

**Psychosocial Support Provision by the OMP
Strategy and Operational Framework**

October 2019

Acronyms

CTFRM - Consultation Task Force Reconciliation Mechanisms

FoMDs – Families of Missing / Disappeared persons

FSO – Family Support Officer

FVSD – Family and Victim Support Division

ICRC – International Committee on Red Cross

IOM – International Organization on Migration

FRC – Family Rehabilitation Centre

GIZ – Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

MHPSS – Mental Health and Psychosocial Support

OMP – Office on Missing Persons

OMP – HO – Office on Missing Persons Head Office

PS – Psychosocial

PSS – Psychosocial support

RO – Regional Office

1 Introduction

The purpose of the document is to bring together the different components of psychosocial support related work of the OMP, that which is currently implemented as well as potential future work on psychosocial support. Building on the OMPs primary stance of victim and family centeredness, the strategy for psychosocial support of the OMP views its services through the needs and concerns of families of missing and disappeared persons (FoMDs). Therefore, while the strategy and the operational framework is firmly located in evidence based theoretical understanding, it simultaneously establishes a practically relevant premise to provide psychosocial support to FoMDs.

1.1 *The process of developing a strategy for psychosocial support provision by the OMP*

The process of developing a strategy for psychosocial support can be traced to the inception of the OMP, when early conversations focused on the importance of incorporating psychosocial sensitivity into the OMPs service provision. The groundwork for this had been laid through preceding processes on reconciliation such as the Consultation Task Force CTF). Conversations on the form and shape of the OMP and especially its psychosocial support to families drew on the recommendations made in the final report on Consultation Task Force Reconciliation Mechanisms (CTFRM, 2016). The commissioners of the OMP also consulted experts' groups on priorities and possible structures and processes of providing psychosocial support to FoMDs. One of the first meetings on this was held with Prof Gameela Samarasinghe, Dr Mahesan Ganesan, and Mr Ananda Glappatti, in March 2018. These early discussions with experts identified three key areas of action that OMP should consider (internal document, 2018¹). These were 1). OMP develops an approach to protect and promote psychosocial wellbeing of families through provision of direct psychosocial services and by mediating to address key determinants of suffering by integrating psychosocial considerations in its overall services; 2). OMP applies psychosocial principles and considerations to systems, operational protocols and implementation of its key functions (e.g. tracing, communication, exhumation and forensic processes etc.); 3). OMP undertakes a review to determine how best it should engage with relevant institutions and psychosocial service providers beyond OMP to facilitate necessary psychosocial support to families.

The OMP also had discussions with several organizations, both locally and globally, to draw on their knowledge and experiences on working with families of missing and disappeared persons and on reconciliation processes. These included discussions with ICRC, GIZ, local academia and commissions on missing persons or similar agencies in Colombia, Peru, Nepal etc. In parallel, the OMPs engagement with FoMDs, during outreach programmes and when families visited the OMP, was a rich source of information. It provided valuable learning experiences to help the OMP update its understanding on families' diverse needs, their priorities and the changing nature of these contexts. Drawing on these developments, the OMP initiated a process in late 2018 to formulate and document the psychosocial strategy of the OMP and its operationalizing framework. This process saw several discussions within the OMP and with external expertise, and several preliminary drafts to clarify the parameters of psychosocial support to FoMDs. Draft 4 illustrated the

¹ Ganesan M, Galappatti A, 17 March 2018, Brief note on Operationalizing Psychosocial Considerations for the Office on Missing Persons, internal document.

nature and demand of psychosocial support FoMDs would seek from the OMP and how such services are distributed within the OMP. Psychosocial Support (PSS) strategy – Draft 4 was presented to the Board of the OMP and to the experts group in July 2019, and on their responses was further revised. **The finalized version, presented as Draft 5, in this document, was completed in September-October 2019.**

It is important to note that the OMP is an evolving organization with its full cadre of staff yet to be recruited, and of its planned 12 regional offices, three are established as at October 2019. These are in Matara, Mannar and Jaffna. When the essential recruitments are completed and all divisions of the OMP are in action, and outreach with FoMDs have enhanced with the establishment of more regional offices, the OMP would have more extensive experience in providing psychosocial support to FoMDs. At such point, it will be necessary for the OMP to review its psychosocial strategy and operational framework and adapt it as appropriate. Therefore, the current version of the strategy is identified as OMPs Psychosocial Strategy, Working Draft 5. Presenting it as a draft does not indicate that it is incomplete, but that it has the potential to be further developed in the future to address newly emerging psychosocial issues of FoMDs.

Responding to the OMPs currently limited staff strength and in consideration of the evolving nature of the psychosocial strategy, the timeline for rolling out the strategy will be in two phases: Phase 1 where the groundwork for basics of psychosocial support provision is established and minimum standards for quality engagement with the FoMDs is practiced; and Phase 2, where more fully fledged psychosocial support services, as outlined in the strategy and the operational framework are delivered (This is further discussed in 6.3).

1.2 Overview

The document outlines the process through which the strategy was developed, its approach, principles and its key tenets. Within this, the operational framework helps illustrate the diverse demands for support by FoMD and OMPs options for psychosocially responsive service provision. The document emphasizes on the mandate of the OMP to provide psychosocial support to FoMDs. Simultaneously it underlines provision of OMPs services from the premise of family and victim centeredness and embedding psychosocial sensitivity and respect for human dignity in to all the systems and functions of the organization. In practice, foremost, this means building capacities of the management and staff to understand the nature of psychosocial needs and rights of families of missing and disappeared persons. In parallel, it requires establishment of enabling systems and procedures so that staffs' learning can be effectively applied to integrate psychosocial responsiveness into all services provided by the OMP. Furthermore, the strategy includes options for responding with more focused psychosocial care for families who are identified as requiring more advanced support to deal with issues that crucially undermine their wellbeing.

The strategy also captures the significance of being sensitive to work stresses OMPs staff may experience when working with difficult stories of other people and the need to promote a psychosocially sensitive work culture at the OMP. Another key element of the strategy is promoting an enabling external environment to improve access to required services by FoMDs. In this regard, the OMP will collaborate with other complementary, state and

non-state service providers and raise their understanding of the distinctive psychosocial needs of FoMDs and the most vulnerable groups within them who need special consideration. The strategy illustrates how these priority foci are interwoven into overall operationalizing of the OMP.

2 Mandate and the Structure of the OMP

This section briefly outlines the mandate of the OMP to engage in psychosocial support services to promote the rights and wellbeing of families of missing and disappeared persons; and the basic structure of the organization.

2.1 Mandate and justification for provision of PS support by the OMP

Office on Missing Persons (Establishment, Administration and Discharge of Functions) Act No 14 of 2016 specifies that the OMP is mandated to provide psychosocial support, including assistance in accessing relevant administrative and welfare support, to families of missing and disappeared persons. The tasks and duties the OMP is mandated to fulfill so as to address psychosocial concerns of families is explicitly stated in four sections of the Act. These are:

13 (e) *“to provide, or facilitate the provision of administrative assistance, and welfare services including where required, psychosocial support, to the relatives of the missing persons.”*

13 (f) *“to recommend that the relevant authority grant reparations to missing persons and /or relatives of missing persons, including but not limited to compensation and/or recommend the provision of other administrative and welfare services including psycho-social services.”*

13 (j) *“to take appropriate steps towards creating public awareness of the causes, incidences and effects of missing persons, and towards creating public support for fulfilling the needs of the relatives of missing persons and facilitating their access to economic, psycho-social, legal and administrative support.”*

13 (k) *“to make recommendations to the relevant authorities, relevant to its mandate, including recommendations relating to [...] vii – reparations, psycho-social support and other means to improve social and economic conditions of victims and relatives of missing persons”*

2.2 Structure of the OMP

The structure of the OMP, briefly outlined in Diagram 1, maps out the key divisions of the organization. Understanding the structure will help visualize how the responsibility of providing psychosocial support is shared within and across the different divisions/units of the organization. Headed by the Chairperson and Commissioners, the OMP accommodates seven main divisions. These are, Finance and Administration, Legal and Research, Tracing and

Investigation, Family and Victim Support, Family and Witness Protection, Communication and Outreach, and Data Management divisions. The primary responsibility of facilitating/delivering/ coordinating psychosocial support is located within the Family and Victim Support Division (FVSD).

The FVSD division will consist of staff skilled in psychosocial and relevant disciplines as well as staff active in networking and coordination so that the OMPs psychosocial support services are strengthened by effective collaboration with reliable referral partners.

