"Provision of MHPSS Services for Vulnerable Women and Girls "Project

October- December, 2025

صندوق الأمم المتحدة للسكان
United Nations Population Fund

اتحاد نساء اليمن
Yemen Women Union

مؤسسة الرعاية النفسية التنموية
PSYCHIATRIC CARE DEVELOPMENTAL FOUNDATION

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Part 1: Project Background

Part 1.1 Summary of the project

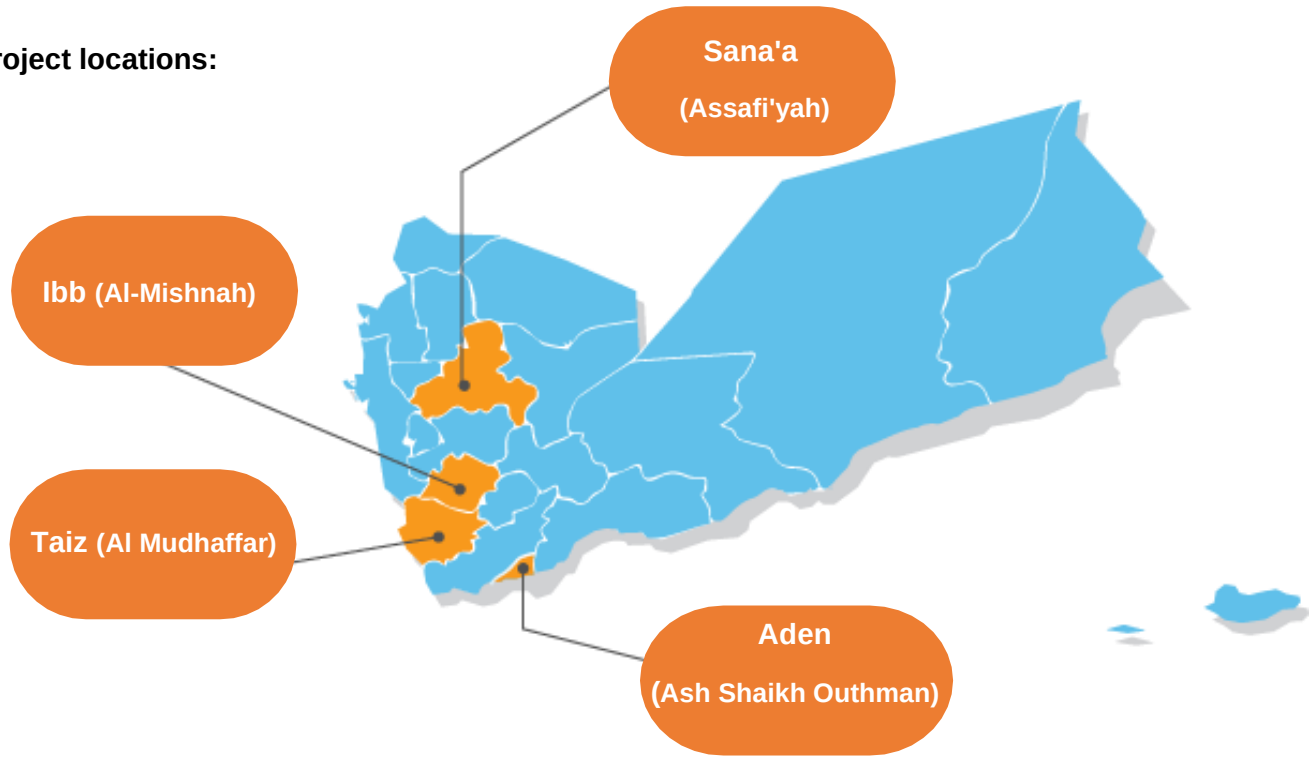
Since January 2020, the Psychiatric Care Developmental Foundation (PCF), supported by the United Nations Population Fund (UNFPA), has been operating two MHPSS centers in Ibb and Taiz governorates. In late 2023, PCF expanded its service packages by collaborating with existing health institutions: Al Thawrah General Hospital in Sana'a and the Neuro-Psychiatric Teaching Hospital in Aden. These four facilities provide free and accessible mental health care and psychosocial support services targeting vulnerable women and adolescent girls, including those with disabilities, displaced women, and women-headed households.

