



Healing When Crisis Strikes

**Mental Health and
Psychosocial Support
in Emergencies**

HEALING WHEN CRISIS STRIKES

Millions in Syria and Yemen fleeing relentless conflict, the Rohingya seeking refuge in Bangladesh, girls abducted in Nigeria, Venezuelans driven by economic collapse into Brazil — today’s crises are becoming more widespread, complex and protracted and they continue to take a disproportionate toll on women and girls. War, human rights violations, underdevelopment, climate change and natural disasters are driving people to leave their homes in unprecedented numbers.

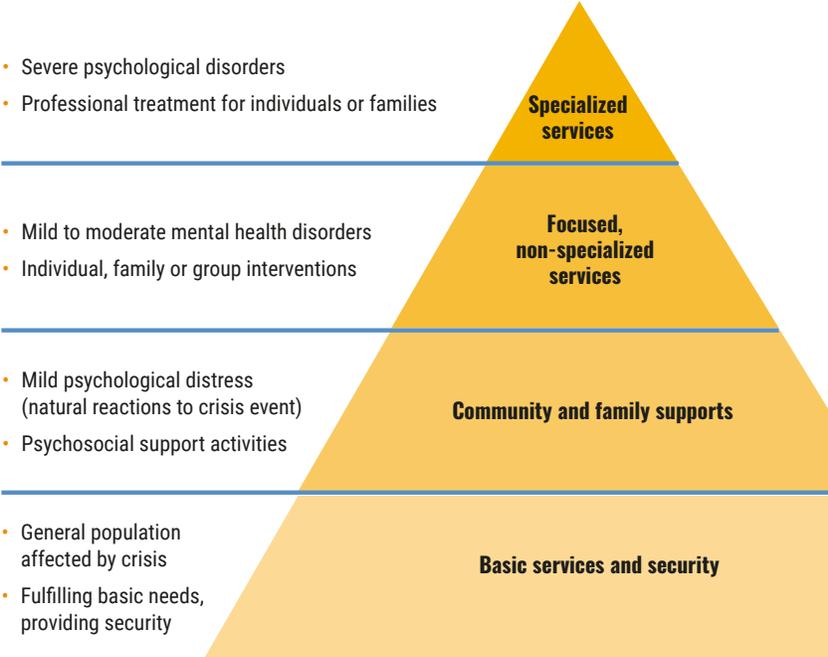
Humanitarian crises produce psychological suffering and trauma, which threaten the health and well-being of affected people, and erode global efforts for peacebuilding and recovery.

In 2019, nearly 143 million people needed humanitarian aid and protection. UNFPA estimates that more than 35 million are women and girls of reproductive age. UNFPA is working closely with humanitarian and development partners to provide lifesaving sexual and reproductive health services and to integrate urgently needed services for gender-based violence (GBV) in emergencies and mental health and psychosocial support (MHPSS).

UNFPA Country Offices are at the centre of efforts to provide integrated services for MHPSS to women and girls, and other at-risk groups through a multisectoral response in emergencies. Their work is documented in the 2019 publication “Healing When Crisis Strikes”, produced by the UNFPA Humanitarian Office.

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings are central guidance in programming in humanitarian relief response, designed specifically to protect, support and improve people’s mental health and psychosocial well-being in the midst of an emergency. MHPSS programming falls across the health and protection sectors.

THE MHPSS INTERVENTION PYRAMID



This illustration is based on the intervention pyramid in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007).

BANGLADESH



Since targeted by violent attacks in August 2017, an estimated 745,000 Rohingya people – mostly women and children – have fled their homes in Myanmar to find refuge in Cox’s Bazar, Bangladesh. With UNFPA support, MHPSS services are being integrated with GBV and sexual and reproductive health services for refugees and their host communities, where 1.2 million people are in need of humanitarian assistance. From April 2018 to July 2019, 46,515 women and girls received psychosocial support at 21 Women Friendly Spaces, which also offer livelihood training and engage men and boys in GBV prevention.

LIBYA



In Libya, prolonged conflict and a recent escalation of violence are taking a heavy psychological toll. In the last 12 months, conflict in populated areas has directly affected an estimated 1.62 million people. UNFPA and partners launched the Rapid Response Mechanism in April 2019, quickly reaching 9,500 newly displaced. Eight PSS mobile teams and four Women and Girls Safe Spaces are providing psychosocial support and GBV awareness activities to meet rising needs. From April to July 2019, psychological first aid and counselling were provided to 8,211 internally displaced persons.

BRAZIL



More than 4 million people have fled economic and political upheaval in Venezuela, with hundreds each day pouring into Brazil, where some 180,000 have stayed. Since early 2018, UNFPA has provided direct assistance to over 9,000 Venezuelan refugees and migrants in the northern Brazilian state of Roraima, as well as capacity building in case management for service providers and partners. With UNFPA support, the Center for Conviviality and Psychosocial Care in Roraima provides MHPSS services and family planning for displaced persons and GBV survivors. In the first half of 2019, the Center assisted 5,437 people.

MYANMAR



Fragility, tension and violence persist in Myanmar, where natural disasters complicate challenging conditions. Nearly a million people are in need of humanitarian assistance, including 244,000 in camps or camp-like situations. UNFPA supports the integration of MHPSS in the national health system, institutional capacity development and technical leadership to establish minimum standards. The MHPSS Peer Support Network has improved skills and supported humanitarian workers, including MHPSS facilitation sessions for thousands. From April 2018 to June 2019, some 26,037 people received psychosocial support.

IRAQ



Though military operations against ISIS have ended in Iraq, the country’s post-conflict recovery includes a challenging humanitarian crisis with an estimated 8.7 million people in need of humanitarian assistance and protection. The Duhok Women’s Centre has been providing care to GBV survivors since 2014 providing specialized medical, psychological and psychiatric services to Yazidi women. Throughout Iraq, nearly 368,000 women received psychosocial support and recreational activities in 2018 to June 2019. To build MHPSS capacity, a 10-week training programme was conducted to provide specialized care.

NIGERIA



GBV is a defining characteristic of the ongoing conflict in north-eastern Nigeria, where 1.8 million women and girls of reproductive age remain at risk. UNFPA is working to ensure MHPSS is prioritized in primary health facilities, increase access to MHPSS for victims of trauma and GBV, and reach remote communities. More than 30 Women and Girls Safe Spaces, training for health services providers and social workers, community counselling and livelihood skills training have helped hundreds of thousands over the past 10 years to receive support needed to rebuild their lives.

SYRIA



Though millions have fled, 13 million internally displaced persons remain in Syria, including 3.8 million women and adolescent girls of reproductive age faced with limited to no access to reproductive health care, heightened risk of GBV and the mental health repercussions of eight years of war. MHPSS has been integrated into all 291 UNFPA-supported facilities. Building capacity through MHPSS training is expanding services and focusing on people with disabilities. UNFPA supported 31 Women and Girls Safe Spaces and 168 PSS mobile teams in 2018 through September 2019, reaching 164,000 people with MHPSS services.

UKRAINE



Among the 1.3 million internally displaced persons in Ukraine, women are experiencing GBV three times more frequently than local women who are not displaced. UNFPA and national partners developed a system of psychosocial support for GBV in eastern areas using 46 mobile teams close to armed conflict zones, as well as safe spaces, health service delivery points and telephone hotlines. Considered a model mechanism, 200 more mobile teams have been introduced by local authorities outside the UNFPA intervention areas. From November 2015 through August 2019, 59,349 people received psychosocial support.

TURKEY



Turkey hosts more refugees than any other nation – surpassing 4 million – a record held for the past five years. Most are from Syria, many were directly exposed to violence in their home country, and one million are women and adolescent girls of reproductive age. As of 2019, UNFPA established 35 Women and Girls Safe Spaces, soon to be run by the Government within primary health care, to provide services including mental health and psychosocial support. In 2018 through mid-2019, more than 143,000 refugees received MHPSS services, including LGBTI persons, sex workers and people living with HIV.

YEMEN



Yemen is facing the world's largest humanitarian crisis, with 24 million people in need of humanitarian assistance, including some six million women and girls of reproductive age. Reported cases of GBV are rising. UNFPA supports the provision of psychosocial support, legal aid, access to safe spaces/shelters and referrals to health services. GBV services are being integrated with emergency reproductive health services. In 2018, 83 mobile teams, 23 safe spaces, six women's shelters and three specialized psychological care centres delivered vital mental health and psychosocial support reaching more than 50,000 people.

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“Mental health and psychosocial support” refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. Examples of UNFPA-supported MHPSS interventions include:

- Women and Girls Safe Spaces
- Psychosocial support (PSS) mobile teams
- Basic emotional support from trained staff and volunteers
- Psychological first aid and basic mental health care workers
- Specialized psychological care centres
- One-stop centres for GBV multisectoral response
- Social and cultural activities for women
- GBV case management
- Encouraging and strengthening community support
- Livelihood activities and training
- Risk mitigation
- Integrating MHPSS into health systems
- Advocacy to raise awareness of GBV

MHPSS activities form part of standard humanitarian response and should be a central component of both short- and long-term GBV-specialized programming, as articulated in the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

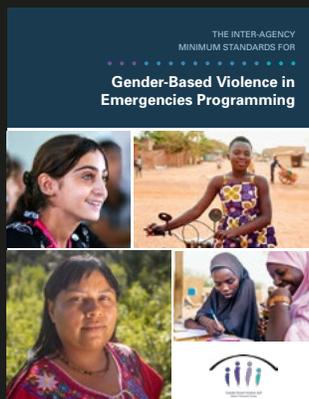
“Gender-based violence” is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences

between males and females. The gender discrimination and inequality that drives this violence every day in every culture places action to end GBV squarely in the realm of protecting and promoting universal human rights.

“Psychosocial support”, including opportunities for social networks and solidarity building among women and girls, is a critical intervention that contributes to survivors’ safety, healing and recovery.

Women and Girls Safe Spaces are an effective psychosocial support intervention. These accessible, safe and female-only spaces are where women and girls can go to receive services, support or seek immediate safety if they are at risk of GBV. In 2018, UNFPA supported 915 safe spaces in 44 countries to support psychosocial well-being, connect to services, reduce isolation or seclusion and enhance integration into community life. Individual empowerment and psychosocial support services are core to all safe spaces. Also, it is important that psychosocial support for women and girls is informed by an understanding of their experiences of violence and discrimination.

Another key intervention area is GBV case management, a collaborative process that engages a range of service providers to meet a survivor’s immediate needs and support long-term recovery. The consistent communication and emotional support provided in a trusting relationship with a trained case manager, health provider, or social worker is a form of psychosocial support.