It should be noted that the Diagram 1 outlines only the main divisions in the structure, as at 2019. This is deemed sufficient for the purpose of the document and to help illustrate how provision of psychosocial support by the OMP is organized across different units/divisions.

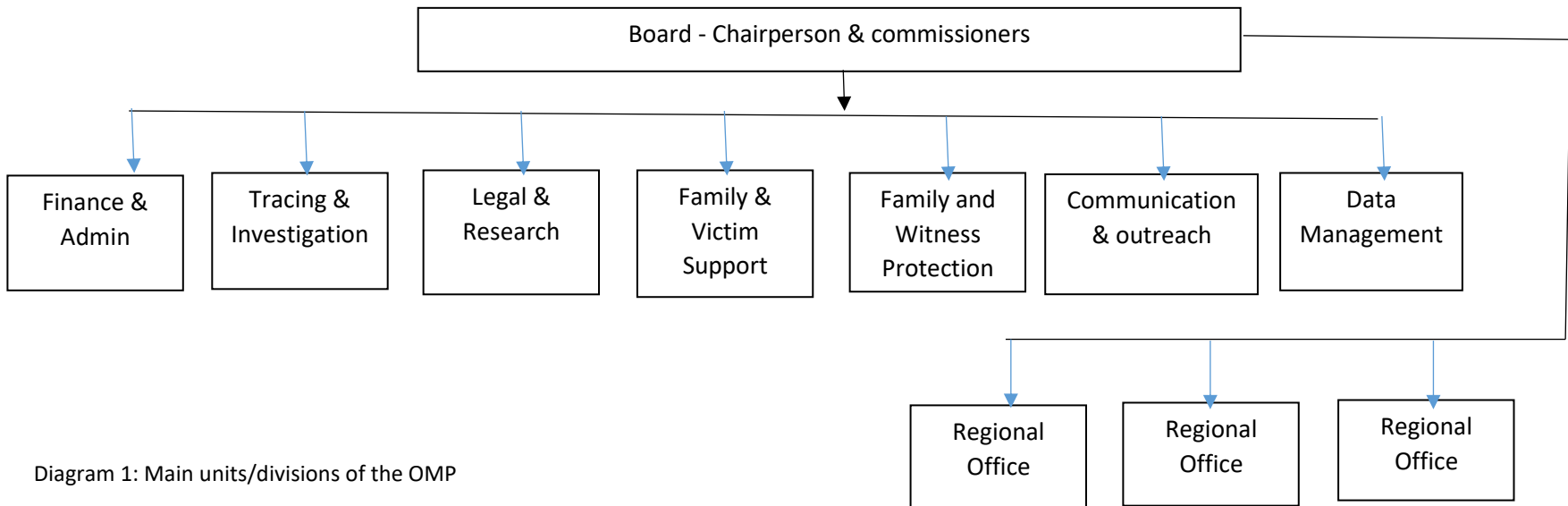


Diagram 1: Main units/divisions of the OMP

3 Purpose and Approach

3.1 Goal

Wellbeing and rights of families of missing/disappeared persons are promoted by the OMP through psychosocially sensitive and accountable service provision, which is answerable to the state as well as to families of missing/ disappeared persons.

3.2 Objectives

1. Services provided by the OMP are psychosocially sensitive and uphold the dignity of the families of missing/ disappeared persons, at all times and in all interactions with them.
2. Psychosocial services provided by the OMP are geared towards identifying and prioritizing psychosocial needs of families of missing/ disappeared persons and facilitating mechanisms to address these directly by the OMP and through referrals.
3. Skills and capacities of the OMP are developed, enabling the management and staff to provide quality psychosocial support to families of missing/ disappeared persons and to maintain a supportive work culture at the OMP.
4. Organizational policies, operational guidelines, protocols, and systems etc., of the OMP reflect the priority placed on service delivery which upholds the dignity of the missing /disappeared persons and their families, ensures psychosocial sensitivity, and promotes families' and staff's wellbeing.
5. The experience and capacities of the OMP are used effectively to raise public awareness and enable policy environment to recognize psychosocial needs of families of missing/ disappeared persons, resulting in mobilization of necessary social and state support to address their psychosocial concerns.

3.3 The Approach

The approach the OMP adopts to provide psychosocial support to families of missing and disappeared persons (FoMDs) is primarily family and victim centered. It is guided by the experiences of FoMDs. Their right to know the truth, their right to participate, and their need for meaningful psychosocial support, and responsiveness of services to their context as FoMDs are pivotal qualities of OMPs service delivery. Simultaneously, the approach is located in psychosocial principles that aim to provide holistic and inter-sectoral support, as needed, without unduly pathologizing families' pain and suffering. This essentially includes not narrowing psychosocial support to counselling or clinical care but instead adopting broad-based support mechanisms that addresses a range of psychosocial concerns. The OMP also recognizes the diversity of psychosocial issues experienced by FoMDs, and the changing nature of their needs over time, and in different contexts. Thereby, flexibility to adapt psychosocial service delivery to diverse and changing contexts, whilst operating within the key principles, is strongly upheld. A parallel consideration is that complex psychosocial needs of FoMDs will be beyond the scope of the OMP to address through its direct service provision. Therefore, the need to work with a range of existing state and non-state organizations, rather than duplicating these services, is highlighted.

A key premise of the approach is to support FoMDs to live with the uncertainty of their missing/ disappeared loved ones' fate. Respecting the stand many of them take on continuing to be hopeful of seeing their loved ones alive, someday, is an inherent element of this. Thus, emotional support provided by the OMP does not force or coerce the FoMDs towards closure on their grief over the missing/disappeared family members. Whilst providing necessary emotional support, the OMP aims to strengthen FoMDs coping and resilience; and support them to access reliable services to address issues which undermine their wellbeing. Broadly, such support entails providing accurate and updated information on relevant services and helping them confidently negotiate for due support; accompanying them through difficult stages of the investigations to search for their loved ones; facilitating community and social support for FoMDs; providing focused psychosocial care to FoMDs who require more advanced / specialized care; advocating state and non-state agencies to recognize the distinctiveness of the context of FoMDs; and give special consideration towards addressing their vulnerabilities.

4 The strategy

The strategy to provide psychosocial support to FoMDs consists of seven main strands of work, which are closely interlinked, and mutually reinforcing. Each of the strands are divided into three or four key activity areas/outcomes that will contribute towards achieving the expected outputs of the relevant strand (see section 6.2 for details).

These seven strands are envisaged to, collectively, contribute towards the following:

- a) develop **internal capacity** within the OMP **to provide quality psychosocial support to FoMDs** (systems and procedures in place and knowledge and skills developed in staff and the management, and capacity to provide focused psychosocial care when needed by FoMDs).
- b) develop **internal capacity of specific units** of the OMP to **deliver their mandated services with psychosocial sensitivity and respecting dignity and rights of FoMDs**.
- c) develop **capacity of external service providers and policy environment** to be supportive and effective in meeting psychosocial needs of FoMDs (preparatory work include mapping relevant services especially regionally; identify and develop contacts with reliable referral services and advocate for favourable policy environment).
- d) promote **public recognition** of the context and challenges of FoMDs and **promote social support** for them.
- e) enable the OMP to **promote wellbeing and resilience of FoMDs** and their **collective capacity for self-advocacy**.

The seven strands of the strategy are:

- Strand 1: Ensure that staff of the OMP extend respect and psychosocial sensitivity to all FoMDs in all interactions with them and enable their access to focused, relevant and quality psychosocial support.

- Strand 2: Institutional capacity building of the OMP to equip staff with knowledge, skills and capacity to integrate psychosocial responsiveness into all systems and functions of the OMP; and to provide focused quality psychosocial services to FoMDs.
- Strand 3: Ensure that tracing and investigation mechanisms of the OMP have capacity to respect the rights of FoMDs to know the truth about investigations on their missing loved ones; and relevant staff are sensitive to emotional and other psychosocial support needs of FoMDs during different stages of the investigation processes.
- Strand 4: Develop a system, within the Family and Victim Support Division of the OMP, to provide focused psychosocial support to selected families who require more advanced psychosocial care to address their distresses/stresses/specific needs that crucially affect their wellbeing.
- Strand 5: Raise community and public awareness to improve social acceptance of the context of living with missing family members and of the OMP as a state mechanism servicing FoMDs; and thereby mobilize community and public support to FoMDs as well as enable space for the OMP to fulfill its mandate.
- Strand 6: Network with relevant state and non-state organizations; and develop collaborations for a referral mechanism which responds to vulnerabilities and capacities of FoMDs and enable them to access psychosocial support from a wider range of external agencies, to address their psychosocial needs.
- Strand 7: Advocacy to influence policies and practices of state and non-state service mechanisms to promote recognition and acceptance of psychosocial concerns and rights of FoMDs; recognize that FoMDs psychosocial needs are complex and thereby promote service provision with psychosocial sensitivity and accountability.