The mental health care and psychosocial support service package consists of specialized MHPSS services, such as out-patient psychiatric consultations and related medical examinations, psychotropic medications, in-patient admission (excluding Al Thawrah General Hospital), advanced individual psychological support, and rehabilitative services. On the other hand, focused MHPSS services include basic counselling, provision of psychological first aid, structured group-based support activities, family and caregiver psychosocial support, facilitation of community reintegration of beneficiaries, case management, psychoeducation and awareness- raising activities, and remote psychosocial support through hotline and tele-counselling.The project also offers a training program for psychology and general medicine students as well as service providers.

Project general objective:

The project aims to support and contribute to the strengthening of mental health and psychosocial well-being of vulnerable women and adolescent girls in vulnerable communities in Yemen.

Project locations:



Part 1.2 Specific Situation in the Project Locations

Yemen remains one of the world's most complex and protracted humanitarian crises, with years of conflict, economic collapse, and climate shocks driving deepening suffering. Nearly 20 million people require humanitarian assistance, including 9.6 million women and girls facing severe hunger, rising protection risks, and a collapsing health system. Since March, nearly two million women and girls have lost access to services, and maternal deaths have been reported, as a result of a 40% reduction in UNFPA's life-saving interventions due to funding cuts. [1]

Across the country, urgent medical and basic needs often overshadow the importance of mental health. While physical injuries and illnesses are visible and more immediately recognized, mental health issues tend to be under the surface and more easily ignored. Stigma and a lack of understanding of mental health issues and the care that is available to address them contribute to the significant barriers people face accessing mental health services. On top of this, the few mental health services that are available are strained by the ongoing conflict and fragile health care infrastructure. Yet the country's health care system which is already strained by years of war is struggling to meet people's needs. The situation has been worsened by recent funding cuts, which have drastically reduced the availability of essential mental health services. An estimated 7 million people, about a quarter of Yemen's population, grapple with psychological trauma and stress inflicted by the ongoing conflict. All require mental health support, yet only 120 000 of this number have consistent access to services. [2]

Against this backdrop, Mental Health and Psychosocial Support (MHPSS) centers have become critical safe spaces for vulnerable women and girls, providing protection, dignity, and confidentiality. PCF has targeted Ibb and Taiz governorates for service delivery since 2020. Ibb MHPSS Center is the sole provider of specialized mental health and psychosocial support in the area, alleviating the burden of long-distance travel for essential services. Similarly, Taiz MHPSS Center offers free, accessible mental health services, particularly for vulnerable women and girls in a densely populated region affected by displacement and psychological disorders.

In late 2023, PCF expanded its services to Sana'a and Aden, partnering with Al Thawrah General Hospital and the Neuro-Psychiatric Teaching Hospital. This intervention is crucial as both urban centers had faced significant challenges due to underfunding and staffing shortages, which have hindered operational capacity. In Sana'a, the Psychiatry Department struggles with budget constraints and inadequate resources, while in Aden, the Neuro-Psychiatric Teaching Hospital previously accommodated only 15-20 female beneficiaries without dedicated spaces for women. However, following the implementation of the project, enhancements have increased the outpatient department's capacity to nearly 45-50 female beneficiaries, improving access to essential mental health services in a context where privacy and quality of care are vital.

[1] https://www.unfpa.org/resources/yemen-situation-report-july-%E2%80%94-september-2025
[2] https://www.emro.who.int/yemen/news/the-silent-struggle-yemens-mental-health-crisis.html

Part 2. Highlights

At the end of July 2025, the project budget was reduced, necessitating revisions to targets for key services, including psychotropic medications, inpatient care, and awareness activities. Between October and December 2025, a total of 8,534 vulnerable women and girls received psychiatric consultations. Of these, 2,471 were new cases assessed by consultant psychiatrists, while 6,063 received follow-up care from psychiatric practitioners, achieving 94% of the revised target.

Pharmacological support was provided to 3,090 beneficiaries, meeting 100% of the revised target. It is important to note that this achievement reflects the adjusted targets following the budget reduction, as the medication support target was lowered by 540 beneficiaries when comparing the second quarter with the fourth quarter.

In-person psychological support services reached 6,796 beneficiaries, while remote psychosocial support via hotline was provided to 1,207 women, adolescent girls, and their caregivers, exceeding the target by 5%.

Overall, these results demonstrate the high and growing demand for MHPSS services amid the recent escalation of conflict in Yemen, underscoring the critical importance of sustaining such interventions. A detailed comparison of actual service delivery against targets is presented in Table 1.

