

**PRESENTATION – SCEVA MEETING  
GENEVA, May 7, 2001**

*(Slide 1)* I want to thank the organizers of this meeting for providing the opportunity to present to you draft guidelines concerning the socio-economic reintegration of landmine survivors.

*(Slide 2 - click 1)* The guidelines are being developed as part of our activity in partnership with the United Nations Development Programme to identify, develop and pilot a variety of approaches to achieve socio-economic reintegration of landmine survivors and others with disabilities in several countries heavily affected by landmines.

*(Click 2)* In order to carry out our mission, we needed to take the pulse of each country that we were targeting and find out what is present, understand how the system works and get ideas on what might be a new direction to attempt that would enhance the options available for landmine survivors. These ideas come from organizations already in the field, from our own staff and consultants' views on how these organizations might effectively enhance their current activities, and by generating new directions in partnership with others involved in socio-economic integration programs.

To develop these projects, we felt that we needed to have a framework for looking at what was happening in the country, so we generated a large number of questions that we wanted to explore. These questions formed the crux of a presentation that I made at a Meeting of States Parties here in Geneva when we were inaugurating this project.

The questions were organized into a framework in order to classify the questions. Upon presenting this Framework, it was suggested to us by UNDP that the framework might be used to generate guidelines. In coming up with the framework, we had reviewed other guidelines *(Click 3)* such as the UN Standard Rules on Equalisation of Opportunities for Persons with Disabilities and the ICBL Guidelines for the Care and Rehabilitation of Survivors. These were reviewed again in developing these proposed guidelines.

*(Slide 3-Clicks 1,2)* The purpose of the guidelines is to describe activities that could be recommended by *(Click 3)* governments, *(Click 4)* program developers, *(Click 5)* donors and *(Click 6)* others interested and involved in policy and program initiatives with regard to landmine survivors.

We are presenting this draft version to you. It is our hope that we will hear from you and others who have been involved in developing and implementing policies and programs, to let us know your views on the guidelines – whether some guidelines are too weak or stringent, what have we left out, what might be reconsidered, etc.

While our interest here is in socio-economic reintegration, we at WRF have always believed that rehabilitation or victim assistance is a process that occurs in a context and so while we work to develop socio-economic integration initiatives, we also must consider related matters such as care for survivors in general and the context within which care is provided.

*(Slide 4)* As a result, we have formulated a six factor framework including three factors that we refer to as Supporting factors and three that we classify as Direct factors. *(Click 2)* Supporting factors are aspects of policy and care that are not directly involved in socio-economic reintegration, but are important in helping to set the stage so that the Direct Factors can have maximum impact. These factors include *(Click 3)* NATIONAL POLICIES AND INSTITUTIONS, *(Click 4)* MEDICAL CARE and *(Click 5)* MEDICAL REHABILITATION AND SPECIAL EDUCATION. *(Click 6)* Direct factors are factors that are, as the name implies, directly involved in socio-economic reintegration. These include *(Click 7)* VOCATIONAL REHABILITATION, *(Click 8)* ECONOMIC DEVELOPMENT and *(Click 9)* SOCIO-CULTURAL Issues.

You have been provided copies of the Guidelines and I do not intend to take you through all of them. We'll show you some examples and briefly summarize the others for most of the factors.

(Slide 5). Let us go to NATIONAL POLICIES AND INSTITUTIONS. Ten guidelines are included in this factor. On the screen we have highlighted three of these: (Click 2) **access to all essential public services as those of all other citizens;** (Click 3) **equal employment opportunity**, and (Click 4) that there should be **landmine awareness programs available in all areas where landmines have been documented**. Other guidelines urge ratification and implementation of the UN Standard Rules, Ministerial responsibility for the range of services relevant for landmine survivors, that there should be advocacy groups representing the interests of people with disabilities, that data should be available on persons injured by landmines, and that campaigns should be conducted to sensitize the general public about the capabilities, needs and rights of landmine survivors and others with disabilities. In Cambodia, WRF has been working with DAC, in fact to design such an initiative.

