetic fitting, including different types of prostheses and considerations for individual needs.
 - Physical therapy techniques and exercises to improve mobility, strength, and function.
 - Occupational therapy to help survivors regain independence in daily living activities.
 - Pain management strategies, including pharmacological and non-pharmacological approaches.
 - The role of assistive technology in enhancing rehabilitation outcomes.
 - The psychological aspects of rehabilitation, including counseling and support services.

• Assistive device and technology discussions:

- Participants will engage in interactive discussions and demonstrations focused on the tools and technologies that can significantly enhance the independence and quality of life for survivors with disabilities.
- This will cover:
 -
 - A wide range of assistive devices, including prostheses, orthoses, wheelchairs, and mobility aids.
 - Communication aids for individuals with speech or hearing impairments.
 - Adaptive equipment for daily living activities, such as modified utensils, dressing aids, and environmental control systems.
 - The role of technology in rehabilitation, such as virtual reality, robotics, and brain-computer interfaces.
 - Funding sources and access to assistive devices and technologies.
 - Training and support for the use of assistive devices.

- Group activities on social inclusion:
 - Participants will work collaboratively in groups to develop practical and actionable strategies for creating more accessible and inclusive communities for EO survivors and persons with disabilities.
 - This will involve:
 - Identifying specific barriers to social inclusion in their own communities.
 - Brainstorming creative solutions to address these barriers.
 - Developing action plans with concrete steps, timelines, and responsible parties.
 - Presenting their plans to the larger group and receiving feedback.
 - Examples of action plans may include:
 - Advocating for improved accessibility in public transportation and buildings.
 - Developing community awareness campaigns to reduce stigma and promote understanding.
 - Creating inclusive recreational and cultural programs.
 - Establishing support groups and peer mentoring programs for survivors.
 - Promoting inclusive hiring practices in local businesses.

- Site visit to a rehabilitation center:
 - Participants will have the opportunity to visit a rehabilitation center to observe the rehabilitation process firsthand and gain a deeper understanding of the challenges and successes of survivors.
 - This will include:
 - Touring the facility and meeting with rehabilitation professionals.
 - Observing therapy sessions and learning about different rehabilitation techniques.
 - Interacting with EO survivors and hearing their personal stories.
 - Learning about the range of services provided by the center, including medical care, physical and occupational therapy, psychosocial support, and vocational training.
 - Debriefing and reflecting on the experience, and discussing its implications for their work in supporting EO survivors.

VII. SUPPORTING THE MOST VULNERABLE: ADDRESSING SPECIAL NEEDS IN EO TRAUMA CARE

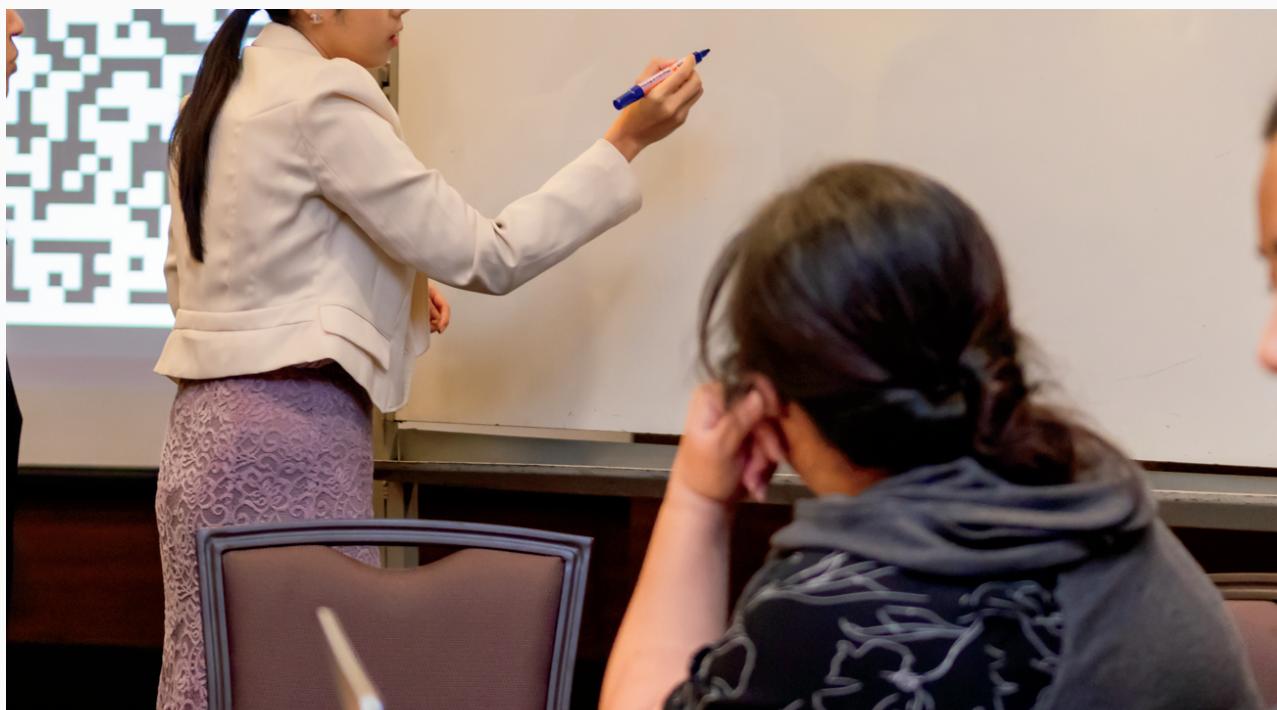
This lesson addresses the heightened vulnerability of certain groups affected by EO trauma. It emphasizes the importance of recognizing and addressing the unique needs and challenges faced by these populations to ensure equitable and effective care.

Objectives: Identify the unique needs of vulnerable groups such as women, children, and the elderly:

- This part of the lesson will explore how EO trauma disproportionately affects specific populations, exacerbating existing vulnerabilities and creating new challenges.

Women:

- EO trauma can result in specific physical injuries, such as damage to reproductive organs, with long-term consequences for sexual and reproductive health.
- Women may face increased risks of gender-based violence (GBV) in the aftermath of EO incidents, including sexual assault, domestic violence, and exploitation.
- The trauma can disrupt women's roles as caregivers, affecting their ability to provide for their families and increasing their stress and burden.
- They may experience difficulties accessing healthcare and support services due to cultural barriers, stigma, or lack of resources.



Children:

- Children are particularly susceptible to the psychological impact of trauma due to their developmental stage. They may experience heightened fear, anxiety, nightmares, and regression.
- EO incidents can disrupt children's education, leading to long-term consequences for their development and future opportunities.
- Children may be at increased risk of exploitation, abuse, and neglect in the aftermath of EO trauma.
- They may require specialized care, including child-friendly mental health services and support for their emotional and developmental needs.



Elderly:

- The elderly may experience increased social isolation and loneliness following EO trauma, particularly if they lose family members or social support networks.
- They may face difficulties with mobility and access to services due to age-related physical limitations.
- The trauma can exacerbate pre-existing health conditions and increase their risk of developing new ones.
- They may be less likely to seek help due to stigma, cultural beliefs, or lack of awareness about available services.



Address the challenges faced by survivors with pre-existing mental health conditions:

Individuals who already struggled with mental health issues before experiencing EO trauma may face a worsening of their symptoms and additional complications, making their recovery more complex.

- **This section will discuss:**

- How pre-existing conditions such as depression, anxiety disorders, or psychosis can be exacerbated by the trauma of an EO incident.
- The challenges in distinguishing between the effects of the EO trauma and the symptoms of the pre-existing condition.
- The increased risk of self-harm, substance abuse, and suicidal ideation in this population.
- The difficulties in engaging these survivors in treatment and ensuring continuity of care.
- **The importance of:**
 - Thorough assessment to identify pre-existing conditions.
 - Adapting support strategies to address both the trauma and the underlying mental health issues.
 - Providing integrated care that combines mental health and trauma-specific interventions.
 - Ensuring access to specialized mental health services and long-term support.

Develop culturally appropriate interventions for diverse survivor groups:

The needs and preferences of EO survivors can vary significantly depending on their cultural background, beliefs, values, and practices.

This part of the lesson will emphasize:

- The importance of understanding cultural beliefs about health, illness, trauma, and healing.
- The need to be sensitive to cultural norms related to communication, help-seeking behavior, and family roles.
- The potential impact of cultural factors on the experience of trauma and the recovery process.
- How to tailor interventions to be respectful and effective within different cultural contexts by:
 - Involving community members and cultural leaders in the design and implementation of programs.
 - Providing services in the survivor's preferred language.
 - Using culturally appropriate communication styles and materials.
 - Integrating traditional healing practices with Western approaches, where appropriate.

- Addressing cultural barriers to accessing care, such as stigma, discrimination, or lack of trust in formal services.
- The need for ongoing cultural competence training for service providers to ensure they can effectively meet the needs of diverse survivor groups.