Services	Target Oct. – Dec. 2025	Actual Oct. – Dec. 2025	% Achieved
Psychiatric Consultations	9,120	8,534	94%
Pharmacological Support	3,090	3,090	100%
Admission	46	45	98%
In-person Psychosocial Support	6,720	6,796	101%
Remote Psychosocial Support	1,152	1,207	105%
Awareness-raising Sessions	17,660	19,499	110%
Incoming Referrals	210	48	23%
Outgoing Referrals	210	53	25%

Table 1: Actual MHPSS Services Provided vs. Target Goals – Oct. –Dec. 2025

Part 3. Progress on the Current Intervention- MHPSS Centers

Part 3.1 MHPSS Beneficiaries Served at the MHPSS Centers

Part 3.1.1 MHPSS Beneficiaries Served at Ibb MHPSS Center

During the reporting period, a total of 2,154 vulnerable women and girls were served at Ibb MHPSS Center, of which 3 were received as referrals from other actors and service providers, while 3 women and girls were referred to other service provider. Regarding residential status, 2,045 (95%) of the women and girls served were from host communities, while the remaining 109 (5%) were internally displaced persons (IDPs) who had fled to Ibb governorate.

Part 3.1.2 MHPSS Beneficiaries Served at Taiz MHPSS Center

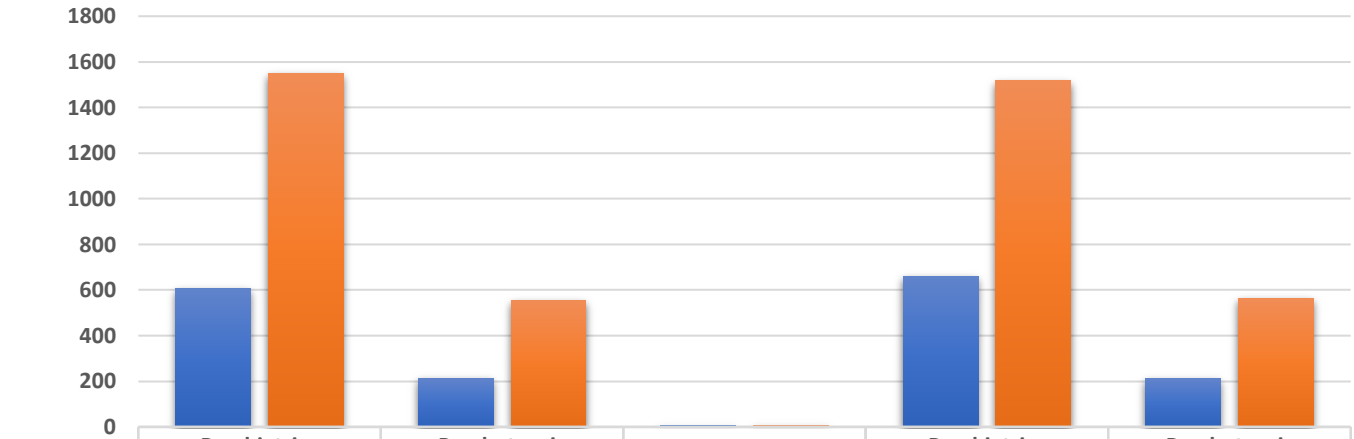
At Taiz MHPSS Center, a total of 2,178 women and girls were served, of which 16 were received as referrals from other actors and service providers, while 49 women and girls were referred to other actors and service providers. In terms of residential status, 1,999 (92%) of the women and girls served were from host communities, and 179 (8%) were internally displaced persons (IDPs) who had fled to Taiz governorate.

Part 3.1.3 Beneficiaries by Service

Table 2: Number of BNFs Served by Service Type

Activity indicators	Ibb MHPSS Center	Taiz MHPSS Center
# of vulnerable women and girls received psychiatric consultations	2,154	2,178
# of vulnerable women and girls received pharmacological support	765	773
# of vulnerable women and girls admitted in in-patient services (night-care services)	0	13
# of vulnerable women and girls received in- person psychosocial support	1,754	1,703
# of vulnerable women, adolescent girls, and their caregivers accessing remote psychosocial support services thru the hotline or helpline	388	319
# of BNFs attending MHPSS specific awareness and psychoeducation sessions	4,907	4,901
# of caregivers/family members of women and adolescent girls at accessing caregiver psychosocial supports	1,038	1,153
# of women and girls referred by other actors to PCF	3	16
# of women and girls referred by PCF to other service providers	3	49