5 The Operationalizing Framework

5.1 *Adapted tiered intervention triangle*

The OMP has drawn on the tiered intervention pyramid as a framework to operationalize the strategy. The Intervention pyramid for Mental Health and Psychosocial Support in Emergencies² presented in the IASC guidelines (2007) helps map different levels of demand for psychosocial support in humanitarian crises. The model outlines that the majority of people experiencing humanitarian crises generally recover when their basic needs and protection concerns are addressed. At the second level, a significant proportion of people will need support to reconnect with their families and re-establish their familiar community and social support circles. A lesser number of people may, in addition to these, need focused psychosocial care such as extensive emotional support by a skilled helper or counselling. Sometimes some people may also need more advanced focused care related to non-psychological services, such as advanced legal support. The tiered intervention triangle highlights that only a notably small number of people, as depicted by the tip of the triangle, may need specialized mental health services such as psychiatric care or other specialized professional services.

When applied to the context of families of missing/ disappeared persons, this model enables the OMP to understand the predominant needs for which FoMDs seek the OMPs support. This, in turn, helps the OMP orient its psychosocial support mechanisms to be more relevant to priority concerns of different FoMDs.

This model also helps to clarify the imperative need for broad-based psychosocial support and not restrict it to counselling, which is widely but misguidedly believed by many people to be the foremost support which people affected by humanitarian crises need. Contrary to this belief, interventions focused essentially on counselling often lacks in its capacity to address practical issues of daily living or complex and on-going social problems that undermine people's wellbeing.

The adapted tiered intervention model, presented in Diagram 3, outlines the nature of services that FoMDs seek from the OMP and the level of demand for such services. It also illustrates the typical services that the OMP could provide at each level. The Family and Victim Support Division (FVSD) of the OMP plays a key role in coordinating support across different divisions of the OMP. The services will be delivered directly through the FVSD or other divisions, such as the Investigations and Tracing Division, or through multi-disciplinary teams which draw staff from different divisions of the OMP.

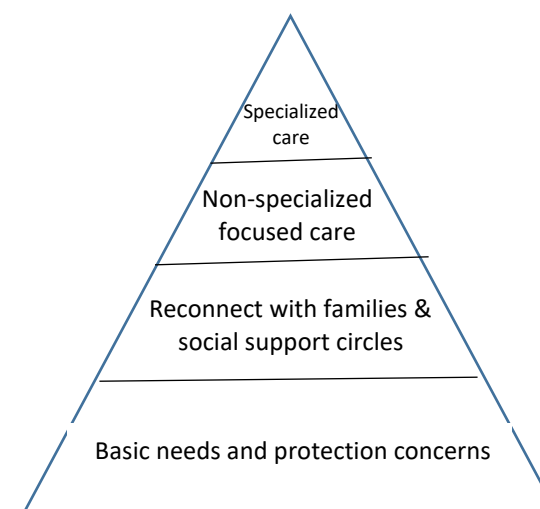
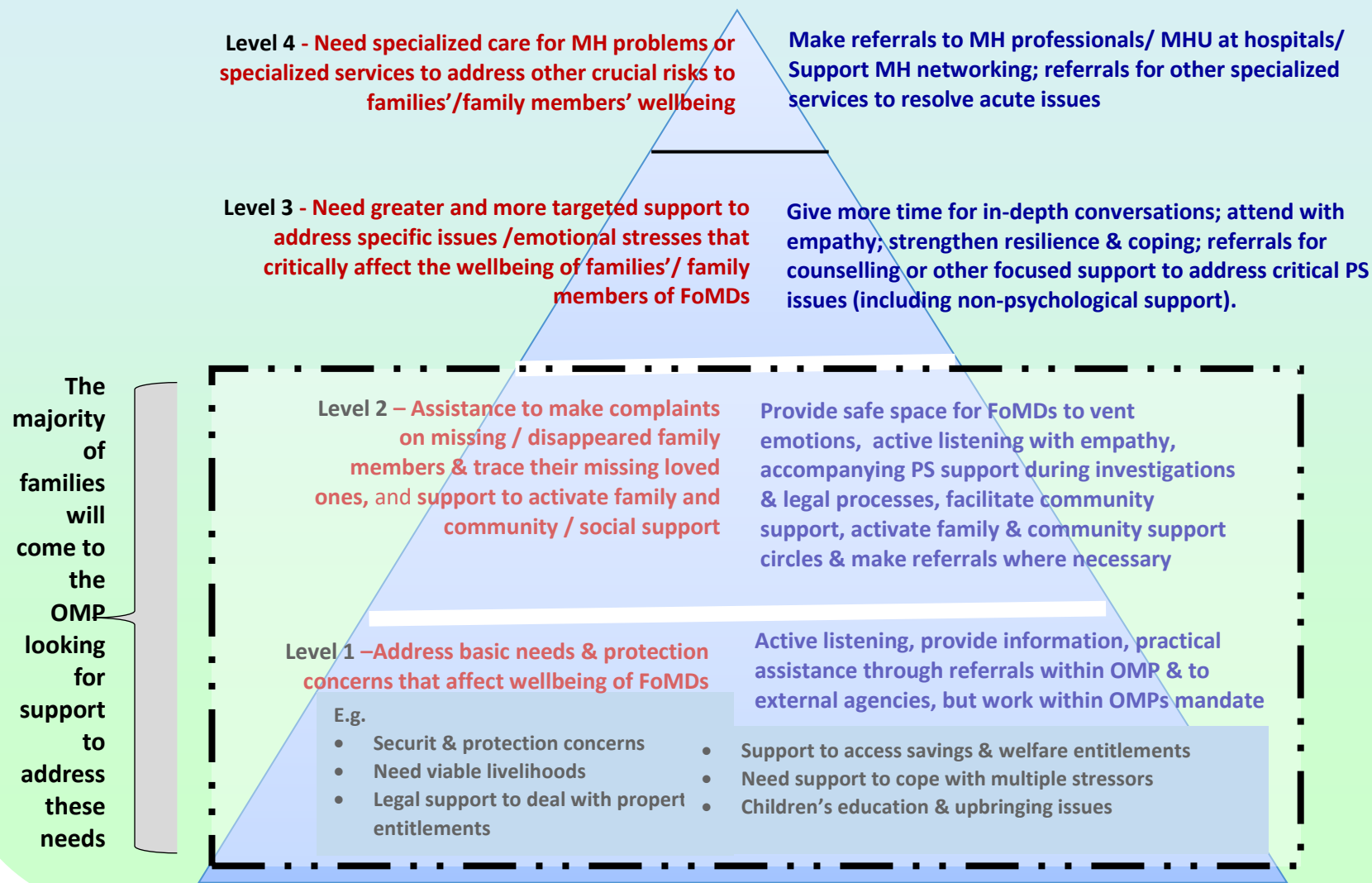


Diagram 2: Outline of the Intervention pyramid for Mental Health and Psychosocial Support in Emergencies¹ presented in the IASC guidelines (2007).

² Adapted from the intervention triangle presented in the Inter Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007).

Diagram 3: Nature of & demand for psychosocial services that FoMDs expect from OMP and support OMP would facilitate at each level

Ensuring embedded quality of respect and psychosocial sensitivity towards all FoMDs & integrating psychosocial sensitivity in to all systems and functioning of the OMP



5.2 Description of the components of the Operational Framework presented in Diagram 3

Living with unresolved grief and uncertainty of the fate and whereabouts of missing /disappeared loved ones entails dealing with a range of difficult emotions as well as dealing with practical issues arising from the missing/disappeared context of the family members. Level 1, at the base of the four-tiered triangle in Diagram 3, illustrates the main psychosocial concerns that negatively affect the wellbeing of FoMDs. These include issues related to safety and protection, economic precariousness, need for legal assistance, support to access welfare benefits or other entitlements, and support to cope with family and social dynamics. The latter may include issues of discrimination, social marginalization and financial and sexual exploitation by persons in the society or by unethical service providers. Some aspects will also relate to issues faced in schools by children of missing /disappeared persons and the need to support schools to be sensitive to such children and avoid discriminatory practices within school environments. Family related practical concerns arising from the context of missing/ disappeared persons could also be related to public administration regulations that are not sensitive to diverse compositions and complexities of such families: For instance, the challenges faced when changing the name of the head of the household from a missing husband's to left-behind wife's name or accessing savings /property vested in the missing/ disappeared person's name.

