

# Mental health and psychosocial support / Data and displacement / Missing migrants

This Editors' briefing provides an overview of the content of FMR 66, with links to the relevant articles, and a full contents listing of articles.

n this issue, authors of the 15 articles on **Mental health and** psychosocial support (MHPSS) explore the importance of MHPSS and the challenges inherent in this field, debate MHPSS initiatives and their application in different contexts, and advocate for strengthened collaboration and commitment - and new ways of thinking.

Meanwhile, our Data and displacement feature authors discuss recent advances in gathering and using data, the challenges that remain, and new approaches, including in the face of pandemicimposed restrictions; and in the Missing migrants feature, authors explore initiatives to improve data gathering and sharing, identification of remains, and assistance for families left behind.

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### **MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)**

Mental health and psychosocial support (MHPSS) is vital for our individual and collective well-being, and even more crucial for people who have been affected by conflict or disaster, and who have been displaced or are on the move. Many such people have lost their homes, communities, loved ones and livelihoods, and the current pandemic adds further to their distress and precarity (Kaag). They may be homeless, hungry, sick and unable to be selfreliant; struggle due to gender-based, community or family violence; feel overwhelmed by distress, despair and traumatic experiences; be marginalised or rejected; or be chronically ill, disabled or live with existing poor mental health (Baron). One in five people living in areas affected by violence and conflict develop a mental health condition, which is much higher than for populations not affected by conflict (<u>Harrison et al</u>). In contexts of displacement, the very services that they need are likely to be fractured, inaccessible or non-existent.

In the foreword to the issue, Sigrid Kaag, Minister for Foreign Trade and Development Cooperation of the Netherlands, calls for global collaboration and strengthened commitment to address the mental health needs of displaced people around the world. MHPSS helps individuals, families and communities to recover, to maintain or regain their resilience and perspective, to rebuild social cohesion, to resume livelihoods, and to foster reconciliation. Although important steps have been taken in recent years, there needs to be greater investment in this field, both in funding and in political and policy efforts (Kaag).

#### The emergence of MHPSS

MHPSS emerged gradually as a field of study and as a focus for humanitarian programming in the context of forced migration. Initial tensions between normative psychiatric responses and broader community-based approaches had to be worked through in order to develop a **shared framing** of the field (Ager). The IASC Guidelines, published in 2007, provided a framework that both integrated varying disciplinary perspectives and was accessible to diverse actors, local and international. Since then, the evidence base underpinning practice has been significantly strengthened. The author discusses three issues likely to engage practitioners and researchers in this decade: 1) scaling and contextual adaptation; 2) relief of immediate suffering or focus on long-term change; and 3) relative priority of focused MHPSS interventions versus broader-based community engagement.

#### A pyramid of interventions

There are several references in this feature to the Inter-Agency Standing Committee's Guidelines on Mental Health and Psychosocial Interventions in Emergency Settings and to its accompanying 'pyramid of interventions' (Baron; Balletto et al; Rosenbaum et al). The pyramid's first layer of intervention - 'Basic services and security' - emphasises the need to protect the affected population's well-being through the (re)establishment of security, adequate governance and services that address basic physical needs. Layer 2, 'Community and family supports', corresponds to assistance for people who are able to maintain their mental well-being if they receive help in accessing key community and family supports. Layer 3, 'Focused, non-specialised supports', refers to those who require more focused individual, family or group interventions by trained and supervised workers. And the fourth/top layer of the pyramid – 'Specialised services' – reflects the additional support required for people whose mental health suffering is severe and whose needs exceed the capacities of existing primary/general health services.

Reflecting the first layer of the pyramid, a number of articles discuss the importance of **meeting basic needs** – food, health care, security, etc – in order to mitigate stressors on displaced communities and families and to support people's physical and mental health (<u>Harrison et al</u>; <u>Baron</u>; <u>Falk-Frisoli-Varni</u>; <u>Potts-Barada-Bourassa</u>; <u>Balletto et al</u>; <u>Torre</u>).

One article on provision of MHPSS in Cairo explores the need to redesign established models of MHPSS intervention when working in **complex urban contexts** (Baron). This article reflects on the work of the Psycho-Social Services and Training Institute in Cairo (PSTIC) most of whose staff members are 'drawn from the community' – refugees, asylum seekers or migrants. The author describes how PSTIC provides interventions at all four layers of the IASC MHPSS pyramid (even during COVID-19 restrictions) and emphasises the importance of ensuring that interventions are accessible to the most vulnerable and designed for each unique context.