The Inter-Agency minimum standards provide 16 standards for GBV in emergencies programming. The 2019 guidance aims to improve accountability and quality. Standard 5 focuses on Psychosocial Support, calling on GBV actors to ensure that women and girls safely access quality, survivor-centred psychosocial support focused on healing, empowerment and recovery.

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Rohingya Seek Refuge in Bangladesh



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Since targeted by violent attacks in August 2017, an estimated 745,000 Rohingya people – mostly women and children – have fled their homes in Myanmar to find refuge in Cox’s Bazar, a district in Chittagong, Bangladesh. Almost 913,000 Rohingya refugees are living in Bangladesh, including many previously displaced. More than 1.2 million people are in need of humanitarian assistance in refugee as well as host communities. UNFPA ensures that women and girls from both Rohingya and Bangladeshi communities have access to quality, lifesaving services for sexual and reproductive health (SRH) and gender-based violence (GBV) response and prevention, integrated with mental health and psychosocial support (MHPSS).

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HUMANITARIAN SITUATION

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Women and girls at risk on the move and in refugee camps

Among the mounting sources of trauma in this protracted crisis is gender-based violence, which poses a disproportionate and constant threat to women and girls on the move and to those in refugee camps in Cox's Bazar. Issues include forced marriage, sexual exploitation and trafficking, and domestic violence and abuse perpetrated by people within the camps as well as from the host communities. Women living in female-headed households as well as adolescent girls and children are most at risk, rendered even more vulnerable by the lack of educational and livelihood opportunities for economic security.

Living conditions limit protection

Increased overcrowding, limited privacy and lack of lighting across the 34 extremely congested camps, including the largest site, Kutupalong-Balukhali, exacerbate existing safety and security risks for refugee women and girls. Up to one in five households are female-headed, and the burden of care that women assume for children and others makes it difficult for them to care

for themselves. Some community-based protection mechanisms have a negative impact, such as keeping women and girls inside households and the increasingly common practice of child, early and forced marriage. For many women and girls, the trauma they experienced during their forced displacement from Myanmar and in their current living conditions in refugee sites creates pressing protection needs.

Survivors of trauma face long-lasting challenges

Results of the MHPSS needs assessment conducted by the Swedish Development Agency (SIDA) and the Royal Tropical Institute (KIT) in December 2018 suggested a high prevalence of a range of concerns among the Rohingya community, including signs of depression, anxiety and symptoms associated with post-traumatic stress disorder. The assessment concluded that MHPSS services are scarce in Bangladesh, and that the Rohingya influx has put immense pressure on health systems in the Cox's Bazar district. Recent reports show increasing rates of suicide among GBV survivors.

STRATEGIES AND INTERVENTIONS

For close to a decade, UNFPA has supported vital lifesaving services for refugees residing within the camps and settlements. UNFPA is the lead agency of both the GBV Sub-Sector and SRH Sub-Sector of the Inter Sector Coordination Group (ISCG) in Cox's Bazar.

Women Friendly Spaces extend GBV services to Rohingya refugees

UNFPA supports 21 Women Friendly Spaces, providing survivor-centred case management services for GBV survivors, psychosocial support services for women and girls affected by the emergency and information provision and awareness-raising activities throughout the camps. Rohingya women call these spaces "shanti khana", a home of peace. Each WFS is equipped with a midwifery room where women and adolescent girls can access family planning, clinical management of rape services and general information about sexual and reproductive health and rights. Each health facility supported by UNFPA is staffed by a GBV focal point who is trained to provide information, safe referrals and support medical staff to ensure a survivor-friendly approach. In addition, UNFPA supports 10 Women Led Community Centres where women and girls can enroll in livelihood activities such as vocational training.

Community centres engage men and boys

Mental health and psychosocial issues experienced by boys and men have significant impact on the safety and well-being of women and girls in their families and communities. While women and girls visit community centres, male members of their family are invited to participate in life skills and information sessions to prevent GBV and ensure gender equitable relations.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Bangladesh, UNFPA is working to:

- Build on UNFPA's presence in Bangladesh, established prior to the present crisis
- Develop Women Friendly Spaces (WFS) to provide support and survivor-centred case management
- Engage adolescent boys as advocates against gender-based violence
- Provide and advance MHPSS interventions as needed through WFS staff



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Through community mobilization activities, UNFPA is rolling out a social engagement methodology known as SASA! across all GBV programming. The approach brings men and boys fully into activist roles on prevention and mitigation of GBV, and also includes psychosocial support services. Sasa is a Kiswahili word for "now!" and also serves as an acronym for the key components of the programme: Start, Awareness, Support and Action.

Building MHPSS through case workers

UNFPA has engaged the services of an International Mental Health and Psychosocial Support Specialist and will hire and deploy a National MHPSS Officer to work alongside and be coached by the international specialist.

Developing a training module on suicide prevention

UNFPA has been working closely with the Danish Refugee Council and World Health Organization to develop a training module for front-line workers, particularly case workers, on preventing suicide among GBV survivors and dealing with suicide ideations of this community.

PROGRESS AND RESULTS

- **21 Women Friendly Spaces** are supported by UNFPA in Bangladesh, providing psychosocial support services, access to family planning, clinical management of rape services, and general information about sexual and reproductive health and rights.
- **10 Women Led Community Centres** offer livelihood activities such as vocational training for women and girls, with UNFPA support.
- **46,515 women and girls** received MHPSS services from April 2018 to July 2019 in both individual and group activities at the Women Friendly Spaces.
- **16 case managers** and senior case managers working in Women Friendly Spaces have provided training of trainers (ToT) and completed a training package for community-based services. In another ToT initiative, 22 implementing partner (IP) staff learned how to develop self-care sessions.
- **Men and boys** are offered opportunities to attend life skills and information sessions through the safe spaces

"We reached the Kutupalong camp, where we met outreach workers who told us about the Women-Friendly Space. We went there, had a bath, ate, slept. ...I knew there were rape survivors in our community, and brought them to the Women Friendly Space. They got immediate treatment. I also brought pregnant women for referrals to health facilities for safe deliveries."

-Arwa, Rohingya community volunteer

LESSONS AND CONCLUSIONS

MHPSS has been integrated with GBV programming in Bangladesh. Lessons learned include:

- It is important to understand the traditions, cultural norms and values of the Rohingya community and develop culturally-sensitive service responses for MHPSS, and to avoid assumptions about commonalities of language between the Rohingya community and Bangladeshi service providers.
- Recruitment of national MHPSS staff to align with shorter-term international MHPSS specialists is part of pre-planning for service sustainability.
- Establishing groups for men and boys with MHPSS approaches ultimately creates a path for them to report GBV, as their trust develops in UNFPA's trained staff and partners.

MHPSS requires stronger response in the Rohingya refugee population. Among GBV survivors in particular, psychosocial support is one of the most critical services that GBV programming provides. Services supported by UNFPA in Women Friendly Spaces, including MHPSS, are making a difference to refugee Rohingya women and children.

"Because of this safe space, I rested and was able to breastfeed my children. I lost my husband and one child. Here I've received mental health support, and have a place to talk about my suffering on this journey. This is a place of peace for women like us."

—Recipient of services at a Women Friendly Space in Cox's Bazar

PARTNERS AND DONORS

Implementing and support partners

Mukti Cox's Bazar

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UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Catherine Bean and Sarah Baird.



Displaced Venezuelans Seek Refuge in Brazil

Jackeline, 25, left Venezuela for Brazil when pregnant. An artist, she worked on the welcoming mural as part of UNFPA-supported livelihood training. © UNFPA Brazil/Fabiane Guimarães

More than 4 million people have fled ongoing economic and political upheaval in Venezuela, with hundreds each day pouring into Brazil. This is the largest human displacement crisis in history for Latin America and the Caribbean. Since early 2018, UNFPA has provided direct assistance to over 9,000 Venezuelan refugees and migrants in the small northern Brazilian state of Roraima, as well as capacity building support in case management for service providers and partners. Many services are provided at a centre in Roraima where mental health and psychosocial support (MHPSS) address the stress and trauma of displacement, and services for gender-based violence (GBV) respond to the heightened risk.

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STRATEGIES AND INTERVENTIONS

Filling the gaps in government response

In February 2018, the Government of Brazil implemented federalized humanitarian action in response to the ongoing influx of migrants and refugees, including Operação Acolhida, which provides registration and documentation upon arrival, as well as emergency humanitarian assistance, including food and temporary shelter. The growing pressure on public services, however, has prompted backlash from local residents and the response from the Government needs to be strengthened in terms of coordination, resources and technical capacity. UNFPA has supported UNHCR and other partners in the relocation of 5,000 Venezuelans from the state of Roraima to 17 other states across Brazil.

HUMANITARIAN SITUATION

Ongoing Venezuelan exodus to Brazil

More than 180,000 Venezuelan refugees and migrants are currently in Brazil, with an average of 500 arriving daily in the northern state of Roraima. The Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) anticipates a total influx of 240,000 Venezuelans by the end of 2019.

Unmet reproductive health needs add to burden of migration

Venezuelans seeking asylum in neighbouring countries like Brazil often travel by foot or public transportation for days or weeks on end. Without access to healthcare or the ability to address basic health issues, the journey becomes even more dangerous and burdensome for migrants managing sexual and reproductive health (SRH) needs. Unfortunately, more challenges often await on the other side – including GBV.

Upon arrival, migrant women are at increased risk for GBV

The stakes for the sexual and reproductive health of migrants and refugees are especially high in areas like Roraima, one of the smallest and poorest states in Brazil. GBV is widespread in the state, which has the highest reported rates of femicide and sexual violence in the country. According to data from Human Rights Watch, the 2015 femicide rate in Roraima was 11.4 femicides per 100,000 people, almost three times the national average. Across the country, Venezuelan women face widespread discrimination due to both their migrant status and gender, leading to engagement in survival sex and increased risk for experiencing sexual exploitation. Such experiences take a severe toll on mental health and psychosocial well-being.

