

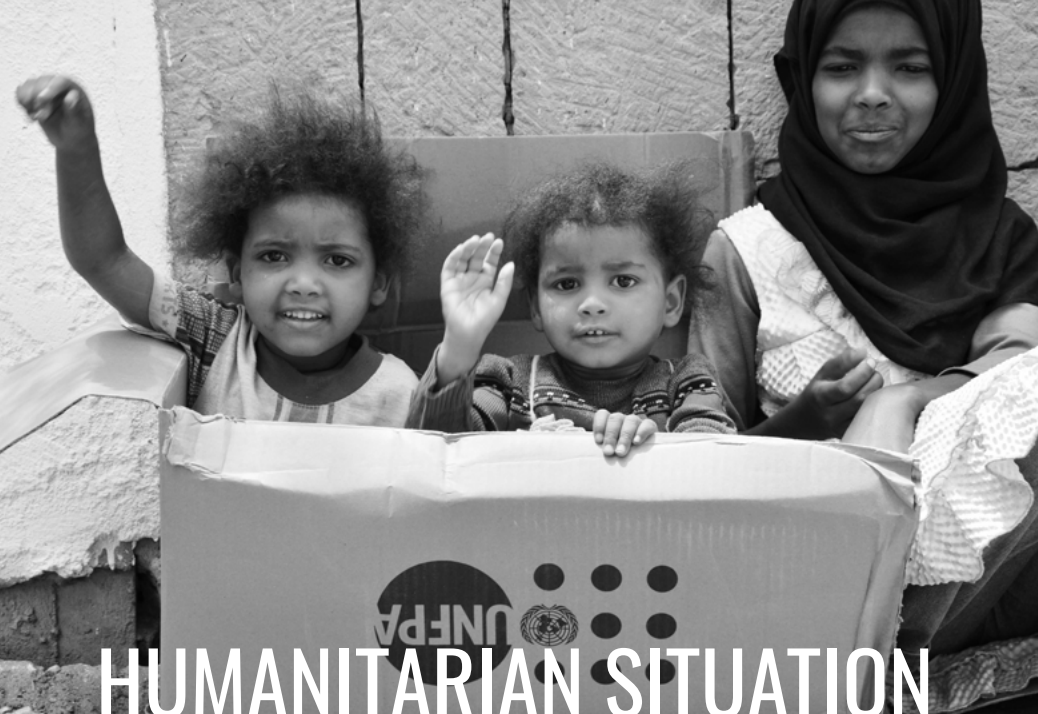
# Psychosocial Support for Women Survivors of Violence in Yemen



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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).

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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.

### ***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



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## 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**

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