Another article explores the role of physical activity as a proven strategy to support mental health - predominantly that of children and youth but also of other family members (Rosenbaum et al). In both highand low-resource settings, dedicated physical activity practitioners with mental health training are being integrated into multidisciplinary teams that promote mental health and psychosocial well-being. Similar approaches are needed for displaced populations. This article provides a number of examples of this, in contexts such as Bangladesh, Lebanon, Jordan and Indonesia, and through a variety of activities such as climbing, surfing and football. Expanding provision of physical activities to make them more inclusive, going beyond able-bodied men and boys as a target group is essential, as is being wary of the potential negative impacts of competitive games.

#### **Embedding MHPSS**

Strong technical tools for specific sectoral MHPSS interventions have been developed but individuals,

families and communities in emergency settings often present with multiple problems and needs that cut across sectoral definitions. MHPSS must be firmly **embedded within sectors and delivered across sectors** in order to provide humanitarian assistance in ways that support mental health and psychosocial wellbeing even when the primary focus of the intervention is sectoral (Harrison et al). **Coordination** is needed to ensure a comprehensive protection response, and this article offers pointers to how protection actors can strengthen MHPSS in their work.

#### **Supporting children and caregivers**

Supporting a range of stakeholders can have a positive impact on children, both in the short term and longer term (thereby supporting greater resilience). These stakeholders include families primarily but also teachers. One article introduces a conceptual framework for assessing teacher well-being, where the main premise is that 'well' teachers are better able to address their students' MHPSS needs, and that this requires support at the individual, school, community and national-regional-global levels (Falk-<u>Frisoli-Varni</u>). The conceptual framework provides concrete practice/policy-oriented recommendations to support stakeholders at all these levels. This includes broader work on supporting teachers' professional development, ensuring schools are safe and adequately resourced, and developing resilient education systems.

In the midst of COVID-19 restrictions, practitioners are having to explore how to adapt essential tools such as **child-friendly spaces** (CFS) to support and protect displaced children. An agency working in West Nile, Uganda, found that over one third of children and caregivers reported new pandemicrelated stressors including closed communal facilities, economic insecurity and lack of basic needs, fear of coronavirus, and reduced ability of children to interact with friends. In response, the agency worked with community-based groups to provide educational resources at home; disseminate child-friendly MHPSS messaging and COVID-related information; identify children at higher risk of mental health problems; and facilitate child-led advocacy. The authors present recommendations for the adaptation of CFS programming and the identification of different learning modalities in communities (Metzler et al).

### **Adaptations to COVID-19**

The current COVID-19 pandemic has placed significant additional mental and emotional burdens on forced migrants (Kaag). Another article explores the **impact of containment and mitigation** efforts in camp settings (Balletto et al). The authors – reflecting the four layers of the IASC pyramid – emphasise the importance of: firstly, providing basic needs and essential health services, including displaced people in national responses, and conducting anti-stigma campaigns; secondly, adopting messaging apps and physically distanced spaces to maintain social ties, maintaining contact with those isolating, and involving camp residents in response activities; thirdly, delivering clear and specific health advice, and providing

psychological first aid; and fourthly, providing mental health care remotely by telepsychiatry.

#### **Promoting faith sensitivity**

Two articles look specifically at the role of faith for individuals and communities as a source of support for people's mental health, and how to support NGOs to be more faith-sensitive (Harsch-VanderVen-Wilkinson; Rutledge et al). Faith sensitivity is integral to providing holistic, people-centred MHPSS in humanitarian situations. Religious practices can be an element of psychosocial support which should be complemented, rather than replaced, by other forms of MHPSS. The authors of this article explore how to bring together faith and MHPSS in planning and implementing faith-sensitive psychosocial responses, and present recommendations on: including faith in assessments; connecting programmes with people's beliefs and practices; collaborating with local faith actors; addressing potentially harmful practices linked to faith; and engaging with faith in a way that respects humanitarian principles (Harsch-VanderVen-Wilkinson).

A second article focuses on the role of faith and MHPSS among displaced Muslim women (Rutledge et al). The authors' research indicated that displaced women in Iraq, Syria, Tunisia and Turkey drew widely upon their faith narratives to find meaning in their suffering and to inform critical decision-making. They employed a variety of faith practices as primary coping mechanisms, and valued guidance from informal and formal, female and male faith leaders and access to religious spaces and resources. They struggled with logistical barriers, however, and also felt inhibited by service providers' seeming reluctance to talk about faith. The authors discuss the guidance available on faith sensitivity and offer recommendations.