Center for mental health and psychosocial support

The Center for Conviviality and Psychosocial Care was established in cooperation with the Salvation Army in December 2018, coordinated by UNFPA in partnership with UNHCR and funding from the European Union. Located in Boa Vista, the capital city of Roraima, it provides primary mental health and psychosocial support services (MHPSS) for displaced persons and GBV survivors among women, youth, LGBTI, persons with disabilities and the elderly. The Center also provides family planning services and distributes dignity kits. To support the Center, UNFPA conducted training in case management for UN personnel, the Brazilian Armed Forces, implementing partners, health care management and field staff. This centre also works with the Immigrant Reference Center, an initiative of the Federal University of Roraima that supports documentation and referral for public services.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Brazil, UNFPA is working to:

- Ensure that a protective environment is in place for displaced persons that offers medical care and psychosocial support
- Support prevention of instability by increasing resilience and building national crisis response capacity
- Decrease stigma surrounding displaced persons by promoting coexistence and better availability of basic services
- Strengthen protection for women and girls by fostering reduction of, and better quality of, response to GBV
- Improve quality of data through enhanced collection mechanisms



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PROGRESS AND RESULTS

UNFPA and partners opened the psychosocial support centre in Roraima in late 2018. It provides MHPSS services including:

- social, psychological and legal counselling
- information on positive coping, the current status of the crisis, and relief efforts or available services
- materials on child protection issues or prevention of GBV
- structured individual and group educational activities to raise awareness
- development of labour market and life skills
- anti-xenophobic and community resilience-building activities
- support for communal spaces and meetings to discuss, problem-solve and organize community members to respond to the crisis
- case referrals to local assistance network and specialized centers for MHPSS and legal services

MHPSS during first half of 2019

With support from UNFPA, the Center for Conviviality and Psychosocial Care assisted **5,437 people** in the first half of 2019. The Center provided **26,291 meals** as well as bathing, clothes, hygiene items or laundry services; two thirds of those who came to the Center were women living in shelters.

The breakdown of the services provided is as follows:

- **1,282 cases of psychological services** addressing major psychological issues, such as depression, anxiety, self-mutilation, low self-esteem, panic disorder or post-partum depression
- **2,985 cases of social services** such as referrals to and guidance about the health network and social service benefits
- **1,002 cases of legal counselling**, such as in cases of domestic violence, labour issues, discrimination, xenophobia, neglect, sexual violence and more
- **2,471 cases of psychosocial support** services outside of the Centre itself, especially in shelters
- **5,707 livelihood project services** such as workshops and training on handicrafts, introduction to the labour market, entrepreneurship and financial education and use of money

“For the first time since I arrived in Brazil, I could sleep well.”

—Jackeline, 25, the mural artist in top photo, benefitted from livelihood training

LESSONS AND CONCLUSIONS

Due to safety issues and bureaucratic requirements, partnerships with shelters have become increasingly difficult for the psychosocial care centre. The Salvation Army has played a key role in spreading support activities from the Center to Rodoviária, a bus terminal where approximately 600 people are staying in tents provided by Operação Acolhida.

Women and girls, as well as other groups at increased risk, such as LGBTI persons or persons with physical and mental disabilities, face extra challenges and risks that require stronger protection and support. The need for assistance for pregnant women is high.

The organization of external referrals to manage the high level of demand for services, as well as the complexity of the cases themselves, has also been a challenge due to the lack of technical and human resources capacity.

The challenges to implement MHPSS are immense, as although Brazil has psychosocial care services, they are not prepared to care for survivors of gender-based violence in the context of forced displacement. Future steps include networking to complement existing services, with the aim of ensuring increased and integrated attention to women, girls, youth, LGBTI, persons with disabilities and the elderly.

In first half of 2019:



5,437 people reached with psychosocial care



5,707 people gained skills in livelihood workshops and training

"It was very good in Venezuela, before. I was working and studying. It was a wonderful life. Then, the economy got worse. There was no money to buy even a bread. I thought the best choice I had was to take away my children... I have learned to act in a risk situation and to deal with panic attacks. I have learned to have self-esteem."

—Yennyfer, a mother of three young girls who learned healing techniques in a UNFPA-supported project

PARTNERS AND DONORS

Implementing and support partners

International Organization for Migration
Salvation Army
UN Women
UNHCR

Donors

European Union
Luxemburg

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UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Irina Bacci and Patricia Rangel.

Humanitarian Crisis Persists in 'Post-Conflict' Iraq



Messages of encouragement are displayed at a UNFPA-supported safe space in Iraq.
© UNFPA Iraq 2018

Members of the Yazidi community in Sinjar City were targeted by insurgents affiliated with the Islamic State of Iraq and Syria (ISIS) in 2014 as part of an ethnic cleansing campaign that resulted in the deaths of thousands of Yazidi men, abuse of thousands of women and girls, and displacement of more than 400,000 Yazidis to camps in northern Iraq. The use of sexual violence as a strategic weapon during the war has resulted in profound psychological consequences for the affected women and girls. UNFPA has established multiple facilities in the region to provide specialized mental health and psychosocial support (MHPSS) to these survivors and to others among the millions in need of humanitarian assistance in Iraq.



HUMANITARIAN SITUATION

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Cessation of military operations has not diminished humanitarian need

Though military operations against ISIS have ended in Iraq, the country's post-conflict recovery includes a challenging humanitarian crisis: an estimated 8.7 million people in Iraq, including 3.3 million women and girls and 3.3 million total children, continue to need some form of humanitarian assistance and protection. This is compounded by an additional crisis of approximately 250,000 Syrian refugees living in the country. At the same time, asymmetric attacks by armed groups continue to be carried out along with small-scale military operations, resulting in new displacement and complications for the internally displaced persons (IDPs) returning to their areas of origin.

Women and children IDPs and returnees face increased rates of violence

Instability in the country is driven by rising poverty rates, delays in community reconciliation, lack of livelihood opportunities and political and social

tensions that contribute to ongoing small-scale displacement. The presence of former ISIS members within IDP communities is a key concern for many, especially for survivors of sexual violence, due to a fear of a reprisal from their perpetrators. Women and children in general continue to be exposed to multiple protection risks, such as child labour and child marriage, which has become more prevalent among IDP and returnee communities in recent years.

Lack of mental health and psychosocial support

Services for survivors of conflict-related sexual violence (CRSV), especially mental health and psychosocial support, are limited due to a shortage of trained professionals and the stigma surrounding these situations. While little data has been gathered on the prevalence of mental health conditions in Iraq, evidence from other humanitarian crises points to the long-term impact of war and CRSV on mental health and psychosocial well-being. While the Ministry of Health of

Iraq had piloted CRSV support services, including MHPSS, in 57 health centres in Baghdad prior to the war against ISIS, the rapid assessment of these services carried out by UNFPA in 2016 revealed that they were, and remain, extremely weak. Among the current priorities for the Government of Iraq is to make humanitarian interventions more responsive within the development context, with MHPSS and clinical management of rape as policy priorities.

STRATEGIES AND INTERVENTIONS

Providing specialized care

While challenges and needs vary among survivors, most suffer serious consequences of the severe trauma they have experienced. Specialized MHPSS services are essential to protect and support the well-being of affected women and girls in Iraq. In order to provide such services, UNFPA has established multiple facilities where survivors and IDPs can receive MHPSS information and services.

Strengthening national MHPSS capacity

As part of a 10-week programme to enhance the capacity of 200 MHPSS service providers from across Iraq, UNFPA has conducted a number of training sessions. The first set took place over five weeks in July and August 2019 and included 100 non-specialized humanitarian workers, such as social workers. The training combined theory with practice and group activities. The topics focused on case management, first care to survivors, psychological first aid and trauma-informed care, among others skills.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Iraq, UNFPA is working to:

- Strengthen the capacity of government counterparts and local NGOs for provision of quality MHPSS services across the country
- Expand coverage of MHPSS service providers to comprehensively respond to cases of gender-based violence
- Advocate for the human rights of women and girls, including reproductive rights
- Work with national authorities and community leaders to recognize the importance of MHPSS



© UNFPA Iraq, 2018

Establishment of Duhok Women’s Centre

From the onset of the crisis, UNFPA has collaborated with the Department of Health (DoH) in Duhok and led efforts and initiatives to provide the necessary treatment and psychological support to survivors of ISIS violence. With support from UNFPA, the Women’s Centre at the DoH in Duhok was established on 18 September 2014 to respond to the complex needs of women and girl survivors and IDPs.

As a “one-stop” model of comprehensive support, the Duhok Women’s Centre provides specialized care to survivors of all forms of GBV – including sexual abuse, exploitation and domestic violence – with integrated medical, psychological and legal support, as well as referrals for other services. The centre also plays an important role in engaging local community leaders in advocating for the legal, social and protection rights and needs of GBV survivors to uphold their dignity and enhance their recovery and social reintegration. Survivors of GBV can also be screened at the facility and referred to mental health professionals.

PROGRESS AND RESULTS

UNFPA has established facilities where survivors and IDPs can receive MHPSS information and services, and is strengthening national capacity for MHPSS.

- The **Duhok Women’s Centre** was established with UNFPA support in 2014.
- More than **1,100 Yazidi women** who are GBV survivors have been treated at the Centre with specialized medical, psychological and psychiatric services
- The **Women’s Centre in Amarihiyet Al Falluja** is based on the success of the Duhok Centre, and provides reproductive health services, including a delivery room, as well as psychosocial support and counselling services.
- **100 humanitarian workers** from across Iraq participated in a 10-week MHPSS training programme in 2019, and another 100 specialized MHPSS services providers will be in the next round.

Number of women and girls accessing psychosocial support and recreational activities, 2018–2019



	TARGET	ACTUAL	PROGRESS
2018	192,000	284,800	148%
2019	150,200	83,008	55%

LESSONS AND CONCLUSIONS

UNFPA-supported psychosocial support services are making a positive difference in the lives of many, yet significant challenges remain:

- Lack of awareness among community leaders of the critical importance of MHPSS
- Lack of awareness and high degree of stigma in the community surrounding GBV and MHPSS
- Limited number of qualified local MHPSS specialists, staff or volunteers, which contributes to overburdened facilities and burnout among care providers
- Lack of monitoring and evaluation of MHPSS projects through measurable indicators.

With donors and partners, UNFPA is committed to meeting the continuing needs of Iraqi women and girls.

“

Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations.

The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being. Achieving this priority requires coordinated action among all government and nongovernment humanitarian actors.

”

Source: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

“I was only 15 years old when they came into our village. They killed men and older women while they kidnapped and raped the younger ones.”

—Nihad, Yazidi survivor of ISIS violence, now accessing UNFPA-supported services

PARTNERS AND DONORS

Implementing and support partners

Al-Mesalla

Civil Development Organization

Harikar

International Medical Corps

Iraq Health Access Organization

Islamic Relief

Ministry of Health

Ministry of Labour and Social Affairs

Qandil

Tajdid

The United Iraqi Medical Society

Un Ponte Per

Donors

European Union

La Agencia Española de Cooperación Internacional para el Desarrollo

Regional Development and Protection Programme

UN Action Fund Against Sexual Violence in Conflict

ACKNOWLEDGMENTS

UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Lionel Laforgue, Salwa Moussa and Insherah Musa.

A photograph of a woman wearing a grey and white striped headscarf, smiling warmly. She is holding a young child with dark skin and curly hair, who is looking directly at the camera with a neutral expression. The background is dark, making the subjects stand out.