Activities:

- **Targeted presentations on vulnerable populations:**

- Experts from various fields will provide detailed information and insights into the specific challenges faced by women, children, and the elderly in the context of EO trauma.
- These presentations will cover:
 - The specific physical and psychological consequences of EO trauma for each group.
 - The social, economic, and cultural factors that increase their vulnerability.
 - Best practices for providing trauma-informed care to these populations.
 - Available resources and support services.
 - Advocacy and policy considerations.

- **Case study discussions:**

- Participants will engage in interactive discussions and analyze case studies to explore effective support strategies for vulnerable groups.
- These case studies will:
 - Illustrate the complexities of the situations faced by survivors from vulnerable groups.
 - Highlight the interplay of various factors, such as age, gender, culture, and socio-economic status.
 - Encourage participants to apply the knowledge and skills they have gained to develop appropriate interventions.
 - Promote critical thinking, problem-solving, and decision-making skills.
 - Facilitate the sharing of experiences and best practices among participants.

- **Guest speaker insights:**

- Representatives from organizations specializing in working with vulnerable populations will share their experiences, expertise, and best practices.
- These speakers may include:
 - Staff from women's shelters or organizations working to prevent gender-based violence.
 - Child psychologists or social workers specializing in trauma care for children.
 - Advocates for the rights of older adults or organizations providing services to the elderly.
 - Representatives from cultural or community-based organizations.

The speakers will provide firsthand accounts of the challenges and successes in supporting vulnerable survivors and offer practical recommendations for participants.

VIII: THE ROLE OF FAMILY AND COMMUNITY IN EO SURVIVOR RECOVERY

This lesson explores the vital role that families and communities play in supporting the recovery and reintegration of Explosive Ordnance (EO) trauma survivors. It emphasizes that recovery is not solely an individual process but is deeply influenced by the strength and quality of the survivor's social support network. This lesson will examine how family and community support can facilitate healing, promote resilience, and foster a sense of belonging, ultimately contributing to the survivor's ability to rebuild their life.

Objective:

Explore the role of families and communities in survivor recovery and reintegration: This section will delve into the multifaceted ways in which family and community support can positively influence a survivor's journey toward recovery.

- It will discuss how strong social networks can:
 - Provide emotional support: Offering a safe space for survivors to express their feelings, validating their experiences, and providing empathy and understanding. This can help reduce feelings of isolation, fear, and helplessness.
 - Offer practical assistance: Providing tangible support, such as help with daily tasks, childcare, transportation to medical appointments, and financial assistance. This can alleviate stress and allow survivors to focus on their healing.
 - Foster a sense of belonging: Connecting survivors to a community and promoting their inclusion in social, cultural, and economic life. This can help rebuild their identity, enhance their self-esteem, and provide them with a sense of purpose.
- The importance of culturally appropriate support will be emphasized, recognizing that family and community structures and roles may vary across different cultural contexts.
- The lesson will also address the potential challenges that families and communities may face in supporting survivors, such as caregiver burden, financial strain, and lack of information or resources.

- **Teach effective family coping strategies:**

- EO trauma affects not only the survivor but also their family members, who may experience a range of emotional, psychological, and practical challenges. This section will equip family members with the knowledge and skills to navigate these challenges effectively and provide optimal support to their loved one.

This section will:

- Acknowledge the impact of EO trauma on family dynamics, including potential changes in roles, communication patterns, and levels of stress.
- Provide family members with practical strategies for:
 - Coping with stress and trauma: Techniques for managing their own emotional distress, such as practicing self-care, seeking support from others, and engaging in healthy coping mechanisms.
 - Promoting resilience: Identifying and building on family strengths, fostering open communication, and developing problem-solving skills.
 - Supporting the survivor: Learning about the effects of EO trauma, understanding the survivor's needs, and providing consistent and compassionate support.
 - Improving communication: Developing effective communication skills, including active listening, empathy, and assertiveness, to facilitate healthy interactions within the family.
- The importance of seeking professional help, such as family therapy or counseling, will also be discussed.

• Promote community awareness and stigma reduction:

- Stigma and discrimination can create significant barriers to a survivor's recovery and reintegration, hindering their access to support, limiting their opportunities, and negatively impacting their mental health. This section will address the critical need to raise community awareness about the impact of EO trauma, challenge negative attitudes, and promote acceptance and inclusion of survivors.

This section will:

- Examine the nature and consequences of stigma associated with EO trauma, including its sources, manifestations, and effects on survivors and their families.
- **Emphasize the importance of:**
 - Raising community awareness: Educating the public about the realities of EO trauma, the challenges faced by survivors, and the importance of social support.
 - Challenging negative attitudes: Addressing misconceptions, stereotypes, and prejudices about survivors, and promoting accurate and positive portrayals of their experiences.
 - Promoting acceptance and inclusion: Creating a supportive and welcoming environment for survivors in all aspects of community life, including education, employment, healthcare, and social activities.
- Strategies for reducing stigma, such as public awareness campaigns, advocacy efforts, and community-based programs, will be explored.

Activities:

- **Family resilience presentations:**

- These presentations, delivered by experts in family therapy, social work, or psychology, will explore the factors that enable families to cope effectively with the challenges of EO trauma and promote resilience in the face of adversity.

- **The presentations will:**

- Examine how families navigate the initial crisis, adapt to changes, and rebuild their lives after an EO incident.
- Identify key factors that contribute to family resilience, such as:
 - Strong communication and problem-solving skills
 - Mutual support and cohesion
 - Flexible family roles and boundaries
- Share case studies or examples of families who have successfully coped with EO trauma, highlighting their strengths and strategies.
- Provide practical tips and recommendations for families seeking to enhance their resilience.

- **Interactive workshops on communication and problem-solving:**

- These workshops will provide family members with practical tools and techniques for improving communication, resolving conflicts, and working collaboratively to support the survivor's recovery.

- **The workshops will:**

- Use role-playing, group discussions, and interactive exercises to help participants develop and practice effective communication skills, such as:
 - Active listening: Paying full attention to the speaker, understanding their perspective, and providing verbal and nonverbal feedback.
 - Empathy: Understanding and sharing the feelings of another person.
 - Assertiveness: Expressing one's needs and opinions clearly and respectfully.
 - Conflict resolution: Identifying the source of conflict, exploring different solutions, and finding mutually agreeable outcomes.

- Provide families with strategies for:
 - Identifying and addressing common challenges in supporting a survivor's recovery.
 - Developing collaborative problem-solving skills.
 - Setting realistic goals and expectations.
 - Building a strong and supportive family unit.

- Community mapping exercises:
 - Participants will work together in groups to identify local support systems and resources within their communities that can assist EO survivors and their families.

These exercises will:

- Involve creating a visual map or inventory of community assets, including:
 - Healthcare facilities and rehabilitation centers
 - Mental health services and support groups
 - Social service agencies and non-governmental organizations (NGOs)
 - Disability support services
 - Educational and vocational training programs
 - Religious and cultural organizations
 - Community centers and recreational facilities
- Identify gaps in services and barriers to access.
- Discuss strategies for strengthening existing resources and developing new ones.
- Promote collaboration and networking among participants and community stakeholders.

Brainstorming stigma reduction strategies:

Participants will engage in creative problem-solving activities to develop innovative and effective strategies for challenging stigma and promoting more inclusive attitudes and behaviors towards EO survivors within their communities.

- These activities will:
 - Encourage participants to think critically about the sources and manifestations of stigma.
 - Use brainstorming techniques to generate a wide range of ideas for stigma reduction initiatives.
 - Evaluate the feasibility and potential impact of different strategies.
 - Develop action plans for implementing selected strategies, which may include:
 - Public awareness campaigns using various media (e.g., posters, brochures, social media, radio)
 - Community events and workshops to educate the public and promote dialogue
 - Advocacy efforts to influence policies and practices
 - Partnerships with schools, workplaces, and other community institutions
 - Personal storytelling and survivor testimonials

IX: CARING FOR CAREGIVERS: PREVENTING BURNOUT AND PROMOTING WELL-BEING

This lesson addresses the critical importance of supporting the well-being of individuals who provide care to EO trauma survivors. It recognizes that caregivers often face immense challenges and stressors that can significantly impact their own physical and mental health. This lesson aims to equip caregivers with the knowledge, skills, and resources they need to prevent burnout, practice self-care, and build supportive networks.

Objectives:

Address the challenges of caregiving in high-stress environments:

This section will explore the unique and often overwhelming stressors faced by those who provide care to EO survivors. It will emphasize that the caregiving role in these situations can be particularly demanding due to the severity and complexity of the survivor's needs.

The section will detail how caregivers may experience:

- *Witnessing the survivor's suffering: Observing the physical pain, emotional distress, and psychological trauma of the survivor can be deeply distressing and emotionally draining.*
- *Managing complex medical needs: Caregivers may be required to handle wound care, administer medication, assist with mobility, and coordinate various medical appointments, which can be time-consuming and physically exhausting.*
- *Dealing with the survivor's emotional distress: Survivors may experience mood swings, anger, depression, and anxiety, which can be challenging for caregivers to manage and cope with.*
- *Navigating limited resources: Caregivers may face difficulties in accessing adequate medical care, financial assistance, and psychosocial support, which can increase their stress and frustration.*
- *Role overload: Balancing caregiving responsibilities with other life demands, such as work, family, and personal needs, can lead to feelings of being overwhelmed and stretched thin.*
- *Lack of respite: The constant demands of caregiving can leave caregivers with little time for rest and self-care, increasing their risk of burnout.*
- *Secondary trauma: Caregivers may experience emotional distress similar to that of the survivor due to their close contact with the trauma.*

Provide strategies for burnout prevention and self-care:

This section will focus on empowering caregivers to take proactive steps to protect their own well-being and prevent burnout. It will emphasize that self-care is not a luxury but a necessity for effective caregiving.