The OMP recognizes the wide ranging diversity of psychosocial needs experienced by FoMDs as well as the challenges of addressing these in a reliable and a sustainable manner. A parallel concern is provision of psychosocial support in ways that enhances the resilience of FoMDs. This calls for the OMP and other service providers to recognize the resilience and coping of FoMDs: It underlines that their vulnerabilities as family members of missing/disappeared persons and their resilience and coping strengths can co-exist. At Level 1, when dealing with need for practical support to address basic needs and protection concerns, the primacy stance the OMP takes is to ensure engagement with all FoMDs with respect and sensitivity in all their interactions; provide families with relevant, accurate and updated information; and make referrals to access practical support. Such referrals may be to units within the OMP or to external service providers. The OMP's preparation for effective service delivery at this level would essentially include mapping of appropriate referral services and developing linkages with accountable referral partners to provide FoMDs with a range of options to address their psychosocial needs. Capacity development of the OMP would also include networking and collaborations with relevant stakeholders so that the OMP increases its capacity for advocacy and inter-sectoral engagement with reliable referral partners.

Foremost, FoMDs seek the support of the OMP to help trace their missing /disappeared family members. This is depicted in Level 2 of Diagram 3. Psychosocial support at this level primarily looks at assisting FoMDs through processes of investigations to trace their missing/disappeared loved ones. It includes helping them with procedures of making a complaint; supporting them through investigations which generally take a long period of time; and supporting families through different stages of the investigation process, particularly during exhumation, identification and handing over of human remains if investigations lead to such contexts. These can be highly distressing for most FoMDs, and may require significant emotional support. Furthermore, FoMDs may also be distressed through diverse forms of media coverage on public investigations such as excavation of mass graves. Facilitating necessary emotional support, being with the families through difficult moments during these processes, respecting their right to know the progress of investigations, providing updates sensitively, and facilitating advanced psychological support where needed are some of the main tasks the OMP will provide/facilitate at this level. Psychosocial support at Level 2 would also include mobilizing family and community support, activating organic

support circles of FoMDs and working collaboratively with other divisions of the OMP to address protection and safety concerns some FoMDs may have. The OMP, over time, will also work with associations of FoMDs to promote their capacity for self-advocacy.

Similar level of demand for services at levels 1 and 2 – The OMPs experiences of engaging with FoMDs have illustrated that the level of demand for services from the OMP are equally high for levels 1 and 2: For instance, families come to the OMP to make complaints and seek assistance to trace their missing family members as well as to obtain welfare benefits they are entitled to as FoMDs/ access practical support basic needs etc. As such, Diagram 3 shows a deviation from the IASC intervention triangle (Diagram 2). This is illustrated by the box with dotted outline, in the Operational Framework (diagram 3).

Level 3 from the bottom depicts FoMDs or individual family members' need for more advanced and focused psychosocial care to overcome specific psychological or other issues that acutely affect their wellbeing. The number of people who need such focused psychosocial support will be fewer as illustrated in the intervention triangle. Support at this level can be provided by practitioners who are not specialized in mental health care but are skilled in providing emotional support/ other focused assistance in a responsible and empathic manner. The OMPs services at this level will include identification of needs for advanced care; providing time for more in-depth conversations on their psychosocial concerns; facilitate safe space for them to vent their emotions; exploring options to resolve/manage their psychosocial issues; and helping them identify their strengths, resilience, and support circles. Support at this level may also include making referrals for counselling services, where necessary. Similarly, they will be referred for other, non-psychological specific advanced support (such as legal, economic support etc.) if such needs are identified to crucially erode relevant FoMDs' wellbeing.

Need for integrated psychosocial support across levels 1 – 3 - Living with the uncertainty of the fate of loved ones causes complex psychosocial concerns, which includes economic, familial, social and political pressures that are often distinctive to the context of FoMDs. Often, their needs are spread across three levels, from level 1 to 3 of the intervention triangle. While FoMDs essentially benefit from sensitively facilitated emotional support, the actual needs they bring to the OMP are those located at levels 1 and 2 (of tracing their missing/disappeared family members and accessing entitlements as FoMDs, support to address basic needs and, sometimes, protection concerns). It is less frequently that specific need for emotional support is explicitly expressed by FoMDs. Nevertheless, the OMP recognizes the value of providing all services sensitively and caringly. Therefore, the OMP ensures that all interactions with the FoMDs are provided in an emotionally supportive manner i.e. with respect and psychosocial sensitivity, which inherently includes space to vent emotions and active, non-judgemental listening. As such, support to FoMDs are seen to be, often, interlinked across these three levels.

Level 4, at the tip of the triangle, depicts that only a small number of people among FoMDs may have acute mental health issues for which specialized, professional Mental Health services are needed. In such instances, referrals will be made to mental health professionals such as psychiatric nurses, psychologists, psychiatrists or to Mental Health Unit (MHU) of local /district hospitals. A few people may also need specialized, professional services to address non-psychological issues: For example, complex and urgent legal issues/ serious medical issues/crucial protection concerns. In such instances referrals would be made to professionals of relevant sectors.

5.3 Enabling the OMPs capacity to integrate psychosocial sensitivity and respect towards FoMDs in to its systems and functions

The overarching quality of OMPs psychosocial support is located in respecting all FoMDs and expressing sensitivity to their psychosocial issues. In practice, this requires all staff of the OMP to have at least the minimum standard of skills to interact with FoMDs with psychosocial responsiveness; be able to listen caringly; maintain confidentiality; show respect and uphold dignity of the missing/disappeared persons and their families. Respecting FoMDs will also include respect towards their strengths and resilience whilst being sensitive to their vulnerabilities and continuing grief over missing/disappeared family members. When providing emotional support and other psychosocial care, the OMP will emphasize on the need to enhance resilience of FoMDs, help reduce their dependencies and promote their increased ability to take control of their lives. Facilitating psychosocial support with such insights require significant knowledge and skills building of the staff of the OMP. Such institutional capacity development is envisaged to happen across three categories of training. These are:

- a) general skills development of the management and staff to engage with families responsibly, and with psychosocial sensitivity and respect
- b) advanced skills development for staff of the FVSD, which includes family support officers (FSOs), and FVSD coordinator as well as Coordinators of Regional Officers, and
- c) development of specific psychosocial support skills, as required, for each division of the OMP (for example training for staff of Tracing and Investigating Division on communicating sensitive issues to FoMDs).

The above training will cover relevant staff located at both the HO and ROs. In addition, when required, the OMP may consider facilitating psychosocial support skills development programmes for referral partners and other key stakeholders.

6 Organizing work within the OMP to operationalize the strategy

Managing responsibilities related to psychosocial support provision is viewed through two dimensions i.e. implementing the operational framework and implementing the 7-strand strategy. Table 1 presents the implementation of the operational framework and lead personnel who will be responsible for the main tasks at each level of the intervention triangle illustrated in Diagram 3. Table 2 captures, in summary, the division of work under the 7 strands of the strategy.

It is recognized that these two dimensions have overlaps in tasks and key work areas and may need to be merged in a future revision of the strategy. Currently, in consideration of the evolving nature of the organization and that some of the key divisions are not yet in place, the tables are presented as separate sections of work. It is important that when due staff is in place and the FVSD and other divisions are fully functional, these mechanisms be reviewed and collaborative activities of these two dimensions are collated so as to develop a combined activity/ input/ output chart. Such collation would contribute to easier management of parallel work components as well as for robust monitoring of psychosocial service delivery to FoMDs.