#### The role of culture

Complementing discussions on the need for contextualisation and cultural sensitivity (Ager), another article focuses on culture bias (Ocampo-Audi-Wessells). Culture bias – interpreting, judging or acting based on one's own cultural standards – can have a negative impact in all stages of MHPSS programming. Addressing culture bias has powerful implications for people's dignity, identity and well-being, and affects the quality and implementation of MHPSS programming in humanitarian settings. Too often, local idioms of distress and local approaches for supporting MHPSS receive little attention. The authors present strategies for reducing culture bias at an organisational, programme and individual level (Ocampo-Audi-Wessells).

From another angle, practitioners working with migrants, asylum seekers and refugees in Italy discuss the roles and responsibilities of **cultural mediators** (Venables et al). Such mediators – who may appear 'merely' to be interpreters or translators – are critical to optimising access to, and quality of, mental health services. They are often the first point of contact that people on the move have with mental health services, and can ensure that clients are understood and can access the care and support they need. Many mediators are from the refugee community,

inspiring trust by clients. The mediators themselves suffer high levels of vicarious trauma and burnout, however, and require appropriate support.

#### **Gender-Based Violence (GBV) and MHPSS**

A survey of the experiences of GBV and MHPSS, and service provision in response to them, of Palestinian and Syrian refugee women in Lebanon found that underlying gender and power imbalances are exacerbated by vulnerabilities related to legal status, economic security, access to services, and living conditions (Potts-Barada-Bourassa). More Syrian women than Lebanese women suffered severe psychological distress, resulting from financial and family stress, uncertainty, family separation, and stigma associated with refugee status. The authors present a range of recommendations including the need for accessible low- or no-cost GBV and MHPSS services, anti-stigma campaigns, economic empowerment activities, and involvement of local service providers.

#### **Community-based approaches**

Humanitarian responses are commonly structured within **inequitable power relations**, and MHPSS programmes can replicate these problematic dynamics by a) disregarding the resilience and agency of displaced people; b) understanding reactions to adversity solely through a bio-medical lens; and c) creating systems of reliance on assistance. Authors from the International Organization for Migration present case-studies on **community-based approaches** from Bangladesh and Sudan to illustrate the necessity of participatory assessment and the importance of working alongside civil society and government stakeholders in order to build capacity and enable knowledge sharing that will last beyond any single MHPSS intervention (Nersisian et al).

#### A word of caution

The final article in this feature examines the experiences of women participants in a combined MHPSS-livelihoods intervention in Uganda, and calls for a **critical re-think** of the design and implementation of brief psychological interventions in extremely resource-poor settings (Torre). Some of the interventions established a straightforward connection between mental health and the achievement of economic independence, and fundamentally ignored the wider structural issues faced by people living in protracted displacement.

#### **DATA AND DISPLACEMENT**

The introductory article in this feature examines progress made in terms of gathering and using data and evidence to underpin programming in contexts of displacement, and explores the challenges and gaps that remain (Macleod). The Sustainable Development Goals and the Global Compacts on Refugees and for Migration give prominence to the need for more accurate data; and the development of a specific indicator for inclusion of displaced populations augurs well for the more systematic inclusion of these groups in national statistical and data collection efforts. The application of digital technology and disaggregation of data on vulnerability have also

bolstered this effort; however, data collection in many contexts is hindered by weak national capacity, difficult logistics, lack of political will, and issues of data ownership, privacy and security. The article explores a variety of risks, challenges and concerns, and offers recommendations on addressing these.

The second article focuses on the benefits of aligning humanitarian surveys with international statistical standards (Schmieding). Surveys by humanitarian organisations are often developed with a specific humanitarian purpose in mind but with little alignment with international statistical standards and best practices. But every humanitarian survey that does not 'speak the language' of government and development partners reflects a missed opportunity. The article examines how by modelling survey questionnaires in Kenyan refugee camps on Kenya's national integrated household survey, the results allowed for direct comparison of the camps' population with their national hosts – and thus proved useful for subsequent policymaking.