This section will equip caregivers with:

- Increased self-awareness: Recognizing their own emotional, physical, and mental limits and identifying their personal signs of stress.
- Effective stress management techniques:
 - Mindfulness and meditation: Practicing techniques to focus on the present moment and reduce stress.
 - Relaxation exercises: Learning and practicing deep breathing, progressive muscle relaxation, or guided imagery.
 - Time management strategies: Prioritizing tasks, setting realistic goals, and learning to delegate or say no when necessary.
 - Problem-solving skills: Developing strategies to address specific caregiving challenges and find solutions.
- Proactive self-care practices:
 - Maintaining a healthy lifestyle: Eating a balanced diet, getting regular exercise, and ensuring adequate sleep.
 - Engaging in enjoyable activities: Pursuing hobbies, interests, and social connections that provide pleasure and relaxation.
 - Setting boundaries: Establishing clear limits on their caregiving responsibilities and prioritizing their own needs.
 - Seeking professional support: Accessing therapy, counseling, or support groups to address their own emotional needs.

Foster peer support networks for caregivers:

This section will highlight the significant benefits of connecting caregivers with others who share similar experiences. It will emphasize that peer support can provide a sense of community, reduce feelings of isolation, and offer practical advice and emotional comfort.

This section will focus on:

- The importance of peer support in:
 - Reducing feelings of isolation and loneliness: Connecting with others who understand their challenges can create a sense of belonging and validation.
 - Providing emotional support: Sharing experiences, expressing feelings, and receiving empathy from peers can help caregivers cope with stress and grief.
 - Offering practical advice and information: Learning from other caregivers' experiences and strategies can provide valuable insights and solutions.
 - Building a sense of community: Participating in a supportive network can foster connection, mutual understanding, and shared purpose.
- Strategies for establishing and maintaining peer support networks:
 - Identifying existing support groups or organizations.
 - Creating new support groups within the community.
 - Utilizing online platforms and social media to connect with other caregivers.
 - Facilitating regular meetings or gatherings.
 - Promoting open communication and a non-judgmental environment.

Activities:

Burnout and compassion fatigue self-assessment:

- Participants will be provided with validated self-assessment tools, such as questionnaires or checklists, to help them evaluate their own risk factors and recognize the early warning signs of burnout and compassion fatigue.
- These tools will help caregivers to:
 - Identify their level of emotional exhaustion, depersonalization, and reduced personal accomplishment (burnout).
 - Recognize symptoms of secondary traumatic stress and emotional depletion from helping trauma survivors (compassion fatigue).
 - Assess their vulnerability based on factors such as workload, stress levels, support systems, and coping mechanisms.
 - Gain a deeper understanding of their current state of well-being and identify areas where they may need additional support.

Stress management techniques:

- Participants will actively learn and practice a variety of evidence-based stress management techniques that they can incorporate into their daily lives.
- The session will include:
 - Mindfulness exercises: Guided meditations, breathing exercises, and body scan techniques to increase present moment awareness and reduce stress.
 - Relaxation techniques: Progressive muscle relaxation, deep breathing exercises, and guided imagery to promote physical and mental relaxation.
 - Time management strategies: Practical tips for prioritizing tasks, setting realistic goals, and improving organizational skills to reduce feelings of being overwhelmed.
 - Coping skills: Identifying healthy coping mechanisms, such as journaling, engaging in hobbies, or spending time in nature.

Group self-care planning sessions:

- Participants will work collaboratively in small groups, facilitated by a trained professional, to develop personalized self-care plans that address their individual needs and circumstances.
- These sessions will:
 - Encourage caregivers to reflect on their own needs, preferences, and resources.
 - Provide a structured framework for creating a comprehensive self-care plan.
 - Help participants identify specific self-care activities that they can realistically incorporate into their daily or weekly routines.
 - Address potential barriers to self-care and develop strategies to overcome them.
 - Promote peer support and accountability in implementing self-care plans.

- *These sessions will:*
 - *Encourage caregivers to reflect on their own needs, preferences, and resources.*
 - *Provide a structured framework for creating a comprehensive self-care plan.*
 - *Help participants identify specific self-care activities that they can realistically incorporate into their daily or weekly routines.*
 - *Address potential barriers to self-care and develop strategies to overcome them.*
 - *Promote peer support and accountability in implementing self-care plans.*

Facilitated peer support discussions:

- Participants will engage in structured and supportive discussions, guided by a facilitator, to share their experiences, offer emotional support to one another, and build a sense of community.
- These discussions will:
 - *Provide a safe and confidential space for caregivers to share their challenges, feelings, and coping strategies.*
 - *Encourage active listening, empathy, and non-judgmental support among participants.*
 - *Facilitate the exchange of practical information and resources.*
 - *Help caregivers realize that they are not alone in their struggles and that others understand what they are going through.*
 - *Promote the development of supportive relationships and ongoing connections among participants.*

X: ENSURING THE SUSTAINABILITY AND IMPACT OF PSS PROGRAMS FOR EO SURVIVORS

This lesson focuses on the critical aspects of ensuring the long-term effectiveness and sustainability of Psychosocial Support (PSS) programs for EO survivors. It emphasizes the importance of measuring program outcomes, promoting community-driven approaches, and engaging in strategic planning and policy advocacy to create lasting change.

Objectives:

Measure the effectiveness of PSS programs:

This section will address the fundamental importance of evaluating the outcomes and impact of PSS programs to ensure they are achieving their intended goals and meeting the needs of EO survivors. It will provide a comprehensive overview of methods for monitoring and evaluation (M&E).

The section will cover:

- The rationale for M&E: Ensuring accountability, identifying program strengths and weaknesses, informing program improvement, and demonstrating program value to stakeholders and funders.
- Key components of an M&E system:
 - Developing clear and measurable program objectives and indicators.
 - Selecting appropriate data collection methods (e.g., surveys, interviews, focus groups, case studies).
 - Implementing data collection procedures and ensuring data quality.
 - Analyzing data to identify trends, patterns, and significant findings.
 - Disseminating results to stakeholders and using the information to inform program design and implementation.
- Different types of evaluation:
 - Formative evaluation (process evaluation): Assessing program implementation and identifying areas for improvement during the program.
 - Summative evaluation (outcome evaluation): Measuring the program's effectiveness in achieving its intended outcomes and impact.
- Ethical considerations in M&E: Protecting the privacy and confidentiality of participants, obtaining informed consent, and ensuring that the evaluation process is conducted in a fair and unbiased manner.

Promote community-driven approaches:

This section will emphasize the paramount importance of actively involving local communities in all stages of PSS program development, implementation, and management. It will explore the principles and practices of community participation to ensure that programs are culturally relevant, responsive to local needs, and sustainable in the long term.

The section will explore how to:

- Ensure that programs are responsive to community needs and priorities:
 - Conducting thorough needs assessments to identify the specific challenges and priorities of EO survivors and their communities.
 - Involving community members in the design of program activities and services.
 - Adapting programs to local cultural contexts, beliefs, and practices.
- Build local capacity to sustain these efforts:
 - Training community members to deliver PSS services.
 - Establishing community-based organizations or committees to oversee program implementation.
 - Mobilizing local resources and support for PSS programs.
- Promote local ownership:
 - Empowering communities to make decisions about program direction and management.
 - Fostering a sense of responsibility and accountability among community members.
- Address power imbalances and ensure equitable participation: Recognizing and addressing the diverse needs and perspectives of different community groups, including marginalized populations.

Discuss long-term strategies and policy advocacy:

This section will broaden the focus beyond individual programs to address the systemic factors that affect the well-being of EO survivors. It will cover strategies for securing the long-term sustainability of PSS programs and advocating for policies that support the rights and needs of survivors at a national and international level.

The section will address:

- Strategies for securing ongoing funding:
 - Diversifying funding sources (e.g., government, international donors, foundations, private sector).
 - Developing sustainable funding mechanisms (e.g., social enterprises, community fundraising).
- Demonstrating program effectiveness to attract and retain funding.

Integrating PSS into national policies and systems:

- Advocating for the inclusion of PSS in national health, social welfare, and disability policies.
- Collaborating with government agencies to integrate PSS services into existing healthcare and social service systems.
- Developing national standards and guidelines for PSS provision.

Advocating for the rights and needs of EO survivors:

- Raising awareness about the challenges faced by survivors and the importance of PSS.
- Lobbying for policies that promote the inclusion and participation of survivors in society.
- Supporting survivor-led organizations and advocacy groups.

Activities:

Monitoring and evaluation presentations:

Experts in M&E will deliver presentations on best practices in evaluating PSS programs.