6.1 Implementing the operational framework – key tasks and responsibilities

Table 1: Organizing work within the OMP to activate the operational framework depicted in Diagram 3

Operational Framework - Level 1 – Addressing basic needs & protection concerns that affect wellbeing of FoMDs		
<i>Key services to be provided by the OMP at this level</i>	<i>Key staff members/division responsible</i>	<i>Key actions and collaboration with other divisions of the OMP/ other service providers</i>
Active listening, provide information, practical assistance through referrals within the OMP & to external agencies, but work within OMPs mandate	<i>Receiving visitors/answering calls and initial communication:</i> by Staff at the reception	Receive FoMD according to standards specified in guidelines on Initial communication with FoMDs (<i>This document is shared and approval</i>) Refer FoMD to relevant unit/designated person at OMP thereafter (<i>usually FSOs unless the visitors specifically ask to meet another staff member</i>).
	<i>Responding to FoMD on receiving the complaint:</i> by FSOs who initially meet FOMDs. After initial conversation provide information and support as needed. Link with other units if needed or, in consultation with relevant authorities, make external referrals.	Referral to legal/tracing and investigation or other divisions. Legal consultant (or relevant staff when they are in place, will take the discussion forward and provide assistance as required. FSO may also speak at length with FoMD for more in-depth communication to further identify issues and provide emotional support.
	<i>External referrals for required services:</i> by FSO (in consultation with OMP authorities or other relevant staff e.g. legal division) and facilitate referral process	FSO to provide referral information to FoMD. Making referrals also may include contacting the relevant staff/known contact persons at the referred organization and inform of FoMDs visit and request support for them. This may include providing an outline of the need for support without breaching confidentiality. Follow up with service provider after appropriate interval. Continued support after referrals may happen as appropriate.
Operational Framework - Level 2 - Assistance to make complaints on missing/disappeared persons and to trace their fate and whereabouts and support to activate family, community and social support		
Safe space to vent emotions, attending with empathy, accompanying psychosocial support during investigations & legal processes, facilitate community support, activate family &	FSO to take lead in initially speaking with the FoMD after complaint is made, if a need for further support is identified. Such support may be facilitated during the initial visit or, as appropriate, allocate time for another visit, in agreement with the FoMD.	FVSD will facilitate required supportive communication skills development training for specific units such as the legal support team/tracing and investigation team etc., who have to directly engage with families. (It is recommended that such training be conducted for these divisions prior to referring FoMDs to them. Provide periodic refresher training to specific divisions/units. (These could be incorporated into periodic reflection and review meetings of each division).

<p>community support circles, make referrals where necessary</p>	<p>FSOs refer relevant FoMDs to Tracing and Investigation division /Legal and research division and/or other divisions for further action.</p> <p>FSOs will work closely with these divisions/units to provide continued support to FoMDs, as and when necessary.</p>	<p><i>During process of investigations:</i> FSO to liaise with the coordinator or relevant officer of investigation division & be informed of updates on tracing which the investigation division is able to share with FoMDs.</p> <p>FSOs to support investigation officers in communicating with FoMDs and respect FOMDs need and right to be informed of the progress of the investigation. It is important that FSOs and relevant investigators discuss and agree on parameters of communication and ways of providing emotional support to families during challenging times of investigation processes. These may include managing FoMDs frustration over possible delays in tracing of missing family members; dealing with any fears and concerns they may have; managing stresses when providing detailed information required for investigations; and accompanying the FoMD for identification of human remains etc.</p>
	<p>FSO to identify and respond to FoMDs need for more advanced emotional support / therapeutic care during the processes of investigation</p>	<p>Identify FoMD or individual members of FoMD’s who need advanced emotional support/advanced psychosocial care and make referrals as appropriate to counsellor/ MH service providers. FSO/FVSD to follow up on such FoMDs/ family members. FSO continues to support them through investigation processes.</p>
	<p>FSO & investigation officers to identify and facilitate support for any FoMDs who have concerns of their safety and protection</p>	<p>Identify safety and protection concerns of FoMD and bring to notice of the Coordinator of the RO, OMPs Protection Officer of the OMP or Chairperson of the OMP, as appropriate.</p>
	<p>FSO and relevant divisions of the OMP to take the lead in facilitating community and social support to FoMDs who are vulnerable/ marginalized.</p>	<p>FVSD/FSOs support specific divisions of the OMP to work with associations of FoMDs, or other family and community groups, as appropriate, and organize collective support/ coping mechanisms for FoMDs, during investigation processes and manage stresses of living as FoMDs.</p> <p>FSOs to work with relevant divisions of the OMP to design and implement community outreach/support mechanisms to foster appropriate community/ social support for FoMDs, especially where certain FoMDs are particularly vulnerable or are marginalized in their communities.</p>
	<p>FSOs continue support to FoMDs to identify and help address parallel psychosocial needs³</p>	<p>Have conversations with FoMDs who are identified as needing further psychosocial support. Identify parallel psychosocial support needs of such FoMDs and refer to other divisions of the OMP or external service providers to access required services</p>

³ This refers to psychosocial needs other than those related to tracing and investigation processes.

Operational Framework - Level 3 - Need greater and targeted support to address specific issues /emotional stresses that critically affect the wellbeing of FoMDs /family members of FoMDs		
<p>Give more time for in-depth conversations; attend with empathy; strengthen FoMDs resilience & coping; make referrals for counselling & for other focused support to address crucial psychosocial issues (including non-psychological focused support, where needed)</p>	<p>FSO to have in-depth conversation with FoMDs who indicate need for focused emotional support (one to one emotional support). FVSD/FSOs to Identify key psychosocial issues that crucially affect FoMDs wellbeing. (Provide such focused support only if families are in need of it. All FoMDs who visit the OMP will not require such targeted/more advanced support).</p>	<p>FSO may directly engage with the FoMD to provide advanced emotional support or may refer to an external counsellor if it is more relevant to do so and if an appropriate counsellor is identified.</p> <p>(It is important that this option is discussed with the FoMD and referrals to counsellors are done only if FoMD agrees/sees the need for it.</p>
	<p><i>If advanced emotional support is directly facilitated by the FSO of the OMP (at HO or ROs)</i> - FSOs respond accordingly as per psychosocial support training and guidelines set for this.</p> <p>(if providing such direct support, it is important the FSOs have access to suitable psychosocial technical supervision, periodically).</p>	<p>FSOs to allocate time and space for in-depth conversations. Sensitive probe on psychosocial issues, vulnerabilities, resilience, resources, including access to family, friends and community support.</p> <p>FSOs explore options with the FoMDs and support FoMD identify options and pathways for problem management and identify existing and required resources.</p> <p>Support FoMDs to set goals for healing/regain control over their lives.</p> <p>Support FoMDs through the process while continuing to be with them during difficult moments of other processes (such as tracing and investigations or accessing interim relief or other entitlements for FoMDs).</p>
	<p><i>If referred to external counsellor:</i> FSO, in consultation with the Coordinator of FVSD to identify appropriate referral/s and facilitate process of referral</p>	<p>This requires preparatory work by the OMP to have a network of counsellors who are identified for their capacity and with whom interactions have been established</p>
	<p>FSO to take the lead, in consultation with the coordinator of FVSD, and make referrals. If needed, support FoMD to contact counsellor.</p>	<p>Make referral to counsellor. FSO to also contact the counsellor to inform of FoMDs visit and share introductory information without breaching confidentiality.</p> <p>Accompany the FoMD if necessary to introduce the counsellor (if FoMD is hesitant to access services or if they are unable to travel on their own)</p>
		<p>FSO to follow up as appropriate (Check – the extent to which follow up will be continued. OMP has to decide appropriate means of doing this without unduly interfering in the counsellor-FoMD relationship).</p>
	<p>Documentation – FSO to document key points of the case ensuring confidentiality of data storage and sharing only required information with relevant staff/authorities.</p>	<p>FSO, in consultation with the FVSD Coordinator, to develop a mechanism to maintain a log of the FoMDs who are provided with focused, non-specialized psychosocial care. (Consider using the coding system /reference number used in data entry when documenting so that confidentiality is not unduly compromised).</p>

Operational Framework - Level 4 - Need specialized care for mental health problems or specialized services to address other crucial risks to FoMDs'/family members' wellbeing		
Make referrals to MH professionals/ MHU at hospitals; Support MH sector networking; Make referrals to other specialized services to resolve crucial issues that affect FoMDs/family members' wellbeing	FSO, in consultation with the FVSD Coordinator, to identify need for referrals for specialized mental health care/ or other specialized support to address crucial issues	FVSD/FSO identify need for referral for specialized mental health care (or other advanced non-psychological support for any serious issues that crucially undermine their wellbeing). Discuss with FoMD/appropriate member of the FoMD of the need to refer for specialized services. Engage with other support circles of FoMD, if necessary, and if within ethical parameters to enhance family and community support to FoMDs.
	FSO to make referral and support FoMD through the process, as appropriate.	Identify referral service from referral pathway of relevant location (HO/RO area) Preparatory measures are required by the OMP to enable this – E.g. identify and establish reliable contacts with specialized mental health professionals/ other sectoral specialized professional services (including specialized professional services for non-mental health problems).
		FSO to contact referral service provider (focal point or appropriate person) and inform of FoMD context and need for support
		FSO to accompany FoMD, if necessary, to specialized mental health care/or other specialized services
		Follow up on referral and progress with the FoMD – (CHK possibility of this within the operational parameters of the OMP).
FSO to do the documentation on referrals for specialized care FVSD Coordinator to provide necessary direction and support	Documentation ⁴ – maintain log of FoMDs referred for specialized care using appropriate format. (consider coding or data entry reference number and ensuring confidentiality).	