Ongoing Political Instability Fuels Humanitarian Crisis in Libya

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Millions of people across Libya continue to endure life-threatening risks and lack of food, water and essential services due to persisting political instability, conflict and insecurity. An estimated 823,000 people, including approximately 278,000 women, are in need of humanitarian assistance. Refugees and migrants face grave human rights violations. Following the 2011 uprising, the crisis is ongoing and fighting has recently intensified: In the last 12 months, conflict in populated areas has directly affected an estimated 1.62 million people in Libya. Following an eruption of armed clashes in April 2019, UNFPA adopted a psychosocial support (PSS) model to respond to the needs of the most vulnerable women and children.

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HUMANITARIAN SITUATION

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Recent fighting underscores urgent need for humanitarian assistance

Heavy clashes broke out 4 April 2019 in Tripoli and surrounding areas between the Libyan National Army (LNA) and armed groups affiliated with the Government of National Accord (GNA). The World Health Organization reports that more than 1,000 people have been killed since the offensive began, and the International Organization for Migration (IOM) reported that 94,000 people have fled their homes as a result of the fighting, while thousands more remain trapped in conflict-affected areas. Rapid assessments carried out from April to June 2019 by humanitarian partners found that movement out of the front-line areas closest to conflict remains heavily restricted, criminality and civilian unrest has increased, and Tripoli's healthcare system has been seriously disrupted. A humanitarian corridor was established in July 2019 to provide aid and bring people to safety.

Poor access to health care endangers women and girls

The protection environment in Libya remains tremendously challenging because access to health care is denied to many, and gender-based violence (GBV) is widespread. Women and girls who have fled their homes require sexual and reproductive health care, GBV treatment and prevention, and basic personal items to maintain their health and dignity while being displaced. As the conflict continues to escalate, women and girls are continuously at risk of sexual exploitation and abuse either while fleeing conflict areas, where they might be forced to negotiate for safe passage, or while accessing humanitarian aid.

Mental health suffers under prolonged conflict

The prolonged nature of the conflict and the recent escalation of violence have had a severe psychological impact on local populations, especially women

and children. Health facilities in the capital have reported that the stress and psychological impact of the war may have contributed to the increasing number of miscarriages among women. Damage to mental health may also lead to anxiety, post-traumatic stress disorder, depression and suicide. Women and adolescents are usually predominantly targeted by assaults but, in some instances, adult men have also been subjected to sexual violence. The impact of such violence, especially rape, can be devastating for survivors and their communities.

STRATEGIES AND INTERVENTIONS

Rapid Response Mechanism and mobile lifesaving services

In response to the intense clashes that erupted in Tripoli in early April 2019, four United Nations organizations: UNFPA, IOM, UNICEF and the World Food Programme — launched the Rapid Response Mechanism (RRM) in partnership with the Libyan Scouts, who distributed supplies. Immediate humanitarian assistance was provided to the displaced and most vulnerable individuals in collective shelters and urban settings to meet their basic and immediate needs. Mobile teams of psychosocial workers (PSS teams) were assembled through local partners Elssaifa and Al-Bayan and dispersed to provide free-of-charge psychosocial support and counselling, at different levels of interventions.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Libya, UNFPA is working to:

- Strengthen local capacity to establish Women and Girls Safe Spaces to provide free-of-charge multisectoral services
- Build capacity of women and girl entrepreneurs, as well as empowering survivors of GBV to integrate positively into the community in a way that ensures their dignity and respect
- Strengthen comprehensive, specialized GBV services and support structures and ensure rapid delivery of services to those in need
- Initiate a GBV case management system for local partners to ensure proper documentation of GBV survivors according to UNFPA standards and GBV response principles



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Participation in group and individual PSS sessions

In Women and Girls Safe Spaces and other locations, group psychosocial support sessions include information-sharing on GBV, sexual and reproductive health, stress management and coping mechanisms. Sessions are facilitated by a trained co-worker or social worker and are conducted in the collective shelters or at spaces identified by the individual seeking support. Women and girls may also participate in training sessions to acquire livelihood skills, and attend awareness-raising sessions on gender-related issues. This contributes to the empowerment and protection of vulnerable women and girls in crisis-affected areas.

“They make death outside, while we make life here inside.”

Internally displaced woman inside UNFPA-supported shelter

PROGRESS AND RESULTS

The Rapid Response Mechanism mobilized after the outbreak of the Tripoli crisis on 4 April, and by 24 April had delivered assistance, including food parcels, hygiene kits, dignity kits, and non-food items, to ensure basic and immediate needs for:

- 9,500 newly displaced people including 3,802 children and 2,470 women received assistance

In the five months since violence erupted in April, UNFPA and partners have reached thousands of women and girls with critical services.

Eight PSS mobile teams have been deployed with UNFPA support. In collective shelters and urban communities, social workers on the teams have provided psychosocial first aid and counselling to:

- 8,211 internally displaced persons (IDPs)

Four Women and Girls Safe Spaces (Benghazi, Mistrata, Sabha and Tripoli) have been established by UNFPA in partnership with local civil society organizations. Services provided by the safe spaces have included:

- 2,156 group PSS sessions provided
- 101 individual cases managed involving PSS



8,211

IDPs have received psychosocial care from

8

PSS mobile teams from April to July 2019

LESSONS AND CONCLUSIONS

The escalation of the armed conflict and political instability in Libya continues. The widespread lack of understanding of the importance of PSS in such contexts, however, presents a major barrier to the provision of psychosocial support and GBV awareness activities. Stigma associated with mental health care is a particular challenge in urban communities.

UNFPA-supported Rapid Response Mechanism teams, mobile psychosocial support teams, and PSS services provided at Women and Girls Safe Spaces are making a difference in the lives of women and girls in Libya, but significant challenges need to be addressed to extend services to meet rising needs.



Significant challenges need to be addressed to extend services to meet rising needs.

“The displacement has made us all under one umbrella. We all feel each other, our hearts are on each other, we calm each other, and we find safety in our company. For an hour and a half daily during the PSS sessions, we cry and complain to each other; we cry over our people who got killed during this crisis, over the destruction that happened to our houses, and then we laugh over the tiniest things. We train ourselves on meditation, and we pray to Allah to make us brave and for this war to pass with the least loss.”

Internally displaced woman inside UNFPA-supported shelter

PARTNERS AND DONORS

Partners

Al Bayan in Tripoli
(Implementing Partner)

Amazonet in Benghazi

International Rescue Committee
in Misrata

Libyan Scouts (kit distribution
in displacement contexts)

Libyan Women's Union in Sabha

Donors

Canada

Central Emergency
Response Fund

France

ACKNOWLEDGMENTS

UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Marta Dafano, Abdulrahman Khalifa and Ahlam Sofan.



Political Tensions and Natural Disasters Keep Myanmar in Fragile Situation

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Fragility, tension and violence persist in Myanmar, where 941,350 persons are in need of humanitarian assistance, including 244,000 in camps or camp-like situations in Rakhine, Kachin, Shan and Kayin states. UNFPA has recruited mental health and psychosocial support (MHPSS) experts since 2015 to build much-needed capacity for services. In 2017, UNFPA supported the creation of the MHPSS Peer Support Network, responding to the growing need for specialized support in conflict-affected regions.

[Continue reading >>](#)



HUMANITARIAN SITUATION

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Women and girls battle gender-based violence in affected areas

Women and children account for up to 77 per cent of the displaced population. The challenges they face are particularly pronounced in remote and conflict-affected areas, where women and girls are exposed to various forms of gender-based violence (GBV), trafficking and discrimination. In addition, barriers to access are evident in striking geographic inequities in use of modern methods of contraception and skilled delivery at birth, with a majority of deliveries taking place at home. These health system weaknesses contribute to high rates of maternal death, and are further exacerbated during times of conflict and natural disaster, due to the added burden on health care centres.

Stress of displacement and trauma of violence affect mental health

Despite moving towards democracy following the 2015 general elections and efforts to position the national

peace dialogue as a priority, challenging conditions persist, complicated by natural disasters. Myanmar has a history of socioeconomic and political exclusion, deep-rooted inter-communal tensions and ongoing conflict; it is also vulnerable to cyclones, earthquakes, floods, landslides and other natural disasters. The specific country context presents risks known to be associated with poor mental health. The 2015 Global Burden of Disease Study reported that depressive and anxiety disorders are among the top 10 health problems that cause most disability in Myanmar.

Experience of conflict and displacement, lack of freedom of movement and limited livelihood opportunities all contribute to psychosocial distress and harmful coping strategies. Poor living conditions in camp settings, characterized by overcrowded conditions and lack of privacy, also add to the stress level of affected populations. Women and girls

often cite fear or experience of sexual violence as one of their major concerns in such settings, contributing to the increased level of stress and limitations on their movement.

Lack of MHPSS capacity limits access to services

The lack of qualified MHPSS professionals in Myanmar has resulted in a lack of specialized mental health services for the populations affected by conflict. Since humanitarian access in these areas is often highly restricted, there is a need to build the capacity of those organizations and individuals who are granted access.

STRATEGIES AND INTERVENTIONS

Capacity building and multi-year planning for MHPSS within GBV services

In 2015, UNFPA recruited a number of international MHPSS specialists to develop and roll out training materials and build capacity of staff and in UNFPA, government and non-governmental organizations (NGOs) to raise awareness and practice of MHPSS integrated within GBV services. In 2018, UNFPA Myanmar developed a multi-year MHPSS Strategy (2018-2022) around three broad and interrelated activities:

- Conduct advocacy and policy work to raise awareness on a national and international level of MHPSS needs in Myanmar and engaging the necessary actors to set the foundations for national MHPSS systems.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Myanmar, UNFPA is working to:

- Strengthen multisectoral GBV prevention and response, including integrated MHPSS.
- Develop MHPSS beyond the GBV-services context and build national MHPSS systems.
- Build an MHPSS Peer Support Network to improve partners' skills to respond to MHPSS needs of affected populations, particularly women and girls, including through improving referrals between organizations/agencies and promote self-care and contribute towards staff well-being among front-line workers.

- Build institutional capacity in governmental and non-governmental service providers to ensure that supervisory and monitoring systems are in place to enable delivery of quality MHPSS interventions that can be maintained over the long-term.
- Provide technical leadership in MHPSS to establish minimum standards necessary for delivery of quality MHPSS interventions, and to support organizations in meeting these standards.

UNFPA has assumed key advocacy and leadership roles by co-leading the National MHPSS Working Group, advocating for it to report through the Protection Sector to formalize the issue within the humanitarian architecture, and working to establish MHPSS Peer Support Networks in three hubs for humanitarian actors. Myanmar's programme Women and Girls First (2019-2022) places MHPSS as a key priority area alongside sexual and reproductive health and rights (SRHR) and GBV.