Part 3.1.4 Beneficiaries Receiving Direct Services at Ibb and Taiz MHPSS Centers



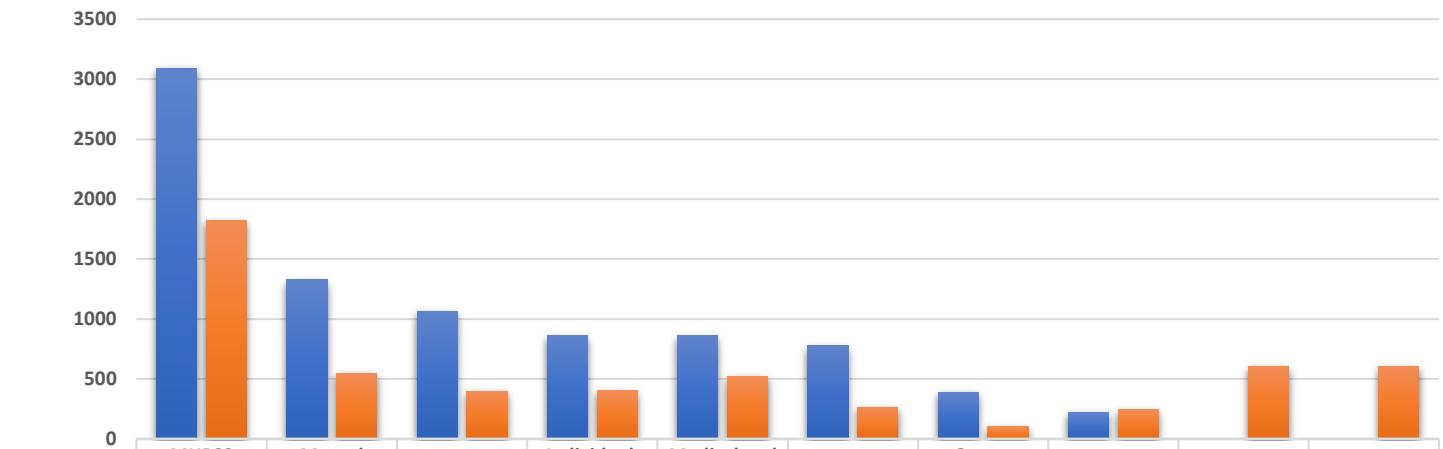
	Ibb MHPSS Center		Taiz MHPSS Center		
	Psychiatric Consultations	Psychotropic Medications	Admission	Psychiatric Consultations	Psychotropic Medications
New	606	213	6	661	211
Follow-up	1548	552	7	1517	562

Figure 1 :BNFs Accessing Main Specialized MHPSS Services

Figure 1 above demonstrates the number of women and girls accessing main specialized MHPSS services at Ibb and Taiz MHPSS centers. At Ibb MHPSS Center, psychiatric consultations were provided to 2,154 female beneficiaries. Among them, 1,548 were follow-up beneficiaries from previous months to complete their treatment while 606 were new cases who have visited Ibb MHPSS Center for consultations for the first time. In Taiz MHPSS Center, psychiatric consultations were provided to 2,178 female beneficiaries; 1,517 were follow up beneficiaries and 661 were new.