⁴ Documentation – maintaining a log for psychosocial support referrals at all levels could be done as a single data compilation but which enables tagging and retrieving data at each level, of specific FoMDs when needed for further support.

6.2 Implementing the strategy – Managing key work components

The key functions of the seven strands of the strategy and the main activity areas/outcomes are presented in Table 2. This looks at creating an accountable internal environment within the OMP and a favourable external environment so that psychosocial services as outlined in the tiered intervention triangle (discussed in Table 1 above) is effectively delivered.

Table 2: Operationalizing the overall strategy to provide psychosocial support to FoMDs

Strands (Main components)	Overview of functions of the strand	Key Outcomes
<p>Strand 1: Ensure that staff of the OMP extend respect and psychosocial sensitivity to all FoMDs in all interactions with them and enable their access to focused, relevant and quality psychosocial support.</p>	<p>Engaging with FoMDs with psychosocial sensitivity and respect; active listening and emotional support; understanding key psychosocial concerns; making referrals to divisions within the OMP/external service providers as relevant.</p> <p><u>OMP staff directly responsible:</u> <i>Psychosocial support staff (e.g. FSOs, Psychosocial Coordinator), together with the FVSD will take a lead in this while staff at the reception will engage in receiving visitors. Other staff are linked with FoMDs as required to meet their needs. In general, during interactions with them at public outreach meetings etc., management and all staff of the OMP will need to engage with FoMDs with respect and psychosocial sensitivity</i></p>	<p>1.1 All staff and the management of the OMP have developed basic skills of supportive communication and extend respect and psychosocial sensitivity to all FoMDs in all interactions with them.</p> <p>1.2 FVSD has developed skills and capacities to support other divisions of the OMP to provide / facilitate psychosocially sensitive services to FoMDs and accompany families through processes in which they may require greater psychosocial care</p> <p>1.3 Each division of the OMP has developed capacity to provide its services to families with sensitivity towards their psychosocial concerns and provide focused/ specific psychosocial support, within the responsibilities of their divisions.</p>
<p>Strand 2: Institutional capacity building of the OMP to equip staff with knowledge, skills and capacity to integrate psychosocial responsiveness into all systems and functions of the OMP; and to provide focused quality psychosocial services to FoMDs, as needed.</p>	<p>Ensure that all systems and procedures of the OMP incorporate application of psychosocial sensitivity in its service provision; ensure protection and quality service safeguards such as establishing complaint procedures for families/staff to inform of any sexual or other harassment and exploitation by the staff or any member working on behalf of the OMP; and ensure that expected quality of psychosocial responsiveness is maintained in all aspects of service delivery.</p> <p><u>OMP Staff directly responsible:</u></p>	<p>2.1 Systems & procedures of the OMP are formulated to integrate psychosocial responsiveness in all services facilitated by the OMP and is reflected in the work culture of the OMP.</p> <p>2.2 Systematic steps are taken to conduct training/orientation programmes to develop knowledge, skills, attitudes of the management and staff of the OMP to interact with FoMDs with respect and psychosocial sensitivity and to promote self and team care of staff.</p> <p>2.3 Systematic plans for psychosocial support skills development of different divisions of the OMP and the ROs are formulated, based on identified training needs of specific divisions, and training plans are duly operationalized and reviewed</p>

	<p><i>FVSD and psychosocial expertise within the OMP to take a lead role in identifying and addressing psychosocial support skills development needs to staff.</i></p> <p><i>Each division will contribute to identifying psychosocial support training needs specific to their division and collaborate with the FVSD for facilitation of training.</i></p> <p><i>FVSD and other divisions, supported by the management, will ensure that systems and procedures of the OMP align with psychosocial consideration towards the FoMDs and also safeguard staff's wellbeing.</i></p>	<p>2.4 Psychosocial technical supervision mechanism is in place to support FSOs (or other staff directly providing emotional support to FoMDs) enabling reflection and quality assurance of psychosocial support to FoMDs and to promote staff care.</p> <p>2.5 Complaint procedures are in place for FoMDs or staff to address any sexual, financial or other abuse /exploitation by the management, staff or any member working on behalf of the OMP.</p> <p>2.6 Vertical and lateral communication channels within the OMP (including with HO and among ROs) are established and refined to enable multi-way communication that supports a culture of learning, peer support and staff care at the OMP (with and across HO and ROs).</p> <p>2.7 Mechanisms are in place for regular monitoring, reflection and constructive lesson learning across the divisions of the OMP and with ROs to identify & address gaps in knowledge and skills development; identify emerging psychosocial support needs; and refine all service provision mechanisms of the OMP to enhance psychosocial responsiveness.</p>
<p>Strand 3: Ensure that tracing and investigation mechanisms of the OMP have capacity to respect the rights of FoMDs to know the truth about investigations on their missing loved ones; and relevant staff are sensitive to emotional and other psychosocial support needs of FoMDs during different stages of the investigation processes.</p>	<p>Investigation processes, including accessing detailed information from FoMDs and supporting them through difficult stages of investigation and tracing processes are carried out with psychosocial sensitivity, respect to missing/disappeared persons and their families, and upholding FoMDs right to know about progress of the investigations.</p> <p><u><i>OMP staff directly responsible:</i></u> <i>While the staff/team working on tracing and investigations are directly responsible for the processes, they will work closely with the FSOs and FVSD Coordinator to ensure psychosocial sensitivity and respect to missing/ disappeared persons and to their families</i></p>	<p>3.1 Tracing and Investigation teams have developed their awareness on psychosocial stresses families may experience during the investigation processes; have developed required supportive communication skills; and are willing to incorporate psychosocial support to FoMDs as an inherent feature embedded in the tracing and investigation processes.</p> <p>3.2 FVSD /FSOs has legitimate space within the OMP to assist tracing and investigation team to maintain psychosocially sensitive, supportive communication with FoMDs when sharing updates on the investigation processes and to accompany them through these processes. (This space needs to be supported by the structure of the organization and management of the OMP).</p> <p>3.3 Space is made available in the tracing and investigation mechanisms for FSO/FVSD Coordinator to be actively engaged with families during challenging situations in the investigation processes, and accompany families to provide emotional and other psychosocial support as needed during investigations.</p>

		<p>3.4 FSOs & FVSD have developed knowledge and skills and have established referral pathways to make reliable referrals for advanced psychosocial support to FoMDs who may need such assistance when experiencing challenging times during tracing and investigation (or when accessing other required services through the OMP).</p>
<p><i>Strand 4:</i> Develop a system, within the FVSD to provide focused psychosocial support to families identified as requiring more advanced psychosocial care to address their distresses/ stresses/ specific needs that crucially affect their wellbeing.</p>	<p>FSOs, through direct conversation with FoMDs or through referrals from other divisions of the OMP, identify FoMDs /individual family members of FoMDs who may need advanced psychosocial care/ psychological support; provide more time for in-depth conversations and space for focused psychosocial care and counselling if necessary; and help strengthen family and community social support circles to enhance their coping/problem management. Also includes making referrals to necessary psychosocial /other service providers, including counsellors, if necessary, for more targeted support to address serious psychosocial concerns of FoMDs.</p> <p><u>OMP staff responsible:</u> FSOs at HO and ROs; Psychosocial coordinator/regional coordinators, FVSD coordinator.</p>	<p>4.1 Identify FOMDs/family members who need targeted psychological support/emotional support and facilitate sufficient space for conversations with them; assess their need for support.</p> <p>4.2 Based on skills and capacity of FSOs, engage with identified FoMDs to provide support for problem management. Alternatively make referrals to reliable counsellors identified through referral pathways. Appropriate options need to be decided in consideration of the availability of skilled counsellors with easy access. In the absence of such referral options consider providing such support through FSOs who are guided by quality technical supervision. It is recommended that ROs/ FVSD at HO consider the most suitable options that work in the best interest of the FoMDs).</p>
<p><i>Strand 5:</i> Raise community and public awareness to improve social acceptance of the context of living with missing family members and of the OMP as a state mechanism servicing FoMDs; thereby mobilize community and public support to FoMDs and</p>	<p>Engage with communities, general public and media to raise awareness on the mandate, tasks and approach of the OMP; enhance the OMPs knowledge and understanding of wider contexts that impact on psychosocial concerns of FoMDs; mobilize community and public support to uphold FoMDs rights and address their psychosocial needs; engage with associations of FoMDs and strengthen the role of as advocates for accountable service provision for FoMDs.</p> <p><u>OMP staff directly responsible:</u></p>	<p>5.1 FSO/FVSD support provided to relevant divisions to design and implement public outreach initiatives to ensure psychosocial sensitivity of these events/activities: Contribute to enhance public awareness on sensitivity towards the context of FoMDs; Raise awareness of OMPs role and responsibilities to help trace missing /disappeared family members and in promoting FoMDs psychosocial wellbeing.</p> <p>5.2 FSO/FVSD support provided to mobilize formal and informal community mechanisms that recognizes FoMDs psychosocial concerns and helps address these through supportive community-based initiatives.</p> <p>5.3 Engage with the media to promote media personnel’s understanding of the context of missing persons, their</p>

