“The Luena/Angola experience”

In my presentation I will start with an introduction on what psycho-social work means, drawing some conclusions in regard to our work with mine victims. Then I will present concrete recommendations for Victims Assistance, based on our experience in the field in an Integrated Mine Action Program in Luena, Angola.

A psycho-social approach obliges us to concern ourselves with individual human beings and their subjective life reality and to take into serious consideration people’s emotions and their individually formed physical condition, and the surrounding socio-cultural context which includes specific economic, cultural and political conditions. It is never a question of psychological or social or economic support only but rather of all of the above, simultaneously.

In the landmine survivor context a psycho-social approach means first of all to acknowledge that providing direct victims with a prostheses or a wheelchair is simply not enough. To be blunt: It has been proven that addressing the physical issues only and ignoring the rest has proven to be a mistake.

So how did we try to make this happen – in Luena, Angola - to really orient our work to the individual and to the community?

The Mine Action Program Luena, Moxico, Angola:

Moxico Province of Angola is thinly populated and heavily infested with landmines and UXO from the anti-colonial warfare, and ongoing wars since 1975.

Humanitarian Demining started in Luena, the provincial capital, in 1994 at the time of the signing of the Lusaka Protocol, bringing a fragile peace which lasted until 1998. Medico International and the Vietnam Veterans of America Foundation joined Mines Advisory Group in 1996 on the ground in order to start a comprehensive integrated Mine Action Program. The three NGOs have been close partners in the Steering Committee of the ICBL from the beginning. Humanitarian demining had to stop from 1998-2000, but recommenced by mid 2000 in and around Luena to especially assist more than 100.000 IDPs. These internally displaced had fled the countryside in Moxico and the neighboring provinces during the fighting and had managed to reach Luena.

The Mine Action Program Luena covers the following areas:

1. **Survey & Marking & Clearance & Mine Awareness –** all based on Community Liaison

2. **First Aid, Hospital Care (including Psycho-social Care)** - for the individuals and their family In general 30-50 % of Mine Victims die before or after surgery, often because of distance, lack of transport and wrongly applied first aid, the Norwegian NGO "Trauma Care" has been training locals in first aid over the last years; psycho-social care by social workers starts in Hospital.
3. **Physical Rehabilitation including Physiotherapy** – a Regional Rehab Center of VVAF has fitted 1.000 persons with prostheses by now and produces crutches.
4. **Socio-economic rehabilitation including Community Development** - social workers are providing Victims Assistance. This work is also psycho-social, because communities are collectively traumatized by years of war, repression and fear. To facilitate communities to try to improve their common plight contributes to the healing of a shattered social fabric.
5. **Campaigning/Advocacy – gather and disseminate information** for The Ban on Landmines, because Angola has not ratified the treaty yet.

Lessons learned:

This diverse range of projects have existed since 1996 and have benefited from the participation of many NGOs, associations of persons with disability, churches, and community based organizations, all in collaboration with national authorities from the national to provincial to local level. This is not the easiest way to work, but it keeps us all thinking together, keeps us all more transparent than we might be working alone, and keeps local input coming in on a regular basis.

Of course, the real level of integration and cooperation between involved actors varies and not all see themselves as part of a concerted Program. From the beginning Medico International has been struggling for a common understanding, a common approach owned by all, and stronger tangible integration.

Recommendations in regard to Victims Assistance and Economic Reintegration through Psycho-social Care based on our experiences:

1. Start by listening to the individual, understand the family situation, the neighbors' attitudes and the community context. Facilitate a process which will help all involved to find proper solutions (participation, ownership, empowerment).

Starting point: The person who suffered as a direct mine victim, the mine survivors, or the person sustaining a family who lost a member due to mine accidents.

2. Foster opportunities for mine victims and other physically disabled at community level;
starting point: the community:

analyze at local level existing potentials and the challenges people are facing for betterment, analyze also the potential for improvement through the wider community for a referral system with information about access to first aid, to demining, to physio-therapy and prosthesis production, to literacy training, to vocational training and job-placement, to receiving essential items for those most in need, to loan schemes, etc. Actively motivate clients to go for physical rehabilitation, but don't expect physical rehabilitation to "fix" the person's entire life.

3. If opportunities are not existing: Try to implement yourself involving best skills available.

4. Networking: Promote the sharing of information among those involved in the field.

For example, social workers need to understand how a prostheses is made and which role Physiotherapy plays in order to be able to mobilize clients for rehabilitation or to understand complaints about the prostheses during follow-up visits. Technicians and gate trainers need to learn to treat amputees with dignity, and to understand the impact such a strong trauma can have on very normal people. Agricultural extensionists need to have profound knowledge in Mine Awareness: what to do in case of a detection of an unknown device, or in case of an explosion. And a surgeon should not only analyze the stump, but be able to see that the woman whose leg he has just amputated is also pregnant, totally anemic, and therefore needs to be put in contact with the appropriate non-medical services.

5. Pay specific attention to gender, and the specific needs of other groups such as children, elderly, others most vulnerable, for example with little or no family support, no access to land etc.

6. Offer activities for sport, leisure, and cultural activities. Life is more than survival. This is not only because it is good for people physically, but also because it is good for their mind and spirits. In addition, sports players make the best advocates, for themselves and for others in their same situation.

7. Strengthen local organizations - for persons with disability, for their human rights, for community development, for health improvement, peace-building, conflict resolution.

8. Monitor the Impact. Monitoring needs to cover all aspects of the mine action program. Monitoring improvement in the subject of psycho-social issues especially at the client level is quite complex, it needs to agree on indicators how to measure improvement in self-confidence and self-esteem of clients for example. An outcome of such monitoring is a specific follow-up of the more vulnerable clients.

What can members of this Standing Committee do?

Check with your service providers in your country to determine if they are incorporating psycho-social issues into the planning and implementation of whatever happens for and with people with disabilities.

Get persons with disability into the planning and coordination process.

Find out who in your country or region is doing successful psycho-social work and invite them to share all the details about it with the appropriate people.

Set policies and inform donors of them. If you want a psycho-social approach incorporated into the disability work, demand it. Assert your will with those who come offering to do more studies, more surveys, and more fact-finding missions.

Instead of a summary: A best case

Let me finish with one of our best examples: Mr Lino. A man in his early 40s, who used to make a living by driving mini-buses as public transport is inexistent. One day he drove on a mine, 30 km outside Luena, on one of these jumping mines. It exploded right between his legs. He received help and made it to the Hospital, but he had to be amputated on both legs, one above and one below the knee. Mr Lino did not want to live any more, he did not know how to support his wife and children ever again. The family of his wife advised her to leave this man, since he had became "useless". Our social workers intervened, they listened and talked to everyone involved, and eventually the family stayed intact. After the healing of both stumps, Lino managed to organize a tricycle, he also received prostheses and was very brave to learn to walk well. Now he could go long distances with the tricycle and walk the shorter distances. But survival? With some help he got a plot, and started to cultivate his field. Today his neighbors, "complete" ones, envy him for the good crop, he yields.

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SK is with M.I. since 1996, first working for 2 years in Frankfurt to accompany the Luena Mine Action Program, then as Program Director in the field for more than 2 years, and since May 2000 back to head office. SK is a Social Geographer by training and was involved in the very first drafting of the Bad Honnef Guidelines (www.landmine.de).