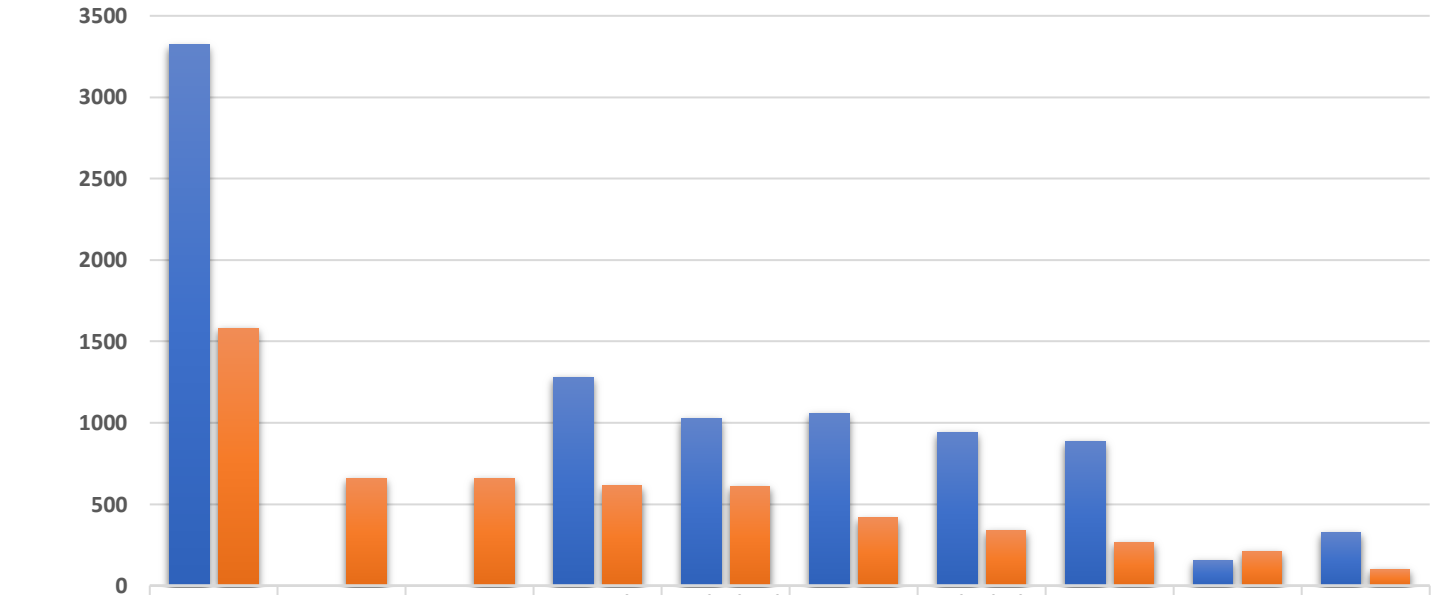
Psychotropic medications were provided to 765 female beneficiaries at Ibb MHPSS Center. Among them, 552 were follow-up beneficiaries from previous months, while 213 were new cases who visited the MHPSS Center for psychotropic medications for the first time. However, at Taiz MHPSS Center psychotropic medications were provided to 773 female beneficiaries, of whom 562 were follow-up beneficiaries, whereas 211 were new cases who visited the MHPSS Center for psychotropic medications for the first time.

During the reporting period, no inpatient admissions were recorded at the Ibb MHPSS Center. In contrast, Taiz MHPSS Center admitted 13 female beneficiaries to receive intensive inpatient mental health care. All admitted beneficiaries were discharged following the stabilization of their acute mental health conditions, in accordance with established clinical protocols.The inpatient unit provides a safe and secure, closely monitored therapeutic environment, ensuring 24/7 care, comprehensive risk assessment, and integrated treatment planning delivered by a multidisciplinary team of specialized professionals.



	MHPSS Awareness Sessions	Mental Health Assessments	Case Management	Individual Psychosocial Support	Medical and laboratory Examination	Caregiver Support	Group Psychosocial Support	Rehabilitation	Psychological First Aid	Case Study
Follow - UP	3089	1326	1066	861	860	775	388	221		
New	1818	544	398	400	520	263	105	244	606	606

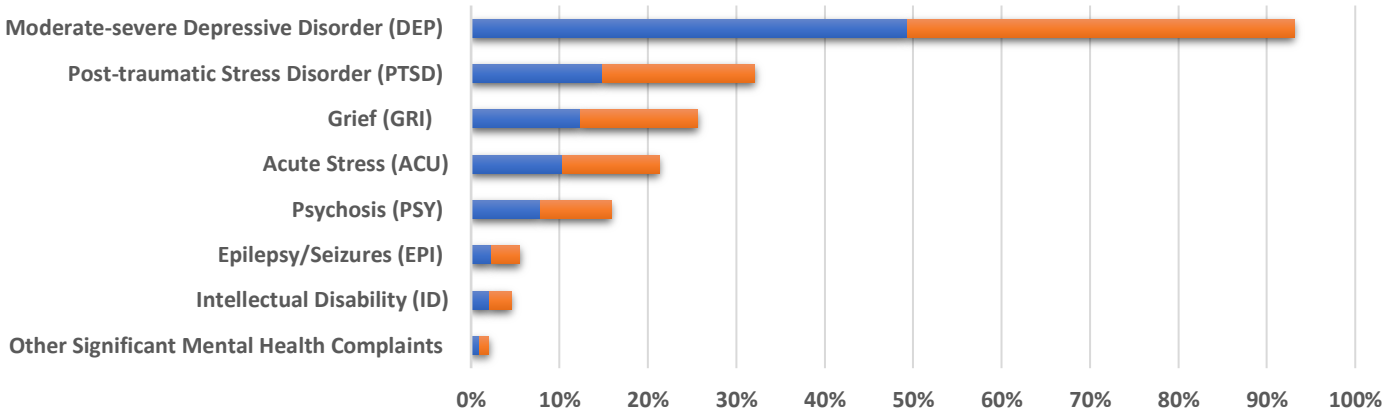
Figure 2 :BNFs Accessing Various Specialized and Focused MHPSS Services at Ibb MHPSS Center