MHPSS Peer Support Networks

In 2017, UNFPA Myanmar initiated the formation of a MHPSS Peer Support Network targeting conflict-affected states. The dual objectives of the Network are (1) to improve partners' skills to respond to MHPSS needs of affected populations, particularly women and girls, including through improving referrals between organizations/agencies, and (2) to promote self-care and contribute towards staff well-being among front-line workers.

Networks have been established as of 2019 in Central Rakhine and Northern Rakhine State, as well as in Kachin State. Meetings are facilitated by a trained UNFPA staff member, under the close supervision of an International MHPSS Specialist, and attended by organizations that deliver services and engage with affected populations.



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PROGRESS AND RESULTS

The MHPSS Peer Support Networks have been an important source of capacity building and support for humanitarian workers on the front-line in Myanmar's conflict-affected states. Developing the capacities of the front-line workers who are interacting with the affected populations is a critical step towards implementing the Inter-Agency Standing Committee Guidelines on MHPSS in Emergency Settings (IASC, 2007), in terms of expanding access to psychological first aid and psychosocial support.

- **Three MHPSS Peer Support Networks have been established in Myanmar:** Maungdaw Network in northern Rakhine State in 2107, and central Rakhine State and Kachin State in 2018.
- **MHPSS Peer Support Networks have enhanced staff capacity in the three humanitarian hubs** in conflict-affected Rakhine and Kachin States. This has contributed to improved availability and better quality of services provided by health and protection partners.
- **26,037 people received psychosocial support** through a range of activities from April 2018 to June 2019.
- **6,198 people attended MHPSS facilitation sessions** to build capacity for community support from October 2018 to June 2019.

Benefits to Network members include enhanced capacity to provide psychosocial support (PSS) while carrying out GBV case management; higher levels of optimism about working with challenging cases; learning new skills; learning being shared across organizations; and improved problem-solving around specific cases.

Remarkably, the Maungdaw Network in northern Rakhine State remained functional during the crisis in August 2017 and weekly calls with health and protection agencies from September through December 2017 helped humanitarian actors to understand the situation on the ground at a time when they had no access.

LESSONS AND CONCLUSIONS

Given the absence of MHPSS providers and services across the country, even in urban areas, as well as an outdated legal and policy framework, UNFPA Myanmar has had to assume greater leadership to advance the MHPSS agenda beyond the gender-based violence sector.

MHPSS Peer Support Networks have served as an important forum to engage and build the MHPSS capacity of actors, directly delivering services in Rakhine and Kachin States. The Networks offer an effective model to strengthen national capacities on MHPSS through continuous learning to develop a cadre of aid workers with MHPSS capacities. Strategies to integrate MHPSS into GBV and SRHR service delivery, and to shape MHPSS policies and legislation, have fostered a comprehensive approach to MHPSS across the humanitarian-development-peace nexus.



Between April 2018 and June 2019,

26,037

people have benefited from different types of psychosocial support activities



Between October 2018 and June 2019

almost **6,198** people, attended UNFPA-supported community psychosocial support facilitation

“Our sessions are not only a source of information, they are also the closest the girls ever get to an hour of feeling carefree in the company of friends in a safe environment... These girls’ lives are so hard. They need cheering up so that they can keep going until the next time they visit the centre.”

—KHIN ME ME HTUN

women’s protection and empowerment counsellor in a UNFPA-supported women’s and girls’ centre in a camp for displaced Rohingyas

PARTNERS AND DONORS

Partners

Peer Support Network members including UN agencies, international and national NGOs, and civil society organizations

Donors

Australia
European Union
Finland
Japan
Sweden

ACKNOWLEDGMENTS

UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Adib Asrori, Mollie Fair, Lai Win Phu and Eri Taniguchi.



Women and Girls Targeted by Insurgent Violence in Nigeria

© UNFPA Nigeria/Simi Vijay

Ten years have elapsed since the beginning of violent insurgent attacks in north-eastern Nigeria. This protracted crisis remains the biggest human security threat in the country. In the states of Adamawa, Borno and Yobe, an estimated 53 per cent of internally displaced persons (IDPs) are women and girls, approximately 1.8 million of whom are of reproductive age. Gender-based violence (GBV) is a defining characteristic of the ongoing conflict. UNFPA has established over 30 safe spaces for women in north-eastern Nigeria, offering mental health and psychosocial support (MHPSS), maternal health care and livelihood skills training.

Continue reading >>



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HUMANITARIAN SITUATION

Sexual violence used as tactic of war and terror

The prevalence of sexual abuse and exploitation among women and girls is a pervasive concern across Nigeria, especially following the mass abductions of schoolgirls in 2014 carried out by the Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS), commonly known as Boko Haram. Recent reports and assessments on protection point to an increase in incidences of sexual violence, likely due to weak law enforcement measures, deeply-rooted social stigma and limited humanitarian assistance — and linked to the activities of the insurgency.

Maternal and newborn health suffering for those affected by conflict

Stress, trauma and the lack of resources available to displaced persons have taken a severe toll on maternal and newborn health. About one woman dies every 10 minutes in Nigeria from pregnancy-related complications. Of the 7.7 million affected people in north-eastern Nigeria, about 1.93 million are women and girls of childbearing age who need sexual and reproductive health services. These services include prenatal and postnatal care, emergency obstetric care for safe birth, prevention and treatment of HIV and other sexually

transmitted infections, treatment for rape and provision of psychosocial counselling.

Trauma of violence leaves both physical and mental scars

Severe MHPSS needs exist across the country, especially for survivors of the gross human rights abuses perpetrated by Boko Haram. MHPSS needs vary among survivors, but many require a combination of services such as group and individual counselling, psychoeducation or psychiatric referral for specialized needs. The provision of basic needs and services is an important first step in restoring the sense of dignity and well-being of IDPs and GBV survivors, but this is not sufficient to address the long-lasting impacts of trauma.

STRATEGIES AND INTERVENTIONS

Building capacity to restore mental health

As an organizational priority, UNFPA-supported MHPSS interventions emphasize the need to provide relevant services that respond to the acute psychological and social needs of women of reproductive age, pregnant women and youth.

Health workers and service providers require extensive training and capacity development before delivering mental health services to beneficiaries. Their training supports GBV mainstreaming priorities, as well as specialized mental health services. Specialized training sessions have enhanced knowledge and capacity development in clinical management of rape and sexual and reproductive health services.

Establishing safe spaces for women and adolescent girls

In collaboration with local host communities and the Government of Nigeria, UNFPA Nigeria has established integrated safe space centres – such as the safe space in the Madinatu camp for IDPs – where women and young people can develop healing and restorative coping mechanisms, acquire needed reproductive health services, and rebuild their lives from the trauma they have experienced. They are often referred to as “Women Friendly Spaces”.

UNFPA-supported safe spaces offer an integrated approach with maternal health care services along with livelihoods and skills acquisition activities, and activities to raise public awareness on prevention, response and mitigation of GBV. Multisectoral GBV response services, along with information on other health services and sexual health rights, are also provided.

Community counselling and outreach

The community outreach model allows for counselling services to be facilitated at Women Friendly Spaces, either in groups or one-on-one counselling. These sessions foster social cohesion and empowerment among women and girls. Further, community sensitization and mobilization have been key in GBV mitigation and prevention. This has also contributed to the use of referral services.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Nigeria, UNFPA is working to:

- Ensure MHPSS is prioritized in primary health facilities and administered by skilled health personnel
- Facilitate accessible mental health services for victims of trauma, sexual or gender-based violence and obstetric fistula
- Provide quality mental health services to those in remote communities and hard-to-reach locations



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PROGRESS AND RESULTS

Significant results in challenging situations have been achieved during the 10-year period from 2009 to 2019:

- **More than 30 women and girls' safe spaces** have been established in north-eastern Nigeria. These safe spaces provide opportunities to engage in several reintegration and empowerment activities, and also to receive one-on-one or group counselling services.
- **500,000 people** have been reached through community counselling interventions supported by UNFPA.
- **400 health and social workers have been trained** on GBV and GBV service provision to ensure quality in the support provided to affected population.
- Close to **300,000 people** have been reached through information dissemination interventions, particularly regarding the current situation, relief efforts and the available services.
- Some **1 million people** have benefited from income-generating activities, including 300 girls and 230,000 women.
- **Over 1.3 million people** have benefitted from women's centres and UNFPA safe spaces. This includes those supported through case management services and those reached via the centres.
- Legal services have been provided to close to **900,000 people**.

Services provided at safe spaces in Nigeria, 2018-July 2019

DESCRIPTION	2018	JAN-JULY 2019
Individuals reached through specialized services	—	11,797
Individuals benefiting from empowerment skills building and livelihood activities	32,320	2,769
Women and girls who accessed various services through engaging Women Friendly Spaces	7,082	2,576
Women and girls who received GBV protection items and critical materials needs	50,874	10,892
Community engagement outreach sensitization on principle and GBV	701,294	324,000
Individuals benefiting from specialized GBV response (medical and clinical care)	133,083	—
Number reached with mental health services, including Psychological First Aid	29,320	—
Total number of people reached with all services	—	807,191

LESSONS AND CONCLUSIONS

The importance of partnership is one of the main lessons learned over the past decade of assistance in Nigeria. Local partnerships have helped speed-up MHPSS programme implementation. Partnership with the Government and its ministries, departments and agencies and civil society actors has facilitated information dissemination on mental health, psychosocial support counselling and GBV prevention and response in communities.

UNFPA-supported interventions have made a positive impact on the lives of hundreds of thousands of Nigerian women and girls over the last 10 years. However, the MHPSS needs of women and girls are ongoing and in some areas increasing, calling for continued investment in MHPSS for crisis-affected populations

UNFPA-supported interventions have made a positive impact on the lives of hundreds of thousands of Nigerian women and girls over the last 10 years.



30+ SAFE SPACES

have been established in north-eastern Nigeria



1 MILLION PEOPLE

have benefited from women's centres and UNFPA safe spaces

“Those who suffer most during insurgencies are women and children. We started doing psychosocial counselling to be able to give women resilience so they are able to remain strong and continue hoping they will get their beloved ones back if they have been abducted.”

Ratidzai Ndhlovu, former UNFPA Representative in Nigeria

PARTNERS AND DONORS

Partners

Action Health
International Organization for Migration
Ministry of Health and Women Affairs and Social Development
Neem Foundation
Plan International
Royal Heritage Health Foundation
World Health Organization

Donors

Central Emergency Response Fund
Global Affairs Canada
Korea International Cooperation Agency
Nigeria Humanitarian Fund (country-based pooled fund)

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Multiple Forms of Violence Impact Internally-Displaced Women in Syria

© UNFPA Syria

Well over eight years of war have now displaced 13 million people who are in need of humanitarian aid inside Syria, including 3.8 million women and adolescent girls aged 15-49, more than half a million pregnant, who are taking the heaviest toll. Syrian women bear the full hardship of the war, as they pay the price twice: incurring physical and psychological scars in addition to suffering the impact of social stigma, displacement and gender-based violence. UNFPA has integrated mental health and psychosocial support (MHPSS) in the sexual and reproductive health (SRH) and gender-based violence (GBV) humanitarian response, in all supported facilities, including outreach services.