(Slide 6) The second factor is Medical Care. We have so far identified seven guidelines in this area. We are showing you three of these. (Click 2) The first is the need for **timely evacuation of persons injured. There is information that the duration is crucial in decreasing the survival rate**. Therefore, we recommended a 1 hour delay as a target, realizing that this is difficult in many poor countries with poor roads and unavailable transportation. (Click 3) We feel that **in rural areas every village should have at least one person with training in first aid and the capability to contact trauma specialists to request their intervention**. In towns and cities there is usually some sort of medical center close by. If not, then having community persons available would also be desirable. (Slide 7) The third proposed guideline we are showing you here is that **emergency surgery be available within a day of the injury**. Other guidelines call for the state having the means of providing first aid through mobile clinics or other means of reaching out to as many areas as possible, access to corrective surgery, training of general surgeons to perform correct amputations and access to eye care and auditory medical care.

(Slide 8) Factor 3 includes guidelines on rehabilitation and special education. This factor currently has identified 14 guidelines. The three that we are showing on the screen are (Click 2) **access for children to special education services preferably in an integrated setting**, (Click 3) **the need for CBR or outreach programs to have access to facility based programs with professional staff in physical and psychosocial rehabilitation**. This guideline is consistent with the WHO position on conditions conducive for effective community based rehabilitation. (Slide 9) The third factor we want to highlight is **Psychological counseling and social work support services should be made available through rehabilitation service sites. Such services should be provided by service providers trained by and having access to individuals with at least a graduate degree in social work, psychology and/or counseling**. This is a guideline for which we would especially like to have comments. The guideline is not stating that professional psychologists, etc. should be the persons delivering most of the services. Community and peer support services have been found to be more effective than traditional Western style psychotherapy. We would encourage the development of CBR programs, use of peer counseling and other service options. However, we feel that it is important for such counselors to have some training in psychodynamic principles and that professionals are available where difficult problems are uncovered. Some of the other guidelines here similarly advocate for having professional availability, not necessarily as immediate service providers but as backup or in some cases supervisory personnel. Examples are having certified prosthetic technicians, having at least one at least BS degree physical therapist available at a service unit.

Other guidelines propose access to postacute rehabilitative care, government assumption of most of the costs for devices, availability of psychotropic medicine, that programs deal with the special needs of women, children and the elderly; and that landmine survivors and their families be included in the planning of rehabilitation interventions and encouraged and empowered in methods of self-care and maintenance to allow for maximum independence and increased self-reliance.

(Slide 10) Now we come to the guidelines proposed for the Direct Factors. Factor 4 we call Vocational Rehabilitation. This includes vocational training, vocational counseling and job placement services. Nine guidelines are proposed here. We will show you four of these. (Click 2) The first one is that **vocational training programs should be accessible to landmine survivors and other people with disabilities in all landmine affected areas**. Accessibility should include vocational training programs not necessarily geared to people with disabilities. Inclusion fosters integration. Separate programs should not be

abandoned as an approach, but ultimately an integrated approach should be more effective. This guideline also addresses the common observation that vocational training programs are often clustered in certain areas and are rare in others. *(Click 3)* **Vocational training programs should be related to market demands and seek advisory support from employers.** In too many cases we have seen the development of vocational training geared to interests emanating from the group providing the training or the pool of people from where the trainees come. Training should be developed that leads to jobs either through self-employment or through placement in industry. Employers should be recruited to help advise on the development of training that is appropriate to the market, especially when the goal is placement in industry. In fact, where possible we should try to stimulate industry to provide the training. In our socio-economic reintegration project in Cambodia we have organized a Business Advisory Council and have stimulated so far some 60 job openings (in six months time) plus involvement of at least three industries in providing job training for persons with disabilities identified by the project. We are conducting this program with the National Centre for Disabled People of Cambodia and the Maryknoll Wat Tan program. ILO has become a major player in this project along with UNDP. DAC provides an advisory role through their participation in the Council meetings.

*(Slide 11)* **All industry related vocational training programs should have job placement and job development services.** Of course, if the goal is self-employment, then such services are not necessary, but where the goal is a job in industry then placement and job development should be an important component. We are in the process of developing with POWER and ADEMO in Mozambique vocational training programs in baking and metal work. These organizations conceived of the training programs. We are providing some counsel on the training programs, but our primary role will be to help develop a strong placement and job development component.