<p>enable space for the OMP to fulfill its mandate</p>	<p><i>Relevant divisions within OMP (e.g. Communication & Media Outreach Division) and ROs could take a lead in the main tasks.</i></p> <p><i>FVSD/FSOs will support such initiatives to ensure psychosocial sensitivity to FoMDs and other participants.</i></p> <p><i>FVSD together with relevant Divisions will carry out initiatives to influence media on respectful and sensitive portrayal of FoMDs in media coverage etc.</i></p>	<p>psychosocial concerns, raise public awareness & ensure that media coverage upholds the dignity and rights of families of missing persons</p> <p>5.4 FSO/FVSD support extended to relevant divisions of the OMP to design and implement public awareness raising programmes for increased social acceptance of policies and systems that are responsive to psychosocial concerns of FoMDs. This would include active engagement with associations of FoMDs when implementing these initiatives</p>
<p><i>Strand 6:</i></p> <p>Network with relevant state and non-state organizations; and develop collaborations for a referral mechanism which responds to vulnerabilities and capacities of FoMDs and enable them to access psychosocial support from a wider range of external agencies, to address their psychosocial needs.</p>	<p>Collaborate with relevant organizations and identify potential referral partners; engage in/ collaborate with mapping of referral partners; identify referral partners who can help address key psychosocial concerns of families; make referrals, monitor and update information on referral partners; engage in networking to enhance collaborations and capacity to make effective referrals.</p> <p><u><i>OMP staff directly responsible:</i></u> FVSD, other relevant divisions of the OMP, ROs</p>	<p>6.1 Work with relevant organizations and with currently implemented processes to map referral organizations active in MHPSS⁵ sector (E.g. WHO supported initiative).</p> <p>6.2 Develop contacts with relevant organizations and identify focal persons who can be linked, when needed, for specific support to FoMDs.</p> <p>6.3 Develop a basic database/internal e-directory with essential information and contact details of referral partners for psychosocial support.</p> <p>6.4 Maintain close interaction with referral partners through networking.</p> <p>6.5 Monitor effectiveness of referral services and update database of referral partners.</p> <p>6.6 Identify capacity building needs of key referral partners to help enhance their understanding of the context of FoMDs and to develop their psychosocial support skills to better serve FOMDs, especially vulnerable groups among the FOMDs.</p>
<p><i>Strand 7:</i></p> <p>Advocacy to influence policies and practices of state and non-state service mechanisms to promote recognition and acceptance of psychosocial concerns and rights of FoMDs; to</p>	<p>Engage with policy makers and practitioners of relevant sectors; facilitate platforms to raise awareness on the context of FoMDs; enhance advocacy processes using synthesized data of FoMDs psychosocial needs and demand for services; organize/participate in discussions to</p>	<p>7.1 FSO /FVSD to support relevant initiatives of the OMP for advocacy to influence state policies and practices to be responsive towards vulnerabilities and capacities of FoMDs: Influence changes in identified policies and practices that are noted to impede FoMDs access to required assistance to overcome their issues of daily living and psychosocial concerns.</p>

⁵ MHPSS – Mental Health and Psychosocial Support

<p>recognize that FoMDs psychosocial needs are complex and thereby promote favourable environments to provide services to FoMDFs with psychosocial sensitivity and accountability.</p>	<p>influence state and non-state policy formulators; support practitioners to translate policies into practices that help address vulnerabilities and psychosocial concerns of FoMDs. In addition, support the OMP to become a resource centre for updated information and literature on contexts of FoMDs and best practices of serving them.</p>	7.2	FSD/FVSD to support relevant OMP initiatives to promote awareness of state and non-state mechanisms on the most vulnerable groups among FoMDs and facilitate priority concerns for them in welfare and service provision mechanisms.
	<p><u>OMP staff directly responsible:</u> <i>Senior management and relevant divisions will lead the advocacy initiatives. FVSD with the support of FSOs will contribute by synthesizing data on vulnerabilities, capacities, psychosocial concerns and demand for services by the FoMDs; contribute to discussions/advocacy initiatives with policy formulators and practitioners to ensure psychosocial responsiveness of service provision to FoMDs. FVSD/FSOs to work with relevant divisions to help establish a resource centre with reliable literature on psychosocial contexts of FoMDs and experiences of supporting them.</i></p>	7.3	FVSD to synthesize data and learning of psychosocial support by the OMP and share with MHPSS, transitional justice, tracing and investigation, legal & other relevant sectoral mechanisms to develop their capacities to promote inter-sectoral, holistic service provision to FoMDs to meet their wide ranging and complex psychosocial issues.
		7.4	Focused interactions with donor community to enhance their understanding & commitment to support diverse & feasible interventions aimed at improving practices /systems that could improve psychosocial support services for FoMDs
		7.5	FVSD/FSOs to work with ROs and HO of the OMP to develop capacities of associations of FoMDs and enhance their role in self-advocacy for improved services and respect for rights of FoMDs.
		7.6	Support the development of a resource centre, with updated information on relevant themes, to be used by academia and practitioners to enhance knowledge on contexts of FoMDs and best practices, in Sri Lanka and globally, of serving them

6.3 Time line

Operationalizing of the psychosocial Support (PSS) strategy of the OMP is viewed in two phases. The need to adopt a phased implementation of the PSS strategy was identified during discussions with the experts group in July 2019: It highlighted that the OMP currently does not have the staff and outreach capacity to meaningfully implement activities expected to be delivered at all the levels of the Operational Framework. Despite this constraint, the OMP recognizes the significance of formulating a PSS strategy that incorporates a full range of psychosocial support to FoMDs to help them effectively through tracing and investigation processes and to address their priority psychosocial considerations. Another keen concern was how the OMP could be a champion in promoting understanding of the context of the FoMDs; ensure psychosocial responsiveness of state and non-state services provided to them. Therefore, the PSS strategy suggests a time line of two phases, as follows:

Phase 1 – Providing essential, minimum psychosocial support to FoMDs within the current capacity of the OMP

Phase 2 - Enhancing capacity of the OMP to provide more comprehensive and integrated PS support to FoMDs, as outlined in the 7 strands of the strategy

It is important to understand that categorizing OMPs PS support in to these two phases is somewhat an artificial demarcation. It is recognized that there are obvious overlaps across these two phases. While the immediate phase of minimum support considers the practicalities of implementation within currently available resources, it is expected that measures will also be taken during this phase to gradually expand the services leading to more comprehensive service provision under Phase 2.

Essential and Minimum support in Phase 1 of the timeline is envisaged to include the following:

- FoMDs engaging with the OMP, in all its interactions, experience being treated at all times with respect and with sensitivity towards their psychosocial needs
- The OMP is proactive in identifying FoMDs psychosocial needs and respond to these directly by providing emotional support, by providing relevant and accurate information and helping them to identify options to address their psychosocial concerns. (Such service provision maybe directly through the OMP or through referrals).
- Referrals are made to relevant divisions within the OMP for necessary action such as registering for support, making a complaint, guidance on obtaining interim relief or other benefits and entitlements currently available to FoMDs.
- Referrals are made to relevant authorities within the OMP to address any concerns for protection that FoMDs may have.
- Mapping of referral pathways are initiated so as to help FoMDs access necessary psychosocial support from state/non-state service mechanisms.
- Engaging with associations of FoMDs to enhance their capacity for community/peer support to address their psychosocial needs.
- Engaging with associations of FoMDs to enhance their capacity for self-advocacy to access required psychosocial support from state and non-state agencies.