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HUMANITARIAN SITUATION

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Cessation of military operations has not diminished humanitarian need

The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time. In terms of reproductive health, disruptions in service networks over the past years have meant that a significant number of people have limited to no access to basic health services, which has placed the lives and well-being of women and girls of reproductive age, and their children, at risk. Such disruptions also put this population at greater risk of experiencing gender-based violence and exploitation. Due to the length of the crisis in Syria, many girls have spent most or the entirety of their lives in a humanitarian context and, as a result, have endured various forms of violence.

Crisis-affected people can experience different types of trauma from displacement and the strain of camp settings, among many other problems that erode social support. They also can be exposed to different types of GBV, from psychological abuse and economic deprivation to battery,

rape and denial of freedom. While one in three women globally will experience physical or sexual violence in her lifetime, the risks are higher in Syria. Child marriage of girls was practiced in some Syrian communities even before the crisis started, but the conflict has contributed to girls being married younger and under different conditions, as a negative coping mechanism in displacement. GBV services remain inadequate and there is a tremendous need for health, psychosocial support and GBV prevention and response. The situation is made worse by lack of privacy, with multiple families sharing tents and accommodations in the camp which may leave women and girls vulnerable to gender-based violence, harassment and abuse.

Mental health specialists lacking despite urgent and widespread need

While there is a dire need for mental health and psychosocial support (MHPSS) in Syria, hardly any MHPSS professionals remain, many having fled during the crisis. According to UNFPA's Country Office

in Syria, the whole north-east region of the country has only one mental health professional, and the number of people qualified to carry out specialized MHPSS support in Syria as a whole does not exceed a dozen. Addressing the severe shortage of MHPSS professionals in affected areas requires training of community health workers to provide such services.

STRATEGIES AND INTERVENTIONS

UNFPA is building its interventions to include mental health and psychosocial support as part of the gender-based violence services and the clinical management of rape. Sexual and reproductive health facilities are the entry point where health and community health staff can identify people in need of psychological assistance and refer them to advanced services in Women and Girls Safe Spaces, Community Well-being Centres or specialized centres for secondary or tertiary support.

In addition, UNFPA is expanding delivery of integrated mental health and psychosocial support services through different outreach facilities and mobile teams.

To strengthen and ensure the sustainability of services, UNFPA in collaboration with national partners established a network of MHPSS counselors, in all accessible governorates, in three phases:

- **Phase 1:** Building capacity of 185 MHPSS providers in eight governorates with training on basic psychosocial support (PSS) and counselling. This series of specialized training sessions was followed by on-the-job training for 20 of the best trainees.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Syria, UNFPA is working to:

- Integrate MHPSS in SRH/GBV services at all UNFPA-supported facilities, including outreach services
- Ensure providers are sufficiently trained to deliver high quality and culturally sensitive MHPSS services
- Raise awareness about the importance of MHPSS among affected communities



© UNFPA Syria

- **Phase 2:** Providing advanced training for former trainees on PSS for families of individuals in need of psychological support. This phased training has resulted in enhanced capacities of the PSS network and filled the gaps in targeted governorates.
- **Phase 3:** Building capacity for PSS providers to deal with most vulnerable groups, especially people with disabilities (PWD), a vulnerable population group that has increased as a result of the crisis. It is estimated that the crisis has left about 2 million people with disabilities.

UNFPA is investing in the capacity development of community health providers and PSS staff to improve the quality of services.

PROGRESS AND RESULTS *January 2018 – September 2019*

Working closely with partners, UNFPA integrated and provided MHPSS in the following facilities and outreach services from January 2018 to September 2019:

- 168 mobile teams
- 78 static clinics
- 47 Women and Girls Safe Spaces
- 16 youth centres
- 3 Community Well-being Centres
- 1 family protection unit

During this time, UNFPA:

- Reached **164,000** beneficiaries with psychosocial support services
- Delivered training to **180 MHPSS providers** in eight governorates, including 70 reproductive health service providers and 115 providing GBV support, on basic PSS and counselling
- Organized on-the-job training for 20 MHPSS providers
- Supported **291 facilities** in Syria to provide SRH/GBV services, including psychosocial support

“I was only 12 years old when I got married to my 25-year-old cousin... He did not let me go to school and imprisoned me in the house. The most painful, though, were the insults and accusations of being a bad mother. I was doing my best, but I was a child raising another child.”

—Najma, internally displaced person in Syria

LESSONS AND CONCLUSIONS

UNFPA has brought MHPSS services to thousands of women in Syria, along with continuing SRH/GBV support services. Given the ongoing humanitarian crises, however, continued efforts are needed. In the process of integrating MHPSS, many lessons have been learned that enhance the effectiveness of service provision. Affected communities would benefit greatly from key actions:

- Continued investment in community engagement and outreach efforts to promote the importance of MHPSS and improve the coordination of services at local and national levels.
- Exploration of best practices to support training needs of providers, delivering culturally sensitive and socially appropriate MHPSS services for individuals and their families.
- Building high quality therapeutic relationships to improve recipient engagement and outcomes.
- Ensuring availability of, and building partnerships with, MHPSS tertiary health care facilities.

UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside Syria and in host countries, to better cope with and recover from the crisis. MHPSS services foster healing from the distress of traumatic events to restore mental and emotional well-being and coping tools for resilience in the challenging environments faced by refugees and the displaced.

“For me, the safe space became more than a lifeline. Sometimes, life feels like one of those strange nightmares in which you are trying to call for help but your voice is caught in your throat. Coming to this centre felt like I finally got my voice back.”

—Rama, receiving psychosocial support services at a Women and Girls Safe Space supported by UNFPA

PARTNERS AND DONORS

Implementing and support partners

Ministry of Health

Syrian Arab Red Crescent

Syrian Family Planning Association

UNHCR

UNICEF

World Health Organization

Donors

Canada

United Kingdom

Italy

Japan

Norway

Syndicate of Midwives and Physicians (medical association)

UN OCHA

ACKNOWLEDGMENTS

UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Ameera Ahmad, Widad Babikir, Omar Ballan, Fabrizia Falcion, Kinda Katranji and Hala al-Khair.



Turkey Hosts Largest Number of Refugees Worldwide

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Turkey hosts more refugees than any other nation – surpassing 4 million – a record held for the past five years. Most are from Syria, among the millions who have fled to neighboring countries since the start of the Syrian conflict in 2011. Most live in urban areas with very little access to resources and employment, not in camps. And more than two thirds are women and children, many directly exposed to violence in their home country and now vulnerable to gender-based violence (GBV) and health issues as refugees. UNFPA Turkey is implementing its humanitarian programme to increase resilience amongst the most vulnerable refugees and to strengthen institutional capacity to address their needs.

Continue reading >>



HUMANITARIAN SITUATION

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One million women and girls of reproductive age

An estimated 71 per cent of refugees in Turkey are women and children, and one quarter of this population (nearly 1 million people) are women and girls of reproductive age, 15 to 49 years old. On top of the regular risks they face, displaced women and girls are particularly vulnerable to gender-based violence, including sexual violence, early and forced marriage, high-risk and unintended pregnancies, adolescent pregnancy, unsafe deliveries, newborn complications, unsafe abortions, traumatic fistula and sexually transmitted infections and HIV.

Only 2 per cent of Turkey's refugees from Syria receive direct humanitarian assistance in camps, while most of the others live in urban areas with very little access to resources and employment.

While refuge in Turkey lessens the imminent threat of violence faced back home, significant threats persist for displaced women and girls as they attempt to adapt to a new environment. Child

marriage, accompanied by adolescent pregnancy, is a particularly common issue among the refugee population due to the economic hardships faced by many families.

Past and present violence affects mental health and psychosocial well-being

According to a study conducted by UNFPA Turkey, 8 out of every 10 refugees surveyed at the primary health care level indicated that they were exposed to violence during the crisis in Syria. Among these respondents, depression is the most frequently diagnosed mental disorder, the prevalence of depressive disorders being significantly higher among women compared with men. In addition, anxiety and post-traumatic stress disorder are common diagnoses. These conditions are only exacerbated by additional stress and trauma experienced as a displaced person and refugee in a new country. Women and girls who have experienced GBV and other trauma in before and after their arrival in Turkey are among those most in need of mental health and psychosocial support (MHPSS) services.

STRATEGIES AND INTERVENTIONS

As of 2019, UNFPA, in collaboration with implementing partners and the Ministry of Health (MoH), has strengthened MHPSS in key areas for service provision and capacity development:

Women and Girls Safe Spaces and youth centres

The centres provide sexual and reproductive health information, counselling and services at the primary health care level; GBV prevention and response services including psychosocial support (PSS); outreach activities; and empowerment and social cohesion activities for women, girls and young people. The safe spaces are in the process of being taken over by the MoH, which is integrating PSS into primary health care service provision for refugees.

Capacity development

Technical assistance from UNFPA has strengthened government-run Social Service Centres. The centres provide individual and group PSS, case management, counselling, information provision, awareness-raising activities and outreach for refugees.

Services for key refugee groups

Specialized to meet the needs of marginalized groups, the service units provide individual and group PSS, case management, information provision, legal counseling, HIV counseling and peer support, and awareness-raising activities in six provinces through a hotline and research.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Turkey, UNFPA is working to:

- Create environments free from GBV and discrimination for all refugees, particularly for women, girls, young people and other populations most at risk
- Ensure all survivors of GBV have access to care and services, including for MHPSS
- Improve access to sexual and reproductive health information and services

Partnership for training

Bilgi University Mental Health and Trauma Center is providing training to ensure that service providers are equipped to respond to the increasing humanitarian and health needs of displaced persons, with support from UNFPA. The training covers a broad spectrum of MHPSS activities, such as Psychological First

Aid, psychoeducation, basic principles of migrant mental health, self-care, psychosocial approaches for displaced people, community-based psychosocial support, identification of sexual violence and case management. These training sessions are followed by ongoing in-person and online supervision, as well as in-person self-care sessions for service providers.

PROGRESS AND RESULTS

As of 2019, UNFPA and partners have accomplished these key results:

- **Established 35 Women and Girls Safe Spaces and four youth centres** in 17 provinces
- **Strengthened the capacity of 27 Social Service Centres in 19 provinces** operated by the Ministry of Family, Labour and Social Services
- **Established seven Key Refugee Groups Service Units** for LGBTI persons, sex workers and people living with HIV
- **Improved psychosocial support training** for health service providers through a partnership with Bilgi University Mental Health and Trauma Center



"How can one return to a country beset by war? One can return there only in a shroud. We are living here as if we were half-dead."