The third article in this feature examines how the 2020 International Recommendations on IDP Statistics (IRIS) provide a framework to help countries to better define IDPs and capture higher-quality, more comparable, nationally owned IDP statistics (KrynskyBaal). Together with the 2018 International Recommendations on Refugee Statistics (IRRS) they address politically sensitive and operationally challenging issues that reoccur in many displacement-affected contexts. The author provides examples of application of these recommendations and of progress in different countries, and discusses some priority areas for further consideration, such as investing in national statistical capacity, improving financing for data initiatives, and embracing new methods and alternative data sources.

The fourth article examines the appropriate use of **mobile phone surveys** as an alternative data collection method during the current pandemic (<u>Tanner</u>). With planning and careful statistical approaches to mitigate challenges of data representativeness, phone surveys have proven a cost-effective tool for gathering robust data in a variety of environments. The author explores challenges and various practical considerations relating to design and implementation, including advantages of phone surveys over other remote data collection methods.

#### **MISSING MIGRANTS**

Unknown numbers of migrants die or disappear during their journeys, and their families are often left in limbo. In our **Missing migrants** feature, authors explore initiatives to improve data gathering and sharing, identification of remains, and assistance for families left behind.

In one article, authors from the International Organization for Migration's Missing Migrants Project discuss the many challenges that hinder documentation of migrant deaths and disappearances and what can be done to improve the coverage and completeness of such data (GarciaBorja-Black). The question of who is defined as a 'missing migrant' is itself fraught with complexity. Securing relevant,

accurate and useful data is another challenge, and the authors discuss sources of data such as survivors' testimonies and maritime departure data. Lastly, they present recommendations for all stakeholders including NGOs and civil society, States, and media.

The search for missing migrants is a transnational, even transcontinental, undertaking that requires cooperation among a broad range of actors. Authors from the ICRC's Missing Persons Project (MPP) discuss how they are working with a **global community of stakeholders** to translate recent commitments in the Global Compact on Migration into action (vanLammerenvonKoenig). New guidance being developed will include: 1) a dataset to harmonise information relevant to the search for missing migrants; 2) principles on stakeholder interaction with families; and 3) guidelines on coordination and information exchange mechanisms. The authors highlight the need for a stronger role for international actors and further development of data management, sharing and search methodologies.

Many unidentified human remains thought to be those of migrants have been found in US states bordering Mexico, often buried unnamed and not sent for **DNA sampling**, which would facilitate identification (Katsanis et al). Technical improvements in using DNA have advanced over recent decades; however, ethical, administrative and bureaucratic barriers restrict its use. Researchers in the US discuss these barriers and the need for long-term solutions and sustainable processes.

The question of **missing migrants' remains** is discussed further in an article on the challenges faced by bereaved migrant families in laying to rest their deceased relatives and repatriating their remains, as well as more the more immediate need to understand the causes of death (<u>Angeli</u>). The author describes the constraints families face (exacerbated by COVID-19) and their differing strategies – in Greece, Germany, Mexico, the US and Zimbabwe – and stresses the need for better national regulations and international coordination.

Two more articles focus on the families left behind. The first discusses the plight of missing migrants' families who either do not know how to seek government support or are sceptical or fearful of doing so (SanchezDionis-Dearden). IOM research in Ethiopia, Spain and the UK shows that families still experience multiple structural constraints, plus obstacles associated with class, migration status and gender. Efforts to trace relatives have been further complicated by COVID-19. Families have to rely mostly on informal channels and on community-based groups and migrant/refugee associations. The authors end with recommendations, including for multi-stakeholder networks and data-sharing and collaboration protocols.

The feature closes with a poster and short piece illustrating the work of La Terre pour Tous, a Tunis-based **advocacy** organisation which works with the families of missing migrants (<u>Soltani et al</u>). "There's not an event or holiday where we don't think of him. Even walking the streets outside I seem to always see his shadow."

# MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT



#### Foreword: no health without mental health

Sigrid Kaag (Foreign Trade and Development Cooperation, the Kingdom of the Netherlands)

Mental health and psychosocial support is vital for our individual and collective well-being, especially now. www.fmreview.org/issue66/kaag



## Creative tensions in the framing of MHPSS

Alastair Ager (Queen Margaret University/Columbia University)

The tensions and challenges involved in the development over recent decades of the field of practice now known as mental health and psychosocial support (MHPSS) will continue to shape questions of implementation, prioritisation and impact. www.fmreview.org/issue66/ager



## Engagement of protection actors in MHPSS: the need for cross-sectoral cooperation

Sarah Harrison, William S Chemaly, Fahmy Hanna, Nancy Polutan-Teulières and Peter Ventevogel (IFRC Reference Centre for Psychosocial Support / Global Protection Cluster / World Health Organization / UNHCR)