- These presentations will cover:
 - Different M&E methodologies (e.g., quantitative, qualitative, mixed-methods).
 - Specific tools and techniques for measuring program impact (e.g., standardized scales, participatory evaluation methods).
 - Developing logic models and frameworks for program evaluation.
 - Data analysis and interpretation techniques.
 - Reporting and dissemination of evaluation findings.
 - How to use M&E results to improve program quality and effectiveness.

Community participation discussions:

Participants will engage in facilitated discussions and interactive exercises to explore practical strategies for effectively involving communities in PSS programs.

- These activities will:
 - Examine case studies of successful community participation in PSS programs.
 - Identify common challenges and barriers to community involvement and how to overcome them.
 - Provide practical tools and techniques for:
 - Conducting participatory needs assessments.
 - Facilitating community meetings and workshops.
 - Building partnerships with community-based organizations.
 - Developing community advisory boards.
 - Promote the sharing of experiences and best practices among participants.

Case study of successful policy changes:

Participants will analyze a real-world example of how policy changes at the local, national, or international level have led to significant improvements in the support and well-being of EO survivors.

- The case study will:
 - Describe the policy change, the context in which it occurred, and the actors involved.
 - Analyze the process of policy advocacy, including the strategies used, the challenges faced, and the key factors that contributed to success.
 - Evaluate the impact of the policy change on the lives of EO survivors.
 - Identify lessons learned and recommendations for future policy advocacy efforts.

Developing a sustainability plan:

Participants will work collaboratively in groups to develop a comprehensive plan for ensuring the long-term sustainability of a PSS program.

- The plan will address critical issues such as:
 - Financial sustainability: Identifying potential funding sources, developing a fundraising strategy, and creating a budget.
 - Staffing and human resources: Recruiting, training, and retaining qualified staff and volunteers.
 - Organizational structure and governance: Establishing clear roles and responsibilities, developing policies and procedures, and ensuring accountability.
 - Community engagement and ownership: Building strong relationships with the community, fostering local leadership, and ensuring community participation in program management.
 - Monitoring and evaluation: Developing a system for tracking program outcomes and using data to inform ongoing program improvement.
 - Advocacy and policy: Engaging in advocacy efforts to secure long-term support for PSS programs and promote the rights of EO survivors.

XI: TRAINING MODULES FOR FIELD PRACTITIONERS: EQUIPPING FUTURE TRAINERS

This lesson is designed to equip participants with the knowledge, skills, and confidence to effectively deliver Psychosocial Support (PSS) training to field practitioners. It will provide a comprehensive overview of the PSS training modules and focus on developing essential training competencies.

Objectives:

Provide an in-depth overview of PSS training modules

This part of the lesson will present the curriculum and content of the training modules in detail. It will go beyond a simple summary to explain the underlying philosophy, learning objectives, and intended outcomes of each module.

The session will cover:

- The overall structure of the training program: How the modules are sequenced, how they relate to each other, and how they build upon each other to achieve the desired learning outcomes.
- A detailed walkthrough of each module, including:
 - The specific topics covered.
 - The learning objectives for each module: What participants should know and be able to do upon completion.
 - The key concepts and theories that underpin the module content.
 - The pedagogical approach used in each module (e.g., experiential learning, problem-based learning, didactic teaching).
 - The materials and resources provided for each module (e.g., handouts, presentations, videos, case studies).
 - Any specific cultural adaptations or considerations for different contexts.
 - How each module contributes to the development of specific competencies in field practitioners.
- Explanation of the assessment methods used in the training program and how they align with the learning objectives.

Equip trainers with the necessary skills to effectively deliver training sessions:

This section will focus on developing participants' practical training skills. It will move beyond theoretical knowledge to provide participants with the tools and techniques they need to become confident and competent trainers.

The session will cover:

Essential facilitation techniques:

- Creating a safe and supportive learning environment.
- Encouraging active participation and engagement.
- Managing group dynamics and addressing challenging behaviors.
- Using open-ended questions and reflective listening.
- Summarizing and synthesizing information.
- Facilitating group discussions and activities.

Effective presentation methods:

- Structuring and organizing presentations clearly and logically.
- Using visual aids effectively (e.g., PowerPoint, flip charts).
- Delivering presentations with confidence and clarity.
- Using appropriate language and tone.
- Managing time effectively.
- Handling questions and providing clear answers.

Strategies for engaging adult learners:

- Understanding the principles of adult learning (e.g., self-direction, experience-based learning, readiness to learn).
- Using a variety of teaching methods to cater to different learning styles.
- Incorporating experiential learning activities, such as simulations, role-plays, and case studies.
- Providing opportunities for reflection and application of learning.
- Creating a learner-centered environment that values participants' contributions.

Adapting training to different contexts and audiences:

- Considering cultural factors, language differences, and levels of education.
- Adjusting the pace, content, and delivery style as needed.
- Using culturally appropriate examples and materials.

Activities:

Module presentations:

- Experienced trainers who are subject matter experts and skilled facilitators will present each training module in an engaging and informative manner.
 - These presentations will:
 - Go beyond a simple reading of the material to bring the content to life.
 - Use a variety of presentation techniques to keep participants engaged (e.g., storytelling, humor, interactive elements).
 - Clearly explain the content, learning objectives, and recommended teaching practices for each module.
 - Provide practical tips and insights on how to deliver the module effectively.
 - Answer participants' questions and address any concerns they may have.
 - Model effective training techniques that participants can emulate.

Role-playing and group activities:

- Participants will engage in interactive exercises to practice delivering training content, facilitating discussions, and managing group dynamics in a safe and supportive environment.
 - These activities will include:
 - Role-playing scenarios: Participants will take on the role of trainer and deliver short segments of the training modules to their peers, who will act as trainees.
 - Group facilitation exercises: Participants will practice facilitating group discussions, activities, and problem-solving sessions.
 - Simulations: Participants will participate in simulated training scenarios that mimic real-world situations, allowing them to practice their skills in a controlled setting.
 - Small group discussions: Participants will work in small groups to discuss specific training challenges and develop strategies for addressing them.

Practice teaching sessions:

- Participants will have the opportunity to conduct short teaching sessions, applying the techniques they have learned and receiving constructive feedback on their performance. **These sessions will:**
 - Provide each participant with dedicated time to practice delivering a segment of the training module.
 - Allow participants to apply the training skills they have acquired, such as presentation skills, facilitation techniques, and learner engagement strategies.
 - Create a supportive environment for participants to experiment with different teaching approaches and receive feedback from their peers and the trainers.
 - Help participants build confidence in their ability to deliver training effectively.

Feedback and coaching:

- Trainers will provide constructive feedback to participants, identifying their strengths and areas for improvement, and offering guidance on how to enhance their training skills.
 - This will involve:
 - Providing specific and actionable feedback on participants' performance during the role-playing and practice teaching sessions.
 - Identifying participants' strengths and acknowledging their achievements.
 - Pinpointing areas where participants can improve their training skills, such as presentation style, facilitation techniques, or classroom management.
 - Offering personalized coaching and guidance on how to enhance their skills in those areas.
 - Using a variety of feedback methods, such as verbal feedback, written feedback, and peer feedback.
 - Creating a feedback-rich environment where participants feel comfortable receiving and providing feedback.

XII. REAL STORIES, REAL IMPACT: LEARNING FROM SURVIVOR EXPERIENCES

Objectives:

- Share real-life survivor stories to inspire and educate: This part of the lesson will involve the presentation of personal accounts from EO survivors, showcasing their journeys of survival, recovery, and resilience.
- Reinforce messages of hope and resilience: This section will focus on identifying the themes of hope, strength, and perseverance that emerge from survivor stories, and using these narratives to inspire and motivate participants.

Activities:

Survivor testimonials:

- **Explanation:** Survivors of EO trauma will share their stories directly with participants, either in person or through video or written accounts.
- **Example:** *A 40-year-old woman named Mai, a landmine survivor from Cambodia, shares her story. Mai recounts the day she lost her leg while working in the rice fields. She describes the initial shock and despair, followed by the long and difficult process of physical rehabilitation. But Mai's story doesn't end there. She speaks of the support she received from her family and community, her determination to learn to walk again with a prosthetic limb, and her eventual return to farming. Mai's testimonial emphasizes her resilience, her gratitude for the support she received, and her hope for a future where her children can live without fear of landmines.*

Group reflection exercises:

- **Explanation:** Participants will engage in facilitated discussions and reflective activities to process the survivor stories, connect them to their own experiences, and deepen their understanding of the impact of EO trauma.
- *Example: After hearing Mai's story, the facilitator leads a group discussion. Participants are asked to reflect on the following questions: "What were the key challenges Mai faced, and how did she overcome them?", "What role did her community play in her recovery?", and "How does Mai's story change your understanding of the long-term impact of landmines?". Participants share their thoughts and feelings, connecting Mai's experiences to their own lives and work, and discussing the importance of providing holistic support to survivors.*

Creative expression activities:

- **Explanation:** Participants will use art, storytelling, or other creative mediums to express their responses to the survivor stories, promoting emotional processing and fostering a sense of connection and solidarity.
- *Example: Participants are divided into small groups and given art supplies (paints, colored pencils, paper). They are asked to create a piece of art that represents their emotional response to Mai's story. One group creates a painting of a rice field with a bright sun shining, symbolizing hope and resilience emerging from a place of trauma. Another group writes a poem about the strength of the human spirit in the face of adversity. The creative expression activities allow participants to process their emotions in a non-verbal way, fostering empathy and connection.*



XIII. WHERE TO FIND MORE HELP: RESOURCES AND SUPPORT NETWORKS

No manual can cover everything, and practitioners and survivors will benefit from tapping into a broader network of resources and knowledge. This section points to **additional help and resources**:

Local and National Organizations:

Every country in ASEAN has bodies and groups working on victim assistance or disability support. For example:

- **National Mine Action Centers or Victim Assistance Units:** These often have information on services, rights, and contacts for medical or rehab support.
- **Disabled Persons Organizations (DPOs):** Many countries have associations of persons with disabilities (which EO survivors can join) that provide peer support and advocate for accessibility.
- **Red Cross/Red Crescent Societies:** They frequently run programs for war-injured and can assist with prosthetics, rehabilitation, or referrals.
- **Local NGOs and CBOs:** Organizations like Jesuit Refugee Service, Spirit of Soccer, or community-based rehabilitation (CBR) programs might operate in specific areas – they often have psychosocial components.
- Encourage survivors or helpers to connect with these; they can provide on-ground assistance or at least guidance on what's available.