Ravze Al Muhimid, 33, visited the UNFPA-supported safe space in Eskişehir in March 2019
© UNFPA Turkey/Selçuk Şamiloğlu

"We see three to four [child brides] per month. We know the number is higher, but they don't want to get caught so they don't show up in the health centre... They need special attention, but our hands are tied because so few come for care."

—Huda, midwife providing services in Turkey



143,259
REFUGEES

received psychosocial support from January 2018 to June 2019



402,265
REFUGEES

received GBV prevention and response services



559
GOVERNMENT STAFF

received training on gender, GBV and psychosocial support

From January 2018 through June 2019, the following results were achieved with the support of UNFPA:

- 213 service providers and 559 Ministry personnel received training on gender, GBV and psychosocial support
- 364 service providers received supervision on PSS and self-care sessions
- 235,280 refugees received sexual and reproductive health services
- 402,265 refugees received GBV prevention and response services
- 143,259 refugees received psychosocial support, most (135,818) at Women and Girls Safe Spaces
- A psychosocial terminology dictionary was developed for use by service providers

LESSONS AND CONCLUSIONS

Language, and the limited number of service providers who speak Arabic, Persian and other languages, are significant barriers in service provision. UNFPA and its partners prioritize working with psychologists and social workers who speak these languages. In addition, training of interpreters on gender, GBV and PSS terminology and ethical issues is essential for maintaining quality care.

Inclusion of refugees themselves as role models in service provision has proven to be effective in building trust with the refugee community, forming a bridge between the community and the service units. Refugees have been trained to work as service mediators or outreach workers to identify basic psychosocial

problems in the community and refer individuals to relevant services.

MHPSS was identified as an area by the Ministry of Health in need of international support. The integration of Women and Girls Safe Spaces into the primary health care system has facilitated the provision of essential MHPSS services and should complement other health care services in migrant health centres.

Due to social stigma and discrimination, key refugee groups often do not use services available to the rest of the population. KRG Service Units have become safe spaces for these refugees to rebuild community networks and to join peer support groups and other MHPSS activities.

"I would feel so lonely when I stayed at home, doing nothing. After I started to visit this centre, I felt psychologically relieved and my mood improved. I feel that I have changed... I feel so different."

—Syrian refugee woman, 41, with four children in Turkey

PARTNERS AND DONORS

Implementing Partners

Association for Solidarity with Asylum Seekers and Migrants

Bilgi University Mental Health and Trauma Center

Community Volunteers Foundation

Hacettepe University Women's Research and Implementation Center

Harran University

KAMER Foundation

Osmangazi University

Positive Living Association

Red Umbrella Association

Resettlement Support Center

Y-PEER Turkey

Partners

Ministry of Health

Ministry of Family, Labour and Social Services

Ministry of Interior Directorate General of Migration Management

European Union

UNHCR

UNICEF

World Health Organization

Donors

European Union Japan

Sweden The Netherlands

Denmark

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Internally Displaced Women in Ukraine Face Abuse and Exploitation

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Armed conflict that began in eastern Ukraine in April 2014 has resulted in over 10,000 human casualties, massive violations of human rights, grave suffering and significant civilian displacement of some 1.3 million people. The country's capacity to respond is weakened by pre-existing systemic inequalities and gaps in infrastructure and services. Among internally displaced persons (IDPs), women are experiencing gender-based violence (GBV) three times more frequently than local women who were not displaced. Since November 2015, UNFPA and national partners have developed a system of psychosocial support (PSS) services for those traumatized by displacement and for GBV survivors, delivering mental health and psychosocial support (MHPSS) in Eastern Ukraine with PSS mobile teams.

[Continue reading >>](#)



HUMANITARIAN SITUATION

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An ongoing conflict with 1.3 million IDPs

Humanitarian organizations estimate that at least 3.7 million people have been affected by the conflict, including 1.3 million internally displaced persons. People living along the “contact line,” those in the non-government-controlled areas (NGCAs), as well as IDPs are the most affected and most vulnerable populations.

Women IDPs at greater risk for violence, abuse and exploitation

A study of GBV in five conflict-affected provinces of Ukraine, organized by UNFPA in 2015, revealed that internally displaced women had experienced GBV three times more frequently than local women who were not displaced. The study respondents reported instances of humiliation, intimidation, blackmail, verbal threats, physical violence, confiscation of money or property, confiscation of official documents, forced labour without pay or for a pittance, and being subjected to improper sexual comments as the most prevalent forms of abuse experienced during the conflict.

Mental health and psychosocial consequences of violence and conflict

The experience of violence not only damages physical health but also often results in grave, sometimes lifelong psychological consequences. Because displacement uproots survivors from normal life and support systems, these psychological effects are much more intense among IDPs. The most prevalent disorders identified in the study included intrusive memories (flashbacks), significant changes in sleep patterns and repeated nightmares, and a perpetual feeling of fear or guilt. These problems could adversely influence resilience, potentially provoking the risk of increased domestic violence and violence outside the family.

The need for accessible mental health and psychosocial support (MHPSS) services is urgent, not only for survivors of violence but for all people living in conflict-affected areas of Ukraine.

STRATEGIES AND INTERVENTIONS

Building on a history of services and support

In November 2015, UNFPA and its national partners started to develop a system of free-of-charge, safe and confidential psychosocial support (PSS) services for GBV survivors in the government-controlled areas of eastern Ukraine. Interventions have included PSS mobile teams, safe spaces, health service delivery points and telephone hotlines.

The interventions, originally part of the joint United Nations humanitarian response in Ukraine, are now part of broader UNFPA support to develop and strengthen the GBV prevention and response system at national and regional levels. This work serves as a model for national-level expansion and replication. The recently adopted Law of Ukraine on Preventing and Combating Domestic Violence (#2229-VIII) opens up the possibility of institutional recognition and further development for long-term protection of GBV and domestic violence victims, such as permanent PSS mobile teams.

PSS mobile teams reach violence survivors where they are

Mobile health teams bring psychosocial support services to GBV survivors in need, helping them to overcome psychological distress and develop coping mechanisms. PSS services are located closest to the armed conflict zones and IDPs. Specially trained PSS mobile teams include up to three psychologists and social workers.

Provided with vehicles, the teams can reach remote and underserved areas where they deliver psychological counselling,

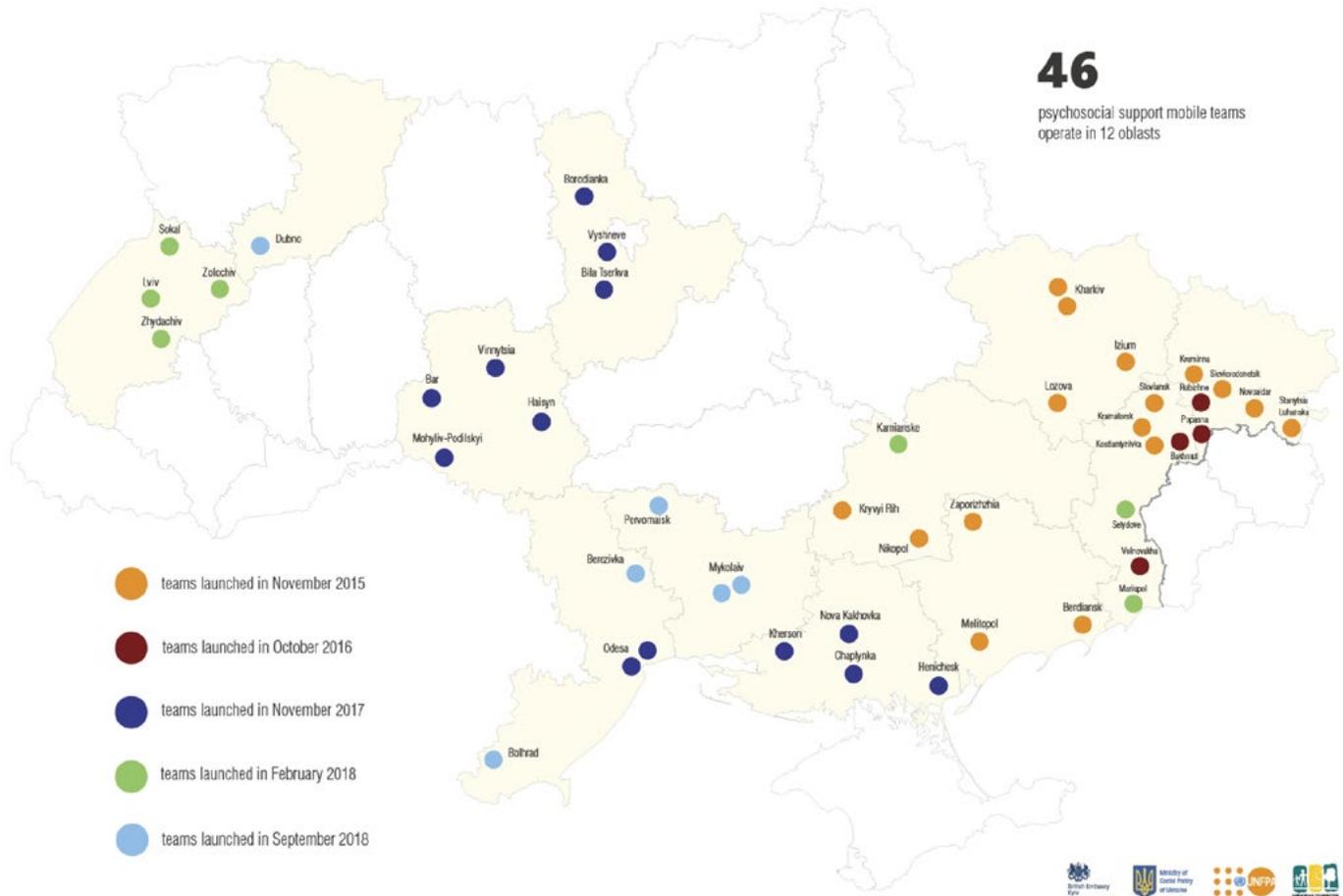
UNFPA RESPONSE OBJECTIVES

To support populations in need in Ukraine, UNFPA is working to:

- Strengthen capacity and expand coverage of service providers to comprehensively respond to GBV cases and prevent future acts of violence, using a survivor-centred approach.
- Ensure free and inclusive access for all survivors of GBV to quality essential services, including psychosocial support, sexual and reproductive health care and legal aid.
- Scale up free-of-charge, safe and confidential psychosocial support to survivors of GBV while reaching the furthest behind first.