Fostering the mental health and psychosocial well-being – within a comprehensive protective response – of people affected by humanitarian emergencies requires multi-sectoral action and coordination.

www.fmreview.org/issue66/harrison-chemaly-hannapolutanteulieres-ventevogel



# Urban mental health and psychosocial support in Egypt

Nancy Baron (PSTIC Cairo)

In complicated urban contexts, organisations must redesign established models of MHPSS intervention in order to ensure that services are accessible to the most vulnerable and are context-specific. It is not possible merely to move campdesigned interventions to the urban context. www.fmreview.org/issue66/baron



#### **Culture bias and MHPSS**

Joanne Michelle F Ocampo, Mhd Nour Audi and Mike Wessells (Columbia University)

Culture bias can reduce programme effectiveness and potentially cause serious harm to already vulnerable communities

www.fmreview.org/issue66/ocampo-audi-wessells



# The importance of teacher well-being for student mental health and resilient education systems Danielle Falk, Paul Frisoli and Emily Varni (Teachers College /

LEGO Foundation / Save the Children US)

Teachers play a paramount role in providing MHPSS to their students and in sustaining resilient education systems – and supporting teachers' own well-being is essential if they are to fulfil this role.

www.fmreview.org/issue66/falk-frisoli-varni



#### Faith-sensitive MHPSS for humanitarian practitioners

Leonie Harsch, Corrie van der Ven and Olivia Wilkinson (Joint Learning Initiative on Faith and Local Communities / Kerk in Actie)

Faith and spirituality are part of many people's identities and everyday lives, and faith sensitivity is integral to providing holistic, people-centred MHPSS in humanitarian situations. www.fmreview.org/issue66/harsch-vanderven-wilkinson



#### Faith and MHPSS among displaced Muslim women

Kathleen Rutledge, Sandra Iman Pertek, Mohammad Abo-Hilal and Atallah Fitzgibbon (Queen Margaret University / University of Birmingham / Syria Bright Future / Islamic Relief Worldwide)

With religious identity, practices and beliefs having a profound impact on mental health, faith sensitivity in aid and MHPSS is essential

www.fmreview.org/issue66/rutledge-pertek-abohilal-fitzgibbon



#### Roles and responsibilities of cultural mediators

Emilie Venables, Katherine Whitehouse, Caterina Spissu, Lilian Pizzi, Ahmad Al Rousan and Stefano di Carlo (Médecins Sans Frontières Luxembourg and Italy)

Cultural mediation is critical to optimising both access to and quality of mental health services.

www.fmreview.org/issue66/venables-whitehouse-spissupizzi-alrousan-dicarlo



## GBV and mental health among refugee and host community women in Lebanon

Alina Potts, Rassil Barada and Angela Bourassa (Global Women's Institute / ABAAD-MENA)

Underlying gender and power imbalances that put displaced women and girls at risk of gender-based violence (GBV) are exacerbated by vulnerabilities related to legal status, economic security, access to services, and living conditions. It is important to understand specific risk and protection factors in order to better meet the needs of both refugee and host communities.

www.fmreview.org/issue66/potts-barada-bourassa



#### Community-based approaches to MHPSS

Dmytro Nersisian, Marine Ragueneau, Heide Rieder and Guglielmo Schinina' (International Organization for Migration)

The limits of operating within humanitarian contexts do not always allow for sufficient time and resources to be devoted to the participatory processes that are vital to establishing community-based approaches to MHPSS.

www.fmreview.org/issue66/nersisian-ragueneau-rieder-schinina



## Physical activity, mental health and psychosocial support

Simon Rosenbaum, Alastair Ager, Leslie Snider, Ajwang Warria, Holly Collison, Sabrina Hermosilla and Davy Vancampfort (UNSW Sydney / Queen Margaret University / The MHPSS Collaborative / University of the Witwatersrand / Loughborough University London / University of Michigan / KU Leuven)

Physical activity (including sport) is an evidence-based yet under-recognised strategy for protecting and promoting MHPSS among displaced populations.

www.fmreview.org/issue66/rosenbaum-ager-sniderwarria-collison-hermosilla-vancampfort



## Adaptation of MHPSS in camps in the context of COVID-19

Jordan Balletto, Hannah Bergbower, Alice Tang and Fernando Ona (Louisiana Department of Health / Delkab OB GYN Affiliates / Tufts University)

