

**GUIDELINES**  

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**FOR**  
**THE**  
**CARE**  

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**AND**  
**REHABILITATION**  

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**OF**  
**SURVIVORS**  

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**The ICBL Guidelines for the Care and Rehabilitation of Survivors are intended to help diverse actors, including donors and program implementers, develop and fund the most effective programs to help landmine victims heal, recover and resume their roles as productive and contributing members of their societies.**

The ICBL Working Group on Victim Assistance, comprised of more than 20 international humanitarian and development organizations, has developed a set of programmatic guidelines to help shape and promote comprehensive rehabilitation for hundreds of thousands of landmine survivors worldwide. The Guidelines are part of an overall framework of the ICBL to address the landmine problem through the three Campaign pillars:

- The Mine Ban Treaty
- Mine Clearance
- Survivor Assistance

The Mine Ban Treaty entered into force March 1, 1999. The Treaty Preamble requests State Parties to do “their utmost” in providing assistance to landmine survivors. More significantly, Article 6, Paragraph 3 of the Treaty requires that State parties “in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration of mine victims.” As States must fulfill their legal obligations in good faith, there is an affirmative obligation on States to provide assistance. The Treaty says such “assistance may be provided, inter alia, through the United Nations system, international, regional or national organisations or institutions, non-governmental organizations or institutions, the ICRC, national Red Cross or Red Crescent societies and their International Federation, non-governmental organisations, or on a bilateral basis.”

The ICBL *Guidelines for the Care and Rehabilitation of Survivors* are intended to help diverse actors, including donors and program implementers, develop and fund the most effective programs to help landmine victims heal, recover and resume their roles as productive and contributing members of their societies. We recognize that mine victims include those who, either individually or collectively, have suffered physical, emotional and psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization.

The following programmatic guidelines are intended to address the care and rehabilitation of those victims who have suffered physical injury from landmines. Many of the recommendations apply as well to support for other persons with disabilities.

## ► EMERGENCY MEDICAL CARE

**Healthcare and community workers in mine-affected areas should be trained in emergency first aid to respond effectively to landmine and other traumatic injuries.**

*First aid training to respond to traumatic injury and severe bleeding increases the chance of mine victims living long enough to receive emergency medical care. First aid training should be conducted by qualified medical professionals who can uphold standards and provide follow-up training. Where appropriate, mine awareness educational materials could incorporate basic instructions for first aid response to traumatic injury and massive bleeding. Preparation should integrate a public sector and community plan of action and investment in communication and transportation systems to improve access to medical care.*



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## ► CONTINUING MEDICAL CARE

**Medical facilities should have medical care and supplies that meet basic standards.**

*Surgery and additional medical care is required to rehabilitate survivors and make it possible for an amputee to use a prosthesis. Facilities should meet certain basic and minimal requirements, such as clean instruments and water, to be operational. Due to the special nature of mine injuries, care should be given to build a cadre of skilled surgeons and other health personnel. Useful training tools for surgeons include a surgical theater and manual for emergency care and follow-up, including proper amputation procedures and reconstructive surgery.*



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## ► PHYSICAL REHABILITATION, PROSTHESES AND ASSISTIVE DEVICES

**Rehabilitative services should produce devices that are safe, durable, and can be maintained and repaired locally.**

*An amputee's first artificial limb is transitional and may not fit properly within months, or will need eventual repair and replacement. Thus, the availability of long-term services must be ensured for necessary adjustments or replacement. Improperly fitting or poorly designed prostheses can cause problems with skin breakdown and infection, leading to further surgeries, and adversely affect the user's gait and spine. Donations of used or prefabricated prostheses cannot be adapted to fit properly, and are thus discouraged in favor of locally manufactured, fitted and serviceable prostheses. Pre and post-prosthetic care should include physiotherapy to prepare for and ensure proper use of assistive devices and prevent secondary problems or injury. Attention must be given to resources and training for physiotherapists and other rehabilitation personnel, and for the treatment of landmine injuries other than limb loss, such as loss of eyesight, deafness and paralysis.*

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## ► PSYCHOLOGICAL AND SOCIAL SUPPORT

**Community-based peer support groups offer cost-effective psychological, social and other health benefits, and a means to educate local populations about the needs of persons with disabilities and the resources available to help.**

*Psychosocial support should be community-based, and involve social service providers from both the non-formal and formal health and social service sectors in order to provide culturally appropriate support. The families of mine victims play a crucial role in recovery, and should receive education and support to care for injured family members. Survivors who have progressed in their rehabilitation and reintegration into society are well suited to provide peer support. Research on trauma and recovery suggests that empathy and attentiveness expressed through peer support has positive therapeutic effects. In post-conflict countries where*

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there are virtually no psychological support services, investment should be made in training and employment of competent and locally based social service providers and development workers.

## ► EMPLOYMENT AND ECONOMIC INTEGRATION

**Assistance programs must work to improve the economic status of the disabled population in mine-affected communities through education, economic development of community infrastructure and creation of employment opportunities.**

*The economic status of survivors depends largely upon the political stability and economic situation of the communities in which they live. Employment opportunities, income-generating and micro-enterprise projects, literacy and vocational training, apprenticeship and job referrals contribute to the self-reliance of survivors and community development. Economic rehabilitation programs for survivors should be designed using the same principles of good development work. Post-conflict economic reconstruction in mine-affected communities should include rehabilitation of the health and social service systems.*



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## ► CAPACITY BUILDING AND SUSTAINABILITY

**From the beginning, survivor assistance programs should emphasize the training and employment of local workers to be responsible for all aspects of project design, implementation and management.**

*To help survivors in a sustainable way requires building local capacities of community service providers, health professionals and trainers. Capacity-building measures could include training and employment in office administration, financial management, fitting and production of prostheses as well as literacy and language training and education for social service providers and survivors.*



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*Private and public donors should invest in existing local infrastructure of all social sectors (rather than creating new or parallel systems) to strengthen education and care for mine victims, their families, communities and those organizations offering support to persons with disabilities.*

## ► LEGISLATION AND PUBLIC AWARENESS

**National legislation should promote effective treatment, care and protection for all disabled citizens, including landmine survivors.**

*The disabled population must have legal protection against discrimination, and assurance of an acceptable level of care and access to services. Survivors should have access to a formal statutory complaint mechanism to address their concerns and protect their interests. Each government has a responsibility to raise public awareness of the needs of its disabled citizenry and to counter the stigmatization of persons with disabilities. Community education should include a campaign to publicize the abilities of the disabled and the availability of rehabilitative and social services.*



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## ► ACCESS

**Persons with disabilities, like all people, should have full and open access to a variety of services and assistance.**

*Full and open access to the physical environment, rehabilitation and social and economic programs is a means of equalizing opportunities in all spheres of society. Access includes: the elimination of physical obstacles to mobility, ensuring access to buildings and public places; availability of first aid, emergency and continuing medical care; physical rehabilitation; employment opportunities; education and training; religious practice; sports and recreation; safe land and tenure of land; and information and communication about available services.*



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## ► DATA COLLECTION

**Survey implementers must be trained and sensitized to issues of trauma and recovery experienced by mine victims and their families before engaging landmine survivors in interviews.**

*Data collection that involves interviews with survivors must be handled sensitively so as not to heighten trauma, raise expectations or exhaust communities repeatedly interviewed by any number of organizations. The collection of information must translate quickly into humanitarian action and serve the purpose of improving services for mine victims to integrate socially and economically in their communities.*

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