International Resources and Agencies:

- ASEAN Regional Mine Action Center (ARMAC): ARMAC itself serves as a hub for knowledge and coordination in victim assistance across ASEAN. ARMAC can provide training resources, policy guidance, and connect practitioners to a regional community of practice.
- UN Agencies: e.g., **UNICEF** (focus on children affected by conflict), **UNDP** or **UNMAS** (often support victim assistance in mine-affected countries), **WHO** (for mental health program support and frameworks).
- International NGOs: like **Handicap International (HI)** (now Humanity & Inclusion), which has extensive experience in rehabilitation and psychosocial projects for EO survivors; **ICRC** (International Committee of the Red Cross) which often runs rehabilitation centers and psychosocial support, or **World Education** in some countries working on survivor inclusion.
- These organizations sometimes publish guidelines, have funding opportunities for local projects, or offer technical expertise. Don't hesitate to reach out to them for collaboration or resources.

Practical Guides and Online Resources:

There is a growing body of literature and tools freely available:

- **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings:** A key global framework that provides action sheets for implementing MHPSS (though broad, it's very useful for context like EO-affected communities).
- **Basic Psychosocial Skills Guide (IASC):** A user-friendly brief guide (developed originally for COVID-19, but widely applicable) for helpers on essential psychosocial skills – can be useful as a handout for training community volunteers.
- **WHO's mhGAP Humanitarian Intervention Guide:** This provides protocols for managing priority mental health conditions – useful if psychiatric issues are present and you're in low-resource settings.
- **Trauma Healing Manuals:** e.g., the "Community-Based Rehabilitation and Mental Health Handbook" by WHO/IOM or similar, which often include modules and activities relevant to EO survivors.
- **Online Portals:** The Mental Health Innovation Network or MHPSS.net has sections or threads on conflict trauma and victim assistance where practitioners globally share tools and experiences.
- This manual's annexes and references can also lead you to specific tools (like the worksheets, or the Monitoring & Evaluation Toolkit mentioned).

Inspiring Survivor Stories and Advocacy Networks:

Sometimes what's needed is motivation and vision:

- **Survivor Networks:** Encourage linking with survivor networks like the **International Campaign to Ban Landmines (ICBL) – Survivor Network** Project or regional networks that connect survivors for advocacy. They often have newsletters or Facebook groups showing what survivors are doing worldwide.
- **Publications/Documentaries:** There are documentaries and books featuring survivor stories (e.g., "Surviving the Peace" or videos by organizations like Spirit of Soccer showing psychosocial work through sports). Using these in community sessions can inspire both survivors and communities.
- **Quote for inspiration:** "Surviving is just the first step. Thriving is the real victory." – Remind everyone that many have walked this road and turned tragedy into a story of strength.

Remember, asking for help is a sign of strength.

This manual is a starting point, and these resources are companions on the journey ahead. Whether you are a survivor seeking support, a practitioner looking for training, or a policymaker aiming to improve services, a wealth of support is out there. Reach out – you are part of a global community committed to healing the wounds of war and violence.

XIV. EMERGENCY RESPONSE COORDINATION: WHO DOES WHAT?

IN THE CRITICAL MOMENTS AFTER AN EO INCIDENT (AND THE DAYS THAT FOLLOW), MANY ACTORS MUST WORK IN TANDEM TO ADDRESS THE SURVIVORS' NEEDS. CLEAR ROLE UNDERSTANDING AND COORDINATION AMONG RESPONDERS ENSURE THAT **PHYSICAL AND PSYCHOSOCIAL FIRST** AID GO HAND IN HAND. HERE'S A BREAKDOWN OF KEY PLAYERS AND THEIR ROLES:

First Responders: Emergency medical teams, medics, local rescue volunteers, even military deminers or peacekeepers if present.

- **Role: Provide immediate medical aid and initial emotional support on the scene.** While stopping bleeding and splinting fractures, they also perform Psychological First Aid – calming survivors, assuring them help is here, and attending to panic or shock. They ensure survivors are safe from further EO hazards and call in additional support. First responders often save lives; with PFA training, they also mitigate acute trauma.

Healthcare Professionals (Doctors, Nurses) and Rehabilitation Specialists:

- **Role:** In hospitals/clinics, treat injuries and manage ongoing medical care. Importantly, they should also monitor mental well-being: explaining procedures to reduce fear, managing pain to prevent trauma exacerbation, and possibly initiating basic counseling or referral to a counselor. As survivors stabilize, rehabilitation specialists (physiotherapists, occupational therapists, prosthetists) step in for physical recovery. They work closely with psychosocial teams, as emotional state can affect rehab participation. A nurse might be the first to notice a patient isn't engaging due to depression and call in the counselor.

Psychologists & Social Workers:

- **Role: Provide ongoing counseling, trauma therapy, and social support navigation.** Right after the incident, they may support medical staff by informing families and ensuring survivors have someone to talk to about what happened. In the weeks after, psychologists can assess for PTSD, depression, or complicated grief and deliver therapy (CBT, EMDR, etc., as discussed). Social workers coordinate discharge plans – linking survivors to community resources, arranging follow-up home visits, and liaising with NGOs for additional support (wheelchairs, housing if needed, etc.). They often run support groups or family counseling sessions and ensure a continuum of care from hospital to home.

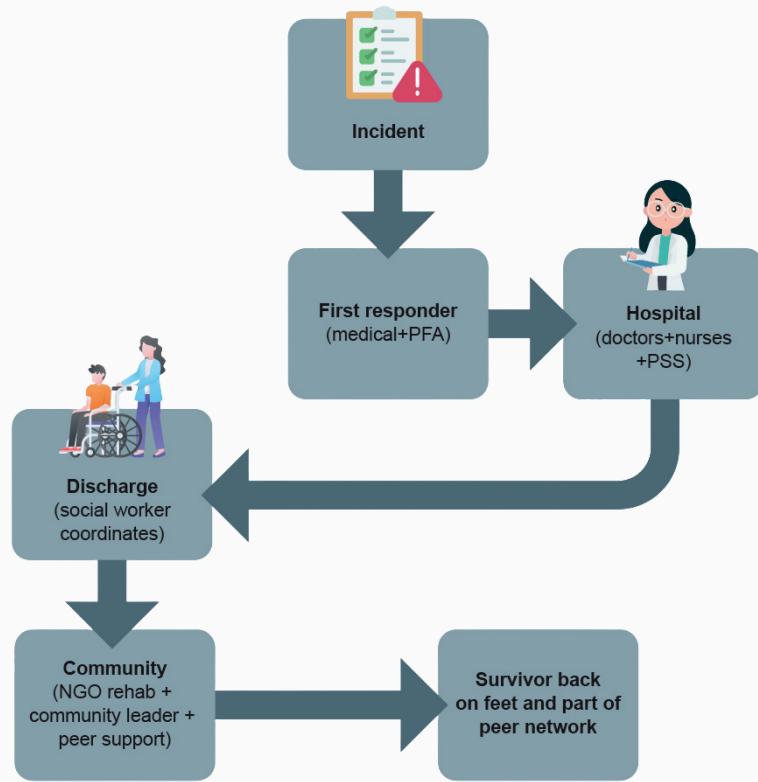
Community Leaders & NGOs:

- **Role: Facilitate reintegration, community education, and practical assistance.** Village heads, religious leaders, or local officials can rally community support (organizing village meetings to address stigma, mobilizing help to rebuild a survivor's home if needed). NGOs (non-governmental organizations) often implement rehabilitation and psychosocial programs on the ground: they might provide prosthetics, schooling support for child survivors, vocational training, or run community centers where survivors can gather. In an emergency, they may coordinate relief (food baskets, temporary shelter) if the survivor's family income is affected. They act as a bridge between the survivor and wider society – advocating for their rights and needs in community forums and helping them navigate bureaucratic processes for assistance.