	MHPSS Awareness Sessions	Psychological First Aid	Case Study	Mental Health Assessments	Medical and laboratory Examination	Case Management	Individual Psychosocial Support	Caregiver Support	Rehabilitation	Group Psychosocial Support
Follow - UP	3321			1278	1027	1057	939	885	155	326
New	1580	661	661	613	612	417	340	268	209	98

Figure 3: BNFs Accessing Various Specialized and Focused MHPSS Services at Taiz MHPSS Center

Figure 2 and 3 describe beneficiaries receiving both specialized and focused MHPSS services as part of the integrated multi-sectoral response package for women and girls, such as case management, caregiver support, and in-person psychological support. During the reporting period, 493 female beneficiaries received group psychosocial support and 1,261 received individual psychosocial support at Ibb MHPSS Center, whereas at Taiz MHPSS Center, 424 female beneficiaries received group psychosocial support and 1,279 received individual psychosocial support. PCF provides regular awareness-raising sessions at the Ibb and Taiz MHPSS Centers. These sessions deliver crucial information to female beneficiaries and their caregivers, including men, on recognizing mental health conditions, accessing available support services, and reducing stigma associated with mental health. Awareness sessions are also conducted during key international and national occasions, such as World Mental Health Day and the 16 Days of Activism Campaign, to amplify outreach and community engagement around mental health and psychosocial well-being. During the period from October to December 2025, PCF delivered MHPSS awareness-raising sessions reaching 2,154 female beneficiaries and 2,753 caregivers at the Ibb MHPSS Center. Similarly, at the Taiz MHPSS Center, PCF reached 2,178 female beneficiaries and 2,723 caregivers through awareness-raising activities.



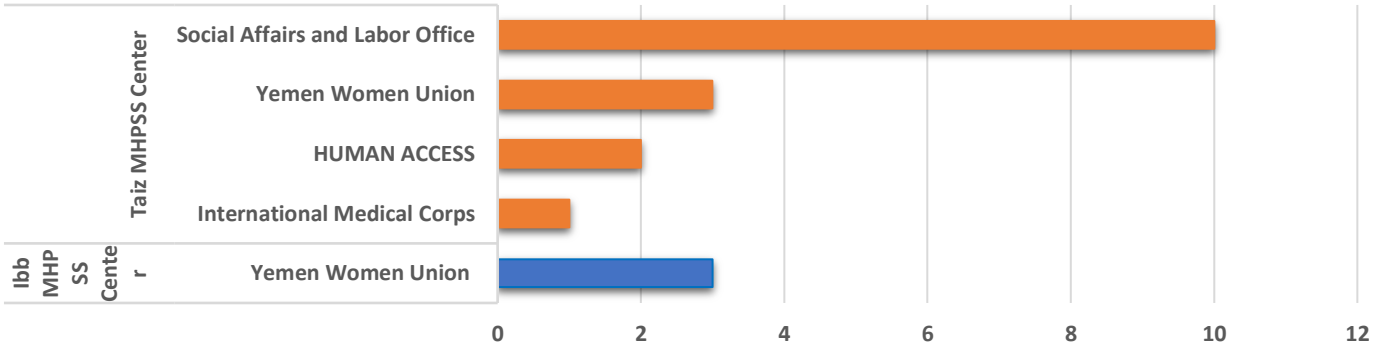
	Other Significant Mental Health Complaints	Intellectual Disability (ID)	Epilepsy/Seizures (EPI)	Psychosis (PSY)	Acute Stress (ACU)	Grief (GRI)	Post-traumatic Stress Disorder (PTSD)	Moderate-severe Depressive Disorder (DEP)
Sum of Ibb MHPSS Center	1%	2%	2%	8%	10%	12%	15%	49%
Sum of Taiz MHPSS Center	1%	3%	3%	8%	11%	13%	17%	44%