Implementation of Phase 2 –

It is suggested that an evaluation be done by December 2019 – January 2020 to evaluate the outreach and effectiveness of psychosocial support and assess OMPs readiness to implement phase 2 of the PSS strategy. Some of the key criterion that could be used to assess readiness would be that all divisions/units of the OMP are functional; that management and staff in the divisions are knowledgeable and are skilled in engaging with FoMDs with respect and psychosocial sensitivity; that FSOs and other staff directly providing psychosocial support to FoMDs are equipped with advanced skills and required theoretical understanding to provide quality emotional support to help address key psychosocial concerns of FoMDs; and that systems and procedures are being formulated for FVSD/FSO to develop necessary helping skills for staff of different divisions/units of the OMP.

7 Guiding principles

The strategy and operational framework the OMP has adopted to provide psychosocial support to FoMDs are informed by two sets of guiding principles. These are a). psychosocial principles which influence the technical approach and b). the operational principles that reflect accordance with global standards/ good practices maintained when responding to humanitarian crises.

7.1 *Principles of psychosocial support guiding the OMPs PSS strategy and operational framework*

The strategy and operational framework is located within seven key psychosocial principles. These are:

1. Non-pathologizing of normal grieving/distress processes – The OMP recognizes that grieving and distress are normal responses to the challenging and difficult circumstances of people’s lives and will not consider such conditions as essentially mental health issues which need clinical psychological care. The need for psychosocial support extended by the OMP to FoMDs, therefore, will not be identified through medical diagnosis or medical screening, unless specific persons are identified as possibly needing clinical or specialized therapeutic care. In general, psychosocial concerns of FoMDs and their need for psychosocial support will be assessed through practical issues, emotional stresses, FoMDs vulnerabilities and capacities, and access to supportive social circles etc., that impact on their lives. When providing psychosocial support, the FoMDs will not be referred to as clients or patients, but as family members and psychosocial support options facilitated through the OMP will span across a wide range of support options which include both psychological and non-psychological care/services.
2. Not forcing closure on grief of missing/ disappeared loved ones – The OMP recognizes and respects FoMDs stance to believe in the return of their missing / disappeared loved ones, some day. Psychosocial support provided will respond to the emotional stresses of dealing with this uncertainty as well as the resilience and capacities family members have developed over the years. A foremost premise of this principles is to recognize that grief of the ambiguous loss of their loved ones and the ensuing vulnerabilities co-exists with strengths and capacities they have gained through managing these experiences. Psychosocial support of the OMP would aim to strengthen their coping whilst providing emotional support, as appropriate, to manage the grief of not knowing the fate and whereabouts of their loved ones.

3. Embedding respect and psychosocial sensitivity towards families of missing and disappeared persons into all systems and functions of the OMP – As highlighted earlier, this will be the overarching quality of all interactions the OMP will have with FoMDs. It will be the basis on which psychosocial support to families is conceptualized. This principle will be translated into action by enhancing the capacity of the management and staff to use these essential skills when engaging with FoMDs.
4. Emphasis on building/strengthening resilience of FoMDs – The OMPs psychosocial support to FoMDs will be inter-sectoral but whilst also operating from the premise of minimum intervention. This is aimed at being with the FoMDs to provide necessary emotional support; providing information and referrals to a range of service organizations as is necessary whilst also allowing them space to develop their own capacity to gain better control of their lives. The underlying emphasis is on facilitating space for holistic/integrated support while reducing dependencies on the OMP or other service providers so that FoMDs resilience and coping mechanisms are strengthened. Through this stance, the OMP strives to ensure that families are not trapped in victimhood but are supported to identify and strengthen their capacity to help themselves
5. Extending acceptance and support to FoMDs regardless of their socio economic or political contexts -The OMP will extend acceptance and show empathy to all people who the organization is mandated to help regardless of their social-political or other standpoints or choices people have made to manage the circumstances of missing/forcibly disappeared family members. All services of the OMP will be provided with empathy, will uphold the dignity of the missing/disappeared persons and their families, and will be extended non-discriminatorily to all service users. The OMP will maintain a work culture built on empathy, nurturing support and equality.
6. Strengthen community support circles – This emphasizes on the significance of not isolating FoMDs from their family and organic social support circles and instead, helping them to strengthen such social support. This would also include working with and supporting missing persons' associations as a means of enhancing FoMDs social support in their respective locations. This also aims at supporting individual and collective capacity of FoMDs and their associations to gain strength from their collective experiences and engage in self-advocacy to access improved services that respond to the distinctiveness of FoMDs contexts and issues.
7. Influencing state/non-state service provision structures to be sensitive to the context of FoMDs – This recognizes the significance of facilitating favourable policy environments to address psychosocial concerns of FoMDs. It aims at enhancing wider service provision mechanisms to be sensitive to distinctive contexts and vulnerabilities of FoMDs. Thereby it envisages to address inequities FoMDs experience when accessing services through state/non-state structures. This essentially includes increasing service providers' awareness of the most vulnerable groups within FoMDs.

7.2 Operational principles

The psychosocial principles, presented above, will be implemented within the parameters set by overall guiding principles which are adopted internationally when facilitating mental health and psychosocial support in humanitarian crises. These have been contextualized to meet the priority requirements of the OMP.

1. *Do No Harm* – Ensuring that interventions do not result in any intentional or unintentional harm to service recipients or other family/ community members. This calls on the OMP to promote the practice of reflection, review and learning within the organization; be alert to any violations of the principle of Do No Harm; and to periodically facilitate capacity building initiatives to help address gaps in quality service delivery. Enabling a non-threatening, supportive and learning work culture at the OMP will help develop staff’s capacity for critical analysis of their services, for knowledge and skills development, and for accountable service provision.
2. *Work in the best interest of the person/families requiring help* - The OMP has adopted a family and victim centred approach that provides space to prioritize FoMDs best interests in service provision. However, the OMP will need clarity in deciding the manner in which psychosocial wellbeing and best interest of FoMDs will be prioritized when placed against other processes such as tracing and investigations. It is suggested that the complexity of such issues and possible competing interests are acknowledged and mechanisms be devised to ensure that wellbeing of FoMDs are not undermined in the overall service provision of the OMP.
3. *Respecting privacy and confidentiality* – The OMP will respect the families of missing persons/witnesses’ and other interested parties’ need to maintain privacy and confidentiality. The principle of working in the best interest of the victims and the families will prevail in making decisions on how essential information is shared during processes of tracing and investigations and in policy and advocacy work. The OMP Act (14 of 2016) specifies the nature of confidentiality and parameters of information sharing that needs to be exercised in the best interest of the missing person and their families/relatives.
4. *Non-duplication of existing services and strengthening psychosocial service providers* - The OMP will work with a range of state and non-state service providers to address psychosocial issues experienced by families of missing persons. In doing so, the OMP will strive not to duplicate existing services. Using existing networking and independent contacts with potential collaborating organizations, the OMP will help FoMDs

access to necessary psychosocial support. Where adequate and quality services are identified to be lacking, the OMP will work with relevant agencies to share technical expertise, as appropriate and within the mandate of the OMP, to help improve such services. Local resource bases will be used and linked to referral pathways where these are available.

5. *Safeguard protection & psychosocial wellbeing of staff* – This is a key operational principle that the OMP will maintain. It will be operationalized by ensuring that systems, procedures and designation of work aim to reduce undue stresses the staff may experience when dealing with difficult stories of FoMDs. It essentially recognizes the challenges staff may experience when facilitating support to address complex psychosocial issues of FoMDs and will support staff to deal with ensuing work stresses. Providing skills building and support systematically to staff to recognize and manage their stresses, facilitating peer support and enabling a supportive and nurturing work culture at the OMP will be primary considerations in this regard.
6. *Respect for diversity and non-discrimination* – All service users and staff of the OMP will be treated with equality regardless of their ethnic, religious, gender, age differences; political standpoint or engagement with diverse political processes; sexual orientation; level of formal education and occupation; civil status; disability or any other forms of diversity. Application of the principle of equality would essentially be sensitive to inequities that place some groups /individuals at disadvantage, which restricts their access to services on equal terms with others. In such instances the OMP will strive to bridge such gaps, within the mandate of the organization, to promote equality in access to OMPs services.
7. *Accountability* - As a state institution, the OMP holds itself accountable to the state, to uphold protocols and adopt stipulated practices related to financial and other resource use required as a state institution. In parallel the OMP will be accountable to the families of missing/ disappeared persons and witnesses to adopt responsible, effective and transparent systems of support and service delivery.