Survivors & Peer Groups:

- **Role: Play a key role in *emotional healing and advocacy.** Survivors who are further along in recovery often step up to support those freshly affected. They might visit new survivors to say "I've been through this, you're not alone" – a powerful message of hope. Peer support groups (formal or informal) provide friendship, advice, and a sense of belonging crucial for psychosocial healing. Moreover, survivors frequently become advocates for change: forming associations to campaign for safer land, better services, or accessibility. They hold authorities accountable and ensure the survivor perspective is included in any planning. Essentially, survivors turn from beneficiaries into active contributors and watchdogs of the victim assistance efforts.

Coordination Mechanism: Ideally, a coordination body (local disaster response team or victim assistance coordination group) brings all these actors together regularly. For example, after an incident, a coordination meeting might ensure the hospital hands over to an NGO rehab center seamlessly, that the social affairs department is processing benefits, and the community leader is aware to include the family in a support initiative. Good coordination avoids duplication and gaps – the survivor shouldn't fall through cracks like “we assumed someone else was handling counseling.”



Understanding “who does what” helps each actor focus on their role while communicating with others. It fosters a team approach encircling the survivor with holistic care. **No single helper can do it all** – but collectively, we can ensure every need (physical, psychological, social, economic) is met through cooperation.



CONCLUSION

The journey of recovery and reintegration for survivors of explosive ordnance is a long-term process that demands a sustained, multi-faceted, and collaborative effort. This manual has outlined a comprehensive framework for that effort, emphasizing throughout the importance of survivor-centered approaches, cultural sensitivity, and community engagement.

By providing **practical guidance, tools, and resources**, we hope this manual empowers practitioners, communities, and policymakers to effectively address the complex psychosocial needs of EO survivor.

Key concluding thoughts include:

Survivor-Centered Healing:

- The survivor's dignity, choices, and active participation in their recovery must remain at the heart of all interventions. Healing is ultimately something we do with survivors, not to them.

Holistic Approach:

- Physical health, mental well-being, social inclusion, and economic stability are all interconnected. Only by addressing the "whole person" can we foster true recovery. A prosthetic leg helps someone walk, but helping them regain confidence and acceptance in society is what truly gets them moving forward in life.

Family and Community as Pillars:

- We have seen that when families are strong and communities are inclusive, survivors thrive. Thus, investing in family coping and community awareness is investing in each survivor's success.

Local Capacity and Sustainability:

- The best solutions are home-grown. Training local trainers, building community networks, and integrating support into existing systems ensure that psychosocial support is not a one-off project but a permanent fabric of assistance available to survivors now and in the future.

Resilience and Hope:

- The stories and examples in this manual demonstrate survivors' resilience. People who have endured unimaginable trauma can and do find hope and purpose again – often inspiring others in the process. Psychosocial support plays a critical role in unlocking that resilience and turning post-traumatic suffering into post-traumatic growth.

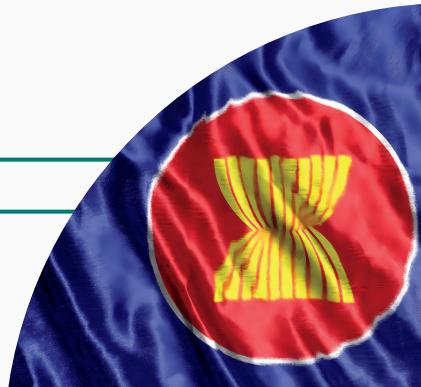
Our ultimate goal is to foster healing, promote resilience, and support the creation of **inclusive and equitable societies** where EO survivors can live with dignity, security, and hope. A holistic, survivor-centered approach—one that combines mental health support, social reintegration, and economic empowerment—will lead to stronger, more resilient, and self-sufficient survivor.

In closing, remember that every small act of support, every listening ear, every community meeting, and every policy change contributes to a larger mosaic of recovery.

You, the reader of this manual – whether you are a field volunteer or a government minister – are a vital piece of that mosaic.

Together, through knowledge, compassion, and collaboration, we are making a profound difference in the lives of those affected by explosive ordnance.

Thank you for being a part of this mission. The road to recovery is long, but no survivor should walk it alone – and with the collective guidance and commitment outlined here, none will.



Annex: 8-Day Training of Trainers (ToT) Program on Psychosocial Support for Explosive Ordnance (EO) Survivors

This training programme is provided for reference purposes only and may be adjusted or developed accordingly by each ASEAN Member State to suit national policies, local contexts, and available resources.

8-Day Training of Trainers (ToT) Program on Psychosocial Support for Explosive Ordnance (EO) Survivors



This manual presents a comprehensive 8-day **Training of Trainers (ToT)** program designed to equip professionals with the skills and knowledge required to deliver effective psychosocial support to survivors of Explosive Ordnance (EO) incidents across ASEAN Member States.

Developed under the ASEAN Regional Mine Action Center (ARMAC) initiative, the program consists of seven days of in-depth classroom-based learning followed by an optional Day 8 field visit for practical immersion. The curriculum is aligned with ARMAC's core psychosocial support manual, emphasizing **trauma-informed care, survivor-centered practices, and cultural sensitivity**.

The manual is structured to be professional yet accessible, making it suitable for trainers from diverse backgrounds, including health workers, social service providers, community leaders, and victim assistance professionals. Each day builds progressively—from foundational understanding to practical training techniques—culminating in action planning, evaluation, and real-world application.

ToT Program Schedule

Day 1: Introduction to Psychosocial Support

Day 1 provides an overview of the program and core concepts of psychosocial support. Participants are introduced to EO survivor issues, key principles and ethical considerations, and the importance of self-care for trainers.

Time	Session	Focus
08:30 – 10:00	Introduction to the ToT	Overview of program objectives, expectations, participant introductions (ice-breaker sharing experiences with EO survivor support).
10:00 – 11:30	Understanding Psychosocial Support	Core concepts, definitions (mental health vs psychosocial), why it matters for EO survivors; introduction of key frameworks (e.g., IASC pyramid of support).
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Impact of Explosive Ordnance	Presentation and discussion on the physical and psychological consequences of EO injuries. May include a survivor testimony (in person or video) to ground the learning in real life.
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Ethical Considerations	Cover principles like confidentiality, informed consent, cultural sensitivity, and “do no harm.” Small group scenario work on ethical dilemmas (e.g., handling a media inquiry about a survivor). sensitivity.

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13:00 – 14:00	Lunch Break	
15:45 – 17:00	Self-Care for Trainers	Since this is a ToT, end Day 1 by equipping trainees to care for themselves. Discuss vicarious trauma and burnout (previewing content from Section IX). Teach a couple of quick self-care techniques (like a short meditation) that will be revisited throughout training.

Day 2: Trauma-Informed Care

Day 2 delves into understanding trauma and applying trauma-informed principles. Participants learn about the impact of trauma on individuals and communities, and practice basic psychosocial intervention skills.

Time	Session	Focus
08:30 – 10:00	Understanding Trauma	Types of trauma (single incident vs complex), how trauma affects brain and behavior. Participants reflect on trauma signs they have seen in survivors.
10:00 – 11:30	Principles of Trauma-Informed Care	Safety, trust, choice, collaboration, empowerment – explain each principle with examples in a survivor context. Role-play a supportive vs. non-trauma-informed interaction to highlight differences.
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Applying Trauma-Informed Care	Practical strategies and adjustments when working with survivors (e.g., how to make an interview setting feel safe, how to give choices in recovery plans). Participants work in pairs on a case study to “audit” a fictional program’s trauma-inclusivity and suggest improvements.

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Psychological First Aid (PFA)	Introduction: Cover the “Look, Listen, Link” model thoroughly. Perhaps demonstrate a PFA in a mock scenario.
15:30 – 15:45	Coffee Break	
15:45 – 17:00	PFA Skills Practice	Break into small groups, each group given a different scenario (injury in field, hospital ER setting, news of death delivered, etc.) to role-play PFA steps with one as helper, one as survivor, observers giving feedback. Rotate roles so everyone practices.

Day 3: Assessment and Intervention

Day 3 focuses on assessing survivors' needs and planning interventions. Participants explore how to conduct assessments, develop support plans, communicate effectively, handle crises, and make referrals.

Time	Session	Focus
08:30 – 10:00	Assessing Psychosocial Needs	Teach participants tools for assessment – basic intake questionnaires, how to conduct a sensitive interview, using the table in the manual (Intended Users and Resources) to identify needs. Have them practice by interviewing each other as "survivor and helper" with a sample assessment form.
10:00 – 11:30	Developing Intervention Plans	How to go from identified needs to an intervention plan. Introduce goal-setting (SMART goals for survivor progress), prioritizing needs, and matching interventions (e.g., if severe PTSD symptoms – refer to specialist; if unemployment – liaise with livelihood programs). Group exercise: each group gets a case and outlines a 3-month support plan, then shares for critique
11:30 – 11:45	Coffee Break	

11:45 – 13:00	Communication Skills	Active listening, empathy, non-verbal communication, building rapport. Possibly include a brief segment on communicating through interpreters or across cultures if relevant. Practice through a listening exercise (one talks about a stress for 5 minutes, the other only listens and paraphrases).
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Crisis Intervention	How to manage acute distress beyond the initial PFA – for instance, a survivor panicking in a therapy session, or a family member becoming hysterical. Teach grounding techniques and de-escalation skills. Maybe simulate a scenario where a survivor gets triggered during a group activity, and have trainees demonstrate calming strategies.
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Referral Pathways	Ensuring participants know how and where to refer for various needs (medical, psychiatric, legal, livelihood). Map local services (this can be a participatory activity – collectively create a flowchart of local resources for different needs). Emphasize follow-up after referral to ensure the survivor accessed the service.