The pandemic has placed significant additional mental and emotional burdens on forced migrants. MHPSS interventions must be adapted to meet this challenge and not be overlooked in the wake of containment and mitigation efforts. www.fmreview.org/issue66/balletto-bergbower-tang-ona



## From place to space: field insights on adapting child-friendly spaces during COVID-19

Janna Metzler, Aimyleen Gabriel, Frieda Mwebe and Kevin Savage (Columbia University / World Vision UK / World Vision International)

While COVID-19 is not currently perceived as a serious disease threat to children, its indirect effects as a pandemic on their lives and psychosocial well-being may be profound. Child-friendly spaces may therefore be all the more important, particularly in fragile contexts of displacement.

www.fmreview.org/issue66/metzler-gabriel-mwebe-

savage



## Therapy in Uganda: a failed MHPSS approach in the face of structural issues

Costanza Torre (London School of Economics and Political Science)

While the combination of therapy and livelihood creation may appear to be beneficial for refugees' mental health, the reality in Uganda has been rather different.

www.fmreview.org/issue66/torre

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#### DATA AND DISPLACEMENT



#### Data and evidence on forced displacement: reflections on progress and challenges **Ewen Macleod (formerly UNHCR)**

In recent decades substantial advances have been made by the humanitarian and development communities in terms of gathering and using data to underpin programming. Significant challenges and gaps remain, however, requiring new approaches and partnerships.

www.fmreview.org/issue66/macleod



#### Aligning humanitarian surveys with international statistical standards

Felix Schmieding (World Bank-UNHCR Joint Data Center on Forced Displacement)

There are huge benefits to be gained from producing statistics that are familiar to, and usable by, governments and development partners.

www.fmreview.org/issue66/schmieding



#### Including refugees and IDPs in national statistical systems

Natalia Krynsky Baal (World Bank-UNHCR Joint Data Center on Forced Displacement)

The recent endorsement of international statistical recommendations on refugees and IDPs will help systematise the inclusion of these vulnerable groups in national policy and development agendas. Much work needs to be done, however, to move the recommendations from paper into practice. www.fmreview.org/issue66/krynskybaal



#### The pitfalls and potential of high-frequency phone surveys during COVID-19

Jeffery C Tanner (World Bank-UNHCR Joint Data Center on Forced Displacement)

Phone surveys can be particularly useful in times – such as during the current pandemic - when it is difficult to conduct face-to-face surveys, but can present challenges. www.fmreview.org/issue66/tanner

#### MISSING MIGRANTS



### Measuring migrant deaths and disappearances

Andrea Garcia Borja and Julia Black (International Organization for Migration)

There are many challenges that hinder documentation of migrant deaths and disappearances but also much that can be done to improve the coverage and completeness of such data. www.fmreview.org/issue66/garciaborja-black



#### Tackling DNA data-sharing challenges

Sara H Katsanis, Diana Madden, Courtney C Siegert, Eduardo Canales and Kate Spradley (Northwestern University / Ann & Robert H Lurie Children's Hospital of Chicago / Texas State University / South Texas Human Rights Center)

Administrative and ethical barriers to DNA data sharing for identification of migrants found along the US-Mexico border exemplify the need for long-term solutions and sustainable processes.

www.fmreview.org/issue66/katsanis-madden-siegertcanales-spradley



#### What about those left behind?

Marta Sánchez Dionis and Kate Dearden (International Organization for Migration)

The disappearance of people on migration journeys has reverberating effects on their family and community. www.fmreview.org/issue66/sanchezdionis-dearden



#### The search for truth, justice and closure during the pandemic

Danai Angeli (Bilkent University/Last Rights Project)

The pandemic has posed additional challenges for bereaved migrant families who mourn the death or disappearance of their loved ones. There are practical ways, however, to assist

www.fmreview.org/issue66/angeli



#### Missing migrants and their families: a call for greater international cooperation

Sylvie van Lammeren and Florian von König (International Committee of the Red Cross)

A strengthened commitment to coordination and collaboration is essential if actors are to be more effective in locating missing migrants and assisting their families. New initiatives offer a path forward.

www.fmreview.org/issue66/vanlammeren-vonkoenig



#### Loss, hope, action

Imed Soltani, Odessa Gonzalez Benson and Vadim Besprozvany (La Terre Pour Tous / University of Michigan) With every migrant who goes missing, there is a family longing for closure.

www.fmreview.org/issue66/soltani-gonzalezbensonbesprozvany



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