*(Click 3)* **A sensitization effort should be aimed at employers so that landmine survivors not be ruled out of job opportunities because of misinformation and stereotypes.** The Business Advisory Council project that we mentioned in Cambodia will be addressing this by using cooperating business people to recruit others. As the Council develops, time will be used in the meetings to conduct presentations about working with persons with disabilities. We also mentioned earlier that we have supported the DAC to develop a plan for a national sensitization campaign which will have employers as an important target.

*(Slide 12)* Factor 5 is labeled Economic Development. We have promulgated six guidelines here and will be showing you two on the screen. *(Click 2)* These are that **Microcredit programs, including revolving fund mechanisms, as well as other economic development efforts should be accessible to landmine survivors and others with disabilities across a wide array of businesses for both rural and urban residents.** We repeat here the importance of creating economic development opportunities for landmine survivors in both rural and urban settings and that a variety of opportunities be considered so that landmine survivors and others with disabilities do not get pigeon holed into too narrow a range of possibilities. *(Click 3)* **Landmine survivors should be involved in economic development planning at the community, regional and national levels.** We are saying here that landmine survivors should be considered integral members of their community, region and nation and, therefore, participate fully in planning and implementing economic development initiatives at these levels. At the community level, for example, we are exploring in Mozambique the conduct of economic development planning at the village level, with support provided to the village with the stipulation that landmine survivors and others with disabilities in the community be an integral part of the effort. We have seen efforts in develop where only people with disabilities are provided economic development support, thus, resulting in resentment by fellow villagers and little change in the extent of integration of those being assisted. Other guidelines proposed in this section include: that **landmine survivors have access to training programs to enable them to be effective workers or business people;** and that **business training be made available for landmine survivors in such areas as sales, pricing, accounting, marketing, business ethics, inventory control and financing.** These areas should be included as part of vocational training, particularly when self-employment is a goal. Another guideline is that business plans should include plans for income generation that promise to result in sustainable business ventures.

*(Slide 13)* We have listed five guidelines under socio-cultural issues. Socio-cultural issues often affect access to employment, other services and other aspects of community life. In particular, gender, age, and

ethnicity may affect employment opportunity and the types of careers pursued. We have listed on the screen all of the guidelines proposed for this Factor. The first is *(Click 2)* **Equal opportunities for participation in all of the programs cited in the other factors and guidelines should provide equal opportunity for participation with regard to gender, race, ethnicity or political association.** Socio-economic reintegration should involve bringing people together. When people work together productively representing different groups, the probability is greater that mutual understanding will develop than when they are segregated. *(Click 3)* **We are proposing that no maximum age requirements be used as a criterion for participation in programs.** We have seen in several post-conflict countries widespread discrimination against the hiring of persons who are 40 and older. *(Click 4)* **Landmine survivors should be empowered to be proactive in selecting and planning socio-economic reintegration related activities.** Here we are again concerned with pigeon holing people into only certain activities without taking into consideration their interests and aspirations. While reality may produce limitations, the survivor should be able to exercise a great degree of choice.

(Slide 15) **Landmine survivors should be encouraged to participate fully in the institutions and activities of the community in as integrated a fashion as is possible.** This point relates to the involvement of landmine survivors and others with disabilities in the full range of community activities, both vocational and nonvocational. Nation and community should provide access for persons with disabilities in social and political events, etc. *(Click 3)* We also propose that **Training, counseling and job development activities should respect the cultural values and norms of the country, region or subgroup of persons involved.** (Slide 16) This being said, however, States should re-examine values promoted by custom when such values are counter to the Declaration of Human Rights, the Convention on the Rights of the Child, and the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. That is, all states should guarantee the right of all people to be treated fairly regardless of disability, gender, age, ethnic or religious background.

Thank you for allowing me to share this with you. We would be most appreciative of your comments and suggestions. You can contact us at the e-mail, fax, phone or address listed at the end of the Guidelines document. We are located at 386 Park Avenue South, Suite 500, New York, NY 10016. Our e-mail number is [wrfnewyork@msn.com](mailto:wrfnewyork@msn.com); our fax is (212)725-8402; and our phone is (212)725-7875.