Day 4: Community-Based Support

Day 4 highlights the role of community in psychosocial support. Participants learn to leverage community resources, facilitate peer support, advocate for survivors' rights, and adapt practices to cultural contexts.

Time	Session	Focus
08:30 – 10:00	The Role of Community	Discussion on why community support matters. Share examples of community initiatives from the manual. Brainstorm what resources exist in their communities (people, groups, traditions) that can support survivors.
10:00 – 11:30	Building Community Capacity	How to train community members (like village volunteers or family members) in basic psychosocial support. Possibly have participants practice teaching a simple skill (each participant prepares a 5-minute micro-teach on a topic like "active listening" or "stress breathing" as if to community members). Feedback given on clarity and approach.
11:30 – 11:45	Coffee Break	

11:45 – 13:00	Peer Support Groups	<p>Using the Peer Support Program Guide tool from the manual, walk through steps to establish a peer group. In sub-groups, let participants design a peer support session (choose a theme, how to start, activities, how to encourage sharing). Maybe simulate a mini peer group meeting among the trainees.</p>
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Advocacy and Empowerment	<p>Teach how to incorporate advocacy in their work – encouraging survivor advocacy, engaging community leaders, organizing awareness campaigns. Split by province/district groups to draft a simple community engagement action plan for when they return (e.g., “organize one community meeting with religious leaders within 2 months” or “secure a radio slot to discuss survivor</p>
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Cultural Considerations	<p>Open discussion on cultural norms around trauma and disability in their contexts. Identify any practices that help healing and should be integrated (e.g., traditional ceremonies) and any that hinder (e.g., stigmatizing beliefs) and how to respectfully address them. Summarize strategies to adapt support to local culture.</p>

Day 5: Training Skills

Day 5 shifts focus to training methodology, preparing participants to become effective trainers. It covers adult learning principles, interactive training techniques, developing materials, facilitation skills, and evaluation methods.

Time	Session	Focus
08:30 – 10:00	Principles of Adult Learning	Since trainees will become trainers, cover how adults learn differently (need relevance, engage experience, participatory methods). Discuss learning styles and motivation – why busy community agents would attend training and how to keep it engaging..
10:00 – 11:30	Training Methodologies	Explore interactive training techniques – brainstorming, role-play, storytelling, small group work. Also cover basics of group facilitation and good presentation skills (eye contact, clear speech, using flipcharts or slides effectively). If possible, demonstrate a boring lecture vs. an interactive session to contrast.
11:30 – 11:45	Coffee Break	

11:45 – 13:00	Developing Training Materials	Guide them on creating simple but effective materials – slides with less text and more images, handouts (maybe practice condensing a page of the manual into a one-page handout for community use), using posters or pictures for low-literacy audiences, etc. They could each sketch a poster for an awareness session as practice.
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Facilitation Skills	Focus on managing group dynamics – how to handle a dominant participant, how to encourage a shy one, dealing with emotional moments in a training (given the content can be heavy). Perhaps fishbowl exercise: one trainee facilitates a mock discussion while others deliberately play roles (one overly talkative, one disengaged, one upset) to test the facilitator's skills. Debrief what was done well and what could improve.
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Evaluation of Training	Teach methods to evaluate their future trainings – feedback forms, informal check-ins, pre/post tests. Perhaps run a quick quiz on content covered so far to illustrate pre/post evaluation. Discuss how to incorporate feedback and continuous improvement as a trainer.

Day 6: Becoming a Trainer

Day 6 provides hands-on practice for participants to step into the trainer role. Through guided practice sessions (micro-teaching), participants will deliver mini-training segments and receive feedback, building confidence and refining their training techniques.

Time	Session	Focus
08:30 – 10:00	Movement Flow or Journaling	(Movement flow or journaling or any reflective exercise to warm up and manage any anxiety about the big practice sessions coming.) This helps model that trainers can start sessions with an energizer or centering exercise.
10:00 – 11:30	Delivering Effective Training	Recap and additional tips on facilitation styles – some trainers are more lecture, some more facilitator; encourage finding one's style but balancing methods. Emphasize time management, clarity of objectives, and adaptation on the fly. Possibly share a short video of a good training snippet if available
11:30 – 11:45	Coffee Break	

11:45 – 13:00	Practice Round 1: Micro-Teaching	Micro-Teaching: Each trainee (or pair of trainees) conducts a short 10-15 minute segment of a training (perhaps assigned topics from modules, e.g., one does “What is PTSD?” mini-session, another does “PFA step: Listen” demo, etc.). Others act as participants. Provide constructive feedback after each. This might extend over multiple sessions depending on group size
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Practice Round 2 and Self Evaluation	Trainees do a second short teaching activity, maybe incorporating feedback from round 1. Could also simulate teaching to a community audience vs. colleagues to vary approach. Afterward, have each trainee share one thing they felt they did well and one they want to improve (to practice self-evaluation). Peers and facilitators add observations.
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Building Confidence, Handling Emotions	End the day with a focus on trainer confidence. Acknowledge the emotional weight of the topic – discuss how to handle if a training participant (or the trainer themselves) becomes emotional during a session (have a plan, take breaks, grounding techniques). Close with a peer appreciation circle – each person says something they appreciated about someone else’s training style. This reinforces positive confidence.

Day 7: Sustainability, Policy & Graduation

Day 7 looks at sustaining psychosocial support initiatives and tying the training into broader contexts. Participants discuss monitoring and evaluation, promoting local ownership, and planning next steps. The program concludes with participant action plan presentations, reflections, and a closing ceremony.

Time	Session	Focus
08:30 – 10:00	Final Check-In	An open forum for trainees to discuss how they're feeling about implementing what they learned. Address any last questions. Each shares one action they will take when back home and one fear or challenge they anticipate. The group or facilitators collectively troubleshoot the challenges raised.
10:00 – 11:30	Monitoring, Evaluation & Feedback	Provide tools for trainees to monitor the impact of their trainings or support activities. Introduce any simple forms or apps they can use. Perhaps simulate a quick focus group on how their community might respond, to get them thinking of gathering feedback.
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Sustainability & Local Ownership	Brainstorm how to keep efforts going: forming local support networks among trainees, scheduling follow-up meetings or refreshers, advocating for resources. If relevant, have them develop a pitch or presentation they could make to local authorities to support psychosocial activities (tying in policy change content).
13:00 – 14:00	Lunch Break	

14:00 – 15:30	Final Group Presentations: Action Plans	<p>Each trainee (or country team) finalizes a brief action plan: what trainings or activities they will conduct in the next 6 months, what support they need, and indicators of success. They present their plan to the group for encouragement and accountability. Facilitators ensure plans are realistic and offer to follow up.</p>
15:30 – 15:45	Evaluation, Reflections, Closing Circle	<p>Participants complete final evaluation forms and engage in a closing reflection circle. This allows everyone to share key takeaways, highlights of the training, and words of appreciation or learning. (During this time, facilitators can also prepare certificates in the background.)</p>
15:45 – 17:00	Graduation Ceremony & Photos	<p>A closing ceremony with certificate awards to all participants. Includes thank-you speeches, group photos, and a cultural farewell celebration (e.g. a short celebratory toast with music, snacks, and expressions of gratitude). Participants and facilitators celebrate the completion of the training and reinforce the network they have built.</p>
08:30 – 10:00	Celebratory Toast / Cultural Farewell	Music, snacks, joy

Field Visit Day (Optional Day 8) – From Classroom to Community: Field Immersion for Trauma-Informed PSS

Title: Field Visit Integration into the Training of Trainers (ToT) on Psychosocial Support for Explosive Ordnance (EO) Survivors

The optional Day 8 is a full-day **field visit** designed to bridge classroom learning with real-world practice. Participants will visit one or more service sites to gain first-hand exposure to survivor-centered services, community rehabilitation practices, and the integration of mental health support in the field. This experiential component deepens understanding of EO survivor needs and strengthens culturally appropriate, trauma-informed care skills. It also aligns with ARMAC's objectives by fostering regional collaboration and inspiring action planning for sustainable support.

Date:

Proposed Visit Date: Day 8 (Final Day)

1. Purpose and Justification

This extension of the ToT program adds an experiential learning day to reinforce and apply the training. By going into the field, participants can observe and engage with actual support services and survivors, which helps to solidify their understanding and commitment. Specifically, the field visit will:

- **Deepen participants' understanding of survivors' needs** – seeing and hearing directly from EO survivors and practitioners provides insight beyond classroom theory.
- **Bridge theory with practice** – participants connect the concepts learned during training with how they are implemented on the ground, making the learning more tangible and practical.
- **Strengthen cultural appropriateness in care** – by visiting local services, future trainers observe culturally sensitive approaches and learn to adapt psychosocial support to the community context.
- **Inspire action and sustainability** – real examples of successful support programs can motivate participants to develop actionable plans and long-term initiatives in their own communities.