46

psychosocial support mobile teams operate in 12 oblasts



psychosocial support, case management information and awareness services, advisory and referrals. PSS team members also provide services at municipal centres offering social services and conduct outreach in local communities. The teams respond to GBV against children by providing Psychological First Aid and registering cases with relevant authorities.

In addition to PSS, the programme provides physical protection, shelter facilities and medical care, including HIV and STI treatment (e.g. post-exposure prophylaxis) and legal counselling. It also offers education and awareness-raising on GBV.

An evaluation of the PSS mobile team was conducted in 2018 and the good practice was featured in a publication titled "Integrated response to end gender-based violence against vulnerable women and adolescent girls in Ukraine".

PROGRESS AND RESULTS

- **46 PSS mobile teams are covering 12 provinces** as of 2019 — up from 21 covering 5 provinces in 2015
- **59,349 GBV cases** were responded to by the PSS mobile teams from November 2015 to August 2019. Most are women (88 per cent) and most are local, non-displaced residents (83 per cent).
- **Some 64 per cent of psychosocial support clients** had not previously reported their GBV case anywhere else but to the mobile teams, suggesting that they were the first available source of help.
- **2,000 GBV case each month** countrywide are reach by the PSS mobile teams

"For now, I only want peace of mind – that's all. What does it take ... But one thing I can say is don't let yourself be insulted, humiliated, don't let yourself be bullied. And don't excuse. Do not believe that your offender will change himself. They never change."

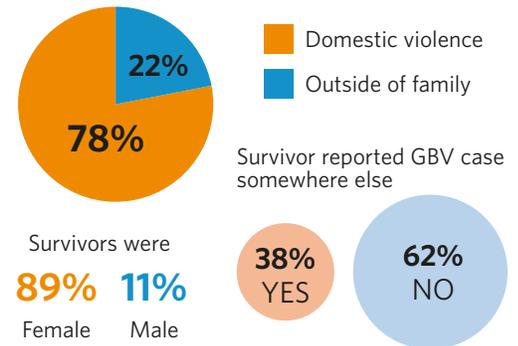
—Olga, a GBV survivor, shared with the PSS mobile team

LESSONS AND CONCLUSIONS

In late 2018, UNFPA conducted a comprehensive independent evaluation of PSS mobile team model of service provision to inform the next phase of the scaling-up process and the transition and transfer to national ownership. The evaluation described it as a role model for other countries in the region and beyond. By July 2019, more than 200 PSS mobile teams had been established by local authorities in regions outside those covered by the UNFPA intervention. To support new service providers, the UNFPA Country Office in Ukraine is developing a package documenting the experiences and best practices of the PSS mobile teams.

Psychosocial support mobile teams November 2015–July 2019

Responded to **59,349** cases of GBV



"I wanted to get away from him for a long time. But I was afraid, did not dare to do it, all in all – there was simply no place to go... What can I advise women who find themselves in this situation? If beating happened once, then it will happen again – the second time, the third... It is better not to believe the apology, but at once to go. And seek help."

—Mary, beneficiary of psychosocial support in Ukraine

PARTNERS AND DONORS

Implementing and support partners

Ministry of Social Policy of Ukraine
Ministry of Health of Ukraine
Ministry of Justice of Ukraine
Ministry of Internal Affairs of Ukraine
National Police of Ukraine
Ukrainian Foundation for Public Health
UNICEF (PSS mobile teams in Donetsk and Luhansk regions)

Social service centres for families, children and youth in **12 regions:** Donetsk Oblast Civil-Military Administration; Lugansk Oblast Civil-Military Administration; Dnipropetrovsk Oblast State Administration (OSA); Zaporizhzhya OSA; Kharkiv OSA; Odesa OSA; Mykolaiv OSA; Kherson OSA; Lviv OSA; Kyiv OSA; Vinnytsia OSA; and Poltava OSA, **and 12 municipalities:** Sloviansk City Council; Mariupol City Council; Rubizhne City Council; Kryvyi Rih City Council; Berdiansk City Council; Kharkiv City Council; Odesa City Council; Mykolaiv City Council; Kherson City Council; Lviv City Council; Kyiv City State Administration; and Vinnytsia City Council

Donors

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Psychosocial Support for Women Survivors of Violence in Yemen



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Yemen is facing the world's largest humanitarian crisis, characterized by tremendous loss and suffering of the people, and extensive destruction from explosive weapons. In March 2015, a prolonged political crisis between Yemeni government forces, their allies and rebel groups erupted into armed conflict. As of 2019, an estimated 24 million people – over 80 per cent of the country's population – are in need of assistance, including 14.4 million who are in acute need, nearly two million people more than in 2018. The need for mental health and psychosocial support is urgent. UNFPA delivers lifesaving reproductive health care supplies and services, in addition to programmes that prevent and respond to gender-based violence (GBV), along with services for mental health and psychosocial support (MHPSS).

[Continue reading >>](#)



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STRATEGIES AND INTERVENTIONS

Meeting fundamental needs of women and girls

UNFPA is engaging a multitude of strategies and interventions to provide services to women and girls in dire humanitarian circumstances. These interventions start with meeting fundamental needs by the provision of dignity kits (transit kits) for women's personal hygiene, protection and ease of movement during displacement. Other efforts focus on strengthening women's health and well-being through reproductive health information and services, and protection services, provision of mental health and psychosocial support, livelihood support and skills building for GBV survivors.

Strengthening resilience and capacity

UNFPA supports the provision of psychosocial support, legal aid, access to safe spaces/shelters and referrals to health and other services. GBV services are being integrated with emergency reproductive health services. Mobile teams of health and social workers identify the most vulnerable women and girls and refer them to additional available services. Coordination and advocacy on GBV prevention is being bolstered through a sub-cluster lead by UNFPA. Individual and community resilience is improving through raising awareness about preventing and mitigating GBV and harmful traditional practices.

HUMANITARIAN SITUATION

Increased vulnerability to violence and abuse

The past four years of conflict have been particularly harsh for women and girls. An estimated six million women and girls of childbearing age (15 to 49 years) are in need of support. More than one million pregnant and lactating women are malnourished due to food shortages in the country, putting both their health and that of their child at risk. Reported cases of GBV increased by 36 per cent between 2016 and 2017 and by an additional 70 per cent in 2018, which does not account for cases missed because of chronic underreporting.

The escalation of the conflict and its humanitarian repercussions have further weakened the position of women and girls in Yemeni society, leading to a near erosion of protection mechanisms and an increased vulnerability to violence and abuse.

Displacement exacerbates already dire humanitarian situation

As many as 4.3 million people have been displaced in the last three years, while some 3.3 million people remain displaced. With limited shelter options, displaced women and girls tend to suffer most from lack of privacy, threats to safety and limited access to basic services. Displaced girls are more likely to lose access to schooling as families with limited resources de-prioritize their right to education. In such dire circumstances, many girls resort to using negative coping mechanisms or are forced to engage in harmful practices to survive, such as child marriage.

UNFPA RESPONSE OBJECTIVES

UNFPA works in close partnership with local authorities, non-governmental (NGO) partners and UN agencies across the country. To support populations in need in Yemen, UNFPA is working to:

- Strengthen mechanisms to protect women and girls and their well-being with emphasis on prevention and response to gender-based violence and reproductive health services
- Establish safe spaces, shelters and psychological care centres to provide a basis for multisectoral service delivery
- Build capacity, individual and community resilience within a context of political and military complexities and severe funding curtailments



© UNFPA Yemen

PROGRESS AND RESULTS

In 2018, UNFPA supported critical services for GBV survivors:

- 88 mobile outreach teams
- 23 safe spaces
- 6 women shelters
- 3 specialized psychological care centres
- 24-hour hotline service providing psychosocial counselling and referral to services for GBV survivors

Two new centres in 2018

UNFPA is working to scale up services for survivors of gender-based violence, including through the Family Counselling and Development Foundation. In 2018, two new centres opened up, providing mental health support to more than 7,000 survivors of gender-based violence, and to more than 9,000 other cases. More than 13,000 cases were handled through the nationwide toll-free hotline.

“After coming here my life has changed. The psychological support sessions helped me to regain my confidence. I heard of this women centre through a friend. They helped me to pursue my education and find a job. I am looking after my siblings with that.”

— Hayat, young woman at the UNFPA-supported women’s shelter

Services provided through UNFPA-supported resources

GBV SURVIVORS JAN 2018 - JUNE 2019	WOMEN	MEN	BOYS	GIRLS	TOTAL
Reached with specialized services (multisectoral services incl. referral, legal, medical, psychological, shelter)	28,046	1,524	542	6,130	36,242
Reached with mental health and psychosocial support services	2,839	88	71	703	3,701
Received specialized psychological support through the hotline	8,876	1,006	412	1,136	11,430

LESSONS AND CONCLUSIONS

CHALLENGES IN SERVICE PROVISION

Lack of availability and access: The aim is to provide GBV response services within 72 hours, yet large gaps exist in the provision of services to survivors, where all reported cases are provided with immediate, lifesaving and adequate services.

Lack of humanitarian access: In severely conflict-affected areas, the provision of services as well as the ability of civilians to reach this assistance are limited.

Stigma: GBV is heavily stigmatized and many incidences of GBV go unreported.

Political and military complexities: This has led to protracted negotiations with authorities to allow for implementation of GBV programmes.

Data: The lack of reliable data, evidence and research on the impact of the conflict on GBV hinders efforts to inform the wider humanitarian response.

LESSONS ON PROGRAMMING

GBV is multidimensional and requires holistic approaches. A variety of different partners need to be involved at the national and sub-national levels to strengthen coordination and response.

Safe spaces provide an entry point for comprehensive GBV interventions such as psychosocial counselling, life skills, livelihood and referrals for specialized services.

Economic empowerment is an effective entry point for GBV services, with more women taking up a breadwinner role with absence of husbands either gone to fight in the war or unemployed due to the economic repercussions of the conflict.

Involvement of the community is essential for smooth implementation, and for facilitating the work of case managers and service providers. The engagement of institutions and communities also helps create better acceptance for the services.

“Every form of assistance we provide now can mean the difference between life and death for hundreds of thousands of women and girls in Yemen.”

—Nestor Owomuhangi, Acting Representative to Yemen, UNFPA

PARTNERS AND DONORS

Implementing and support partners

Charitable Society for Social Welfare, Family Counselling and Development Foundation, International Rescue Committee, Ministry of Social Services and Labour, Save the Children, Women’s National Committee, Yemeni Women’s Union

Donors

Canada, European Union, Kuwait, The Netherlands, Sweden, Switzerland, United Arab Emirates and Saudi Arabia (through March 2019)

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