2. Alignment with ToT Objectives

Integrating a field visit on Day 8 directly supports the overall learning goals of the ToT program by:

- **Reinforcing trauma-informed and inclusive care principles** – Participants witness how safety, trust, empowerment, and inclusivity are maintained in actual survivor support settings, reinforcing these values from the training.
- **Demonstrating Psychological First Aid (PFA) and psychosocial strategies in action** – Observing professionals and volunteers using PFA and other psychosocial support techniques with survivors helps participants see the real-life application of their training.
- **Promoting awareness of community-based systems and survivor empowerment** – The visit highlights community networks and organizations working in victim assistance, showing how survivors are empowered through peer support, advocacy, and services.
- **Equipping future trainers with field insights** – By the end of the visit, participants (as future trainers) gain concrete examples and success stories they can share in their own trainings, as well as firsthand understanding of best practices and challenges in the field.

3. Day 8-Field Visit Tentative program

Visit Title: From Classroom to Community: Field Immersion for Trauma-Informed Psychosocial Support (PSS)

Objective:

- To provide participants with hands-on exposure to real-world psychosocial support services for Explosive Ordnance (EO) survivors, enabling them to observe best practices, engage directly with practitioners and survivors, and strengthen their understanding of trauma-informed, survivor-centered care in practice.

Proposed Sites Options:

Participants will visit one or more of the following types of institutions, depending on local availability and logistical arrangements:

- **Rehabilitation Center or Physical Therapy Unit** – Supporting EO survivors through integrated physical and psychosocial care.
- **Mental Health NGO or Outreach Program** – Offering trauma counseling, psychological first aid, and community-based mental health services.
- **Survivor-Led Peer Support Group** – Empowering EO survivors to share experiences and build resilience through mutual support.
- **Mine Action or Disability-Focused Organization** – Delivering integrated services including victim assistance, inclusive education, and livelihood programs.

Planned Schedule:

The field visit will be structured as a full day of learning. Below is an outline of activities for the day (timings can be adjusted as needed):

Time	Activity
08:00 – 09:00	Departure and travel- Participants and facilitators depart from the training venue and travel together by bus to the field site.
09:00 – 09:30	Welcome & Briefing by Field Partner/ Host Organization Upon arrival, the host organization's representatives welcome the group. They provide an orientation briefing about their work, the services they offer, and the community they serve. Participants learn about the context of the site and what to expect during the visit.
09:30 – 11:00	Guided Tour (Therapy, Rehab, Counseling, etc.) A guided tour of the site (e.g. therapy rooms, prosthetics workshop, counseling offices, community spaces). Participants observe ongoing activities (such as physical therapy sessions or support group meetings) and see how psychosocial support is delivered in practice. The host staff explain various programs and interventions as they tour the facility
11:00 – 12:00	EO Survivor Testimonials and Panel Discussion The group gathers to hear directly from EO survivors and staff. Survivors may share their personal stories and discuss how psychosocial support has aided their recovery. A brief panel discussion or Q&A allows participants to interact, ask questions, and learn about challenges and successes from the perspective of survivors and practitioners.

12:00 – 13:00	<p>Lunch Onsite with Staff and Guests Participants, facilitators, host staff, and possibly some survivors share a midday meal together. This informal setting allows for networking, cultural exchange, and deeper conversation. (Lunch and refreshments are arranged as part of the visit.)</p>
13:00 – 14:30	<p>Observation of Activity or Support Session After lunch, participants break into smaller groups (if feasible) to shadow or observe an actual support activity in progress. This could be a peer support group meeting, a counseling session role-play (with consent), a community outreach activity, or a rehabilitation exercise, depending on what the site can showcase. Participants take notes using an observation checklist provided.</p>
14:30 – 15:30	<p>Group Debrief, Action Ideas, Feedback Exchange Before leaving the site, the entire group reconvenes for a debriefing session led by the facilitators. Participants share their observations and reflect on key learnings from the visit. They discuss how these insights can inform their own training or programs. Each small group of participants is encouraged to identify one actionable idea or lesson they will take forward. Feedback is exchanged between participants and host staff, strengthening mutual understanding.</p>
15:30 – 16:30	<p>Return to Training Venue / Closing Circle The group travels back to the training venue. Upon return (or during transit if appropriate), facilitators guide a closing circle discussion. This serves as a final reflection on the entire ToT program and the field visit. Participants express final thoughts, what the experience meant for them, and how they plan to apply what they learned. The day (and program) formally concludes with a brief thank-you, a farewell to participants, and encouragement to maintain the network and support each other beyond the training.</p>

Note: Schedule may be adjusted based on partner availability, site logistics, and travel distance.

4. Logistics and Requirements

Organizing the field visit requires careful planning to ensure safety, learning value, and smooth coordination. Key logistical requirements include:

- **Transportation:** Arrange secure and comfortable transport for approximately 20–25 persons (e.g. a bus or van) for the round trip to the field site.
- **Host Coordination:** Coordinate with the host organization(s) well in advance. Obtain permissions for the visit, schedule appropriate timings, and arrange for guides or speakers. Ensure a suitable meeting space at the site for briefings and discussions.
- **Meals and Refreshments:** Provide lunch and drinking water for participants, facilitators, and hosts during the visit. This may involve catering or advance arrangements with the host venue.
- **Printed Materials:** Prepare any necessary materials such as reflection worksheets, observation checklists, and evaluation forms for the field activities. Distribute these to participants before departure or upon arrival.
- **Photography (optional):** If appropriate and with consent, arrange for a photographer or assign a team member to document the visit. Photos can be used (with permission) for reports, learning materials, or showcasing the program's impact.
- **Guest Tokens of Appreciation:** Prepare modest honoraria or certificates of appreciation for any guest speakers (such as survivors who share their stories or host staff who facilitate sessions) to thank them for their time and contribution.



5. Expected Output

By the end of the field visit day, participants and the program as a whole will have several tangible outputs and benefits:

- **Reflective Write-Ups and Presentations:** Participants will complete a brief reflective writing exercise (using the worksheet provided) and contribute to a group presentation on key learnings from the visit. These reflections and presentations help consolidate their observations and connect them back to the training objectives.
- **Actionable Insights for Follow-up:** Each participant group will identify at least **one proposed follow-up action or lesson** learned that they plan to implement in their own context. For example, they might plan to start a peer support activity, adapt a tool observed during the visit, or strengthen referral networks.
- **Enhanced Trainer Capacity:** The experience should increase participants' confidence and competence as trainers. Having seen real-world examples, they are better equipped to train others in psychosocial support with practical illustrations.
- **Strengthened Collaboration:** The visit forges **lasting connections with local organizations** and stakeholders. Participants, who come from various ASEAN countries, get to network with field practitioners. This can lead to ongoing collaboration, knowledge exchange, or future site visits, contributing to a regional network of psychosocial support champions.



Expected Outcomes:

- Deeper understanding of survivor needs and trauma-informed service delivery.
- Practical insights into real-world implementation of PFA and psychosocial support.
- Strengthened capacity for culturally appropriate, community-based approaches.
- Actionable ideas for adapting and replicating good practices in participants' home countries.

6. Budget Estimate

Below are the major cost components to consider for the field visit. (Specific cost estimates in USD should be calculated based on local rates and included in the program budget.)

Item	Estimated Cost (USD)	Remark
Transportation (Bus Rental)		e.g. Bus or van rental, fuel, driver's fee.
Meals and Refreshments		Lunch for participants and hosts, bottled water, snacks if needed.
Tokens of Appreciation		Certificates, gifts or honoraria for host organizations and survivor speakers as a gesture of thanks.
Printing and Supplies		Handouts, worksheets, evaluation forms, pens, and other materials for participants.
Coordination and Contingency		Any coordination fees, and a contingency buffer for unexpected expenses (e.g. last-minute changes, additional support needs).
Total Estimate		

(A detailed budget table can be prepared separately, listing estimated costs for each item and the total. This ensures transparency and sufficient resource allocation for the field visit.)

7. CONCLUSION



Integrating a field visit into the ToT program is a highly valuable step toward grounding the training in reality. This full-day immersion is a **key experiential component** that enhances participants' capacity to understand, support, and advocate for EO survivors through practical, community-based insights. It transforms knowledge into action – participants not only learn about best practices, they see them in operation and are inspired to replicate or adapt them at home. Moreover, the field visit forges stronger bonds between the future trainers and active service providers, creating a support network that extends beyond the classroom. In line with ARMAC's objectives, this approach ensures that training graduates are not only skilled in theory but also deeply connected to the survivor community and committed to sustaining psychosocial support initiatives across ASEAN. The result is a cadre of well-prepared trainers who can champion trauma-informed and survivor-centric care long after the ToT program, multiplying the impact of ARMAC's psychosocial support efforts throughout the region.

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ASEAN Regional Mine Action Center (ARMAC)



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