Figure 4: Commonly Assessed and Diagnosed Classifications of Mental Health Issues

Figure 4 shows that moderate to severe depressive disorder was the most common diagnosis among beneficiaries assessed by mental health professionals at both Ibb and Taiz MHPSS Centers. Post-traumatic stress disorder (PTSD) also emerged as a significant diagnosis, reflecting the high prevalence of trauma-related conditions among those seeking support. Additionally, 12% of beneficiaries at Ibb MHPSS Center and 13% at Taiz MHPSS Center were diagnosed with grief, further emphasizing the urgent need for comprehensive and sustained mental health interventions to address these complex presentations. Diagnoses are established through a thorough evaluation process that includes clinical interviews for case history and symptom exploration, psychological assessments conducted by psychologists, psychiatric evaluations by psychiatrists, observation of behaviour and mood, review of medical history, and reference to DSM-5 diagnostic criteria. In some cases, physical examinations are also performed to rule out underlying medical conditions that may influence psychological well-being.

Part 4. Referrals- MHPSS Centers

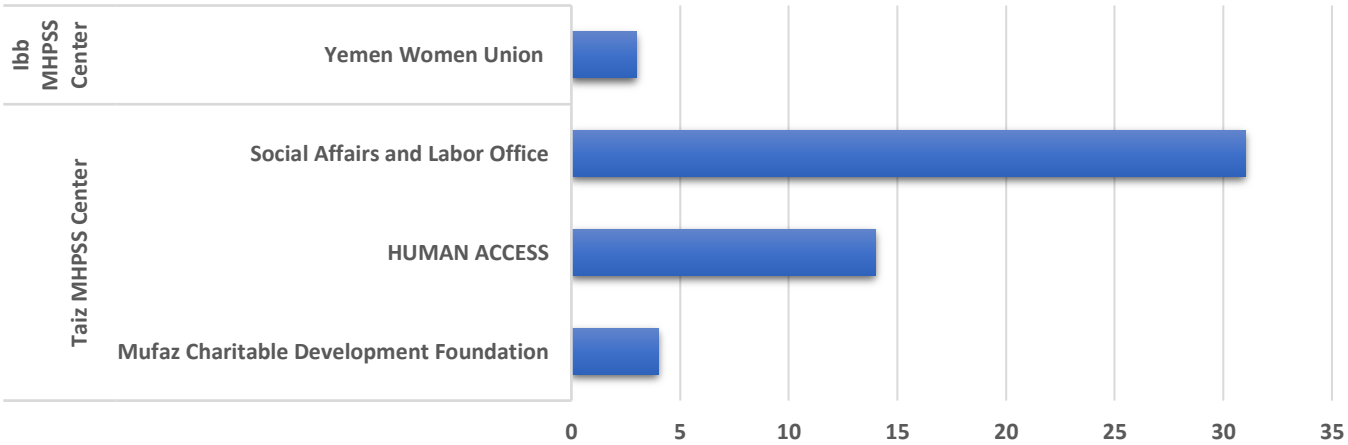
Figure 5: Incoming Referrals Based on Referred Authority



	Ibb MHPSS Center	Taiz MHPSS Center			
	Yemen Women Union	International Medical Corps	HUMAN ACCESS	Yemen Women Union	Social Affairs and Labor Office
Total	3	1	2	3	10

During the reporting period, Ibb MHPSS Center received a total of five referrals, all from the Yemen Women Union. Taiz MHPSS Center received sixteen referrals, including ten from the Social Affairs and Labor Office, three from the Yemen Women Union, two from HUMAN ACCESS, and one from the International Medical Corps.

Figure 6: Outgoing Referrals Based on Referred Authority



	Taiz MHPSS Center			Ibb MHPSS Center
	Mufaz Charitable Development Foundation	HUMAN ACCESS	Social Affairs and Labor Office	Yemen Women Union
Total	4	14	31	3

During the reporting period, Ibb MHPSS Center referred three cases to the Yemen Women Union. Meanwhile, the Taiz MHPSS Center referred a total of 49 cases to various partner organizations, including 31 cases to the Social Affairs and Labor Office, 14 cases to HUMAN ACCESS, and four cases to the Mufaz Charitable Development Foundation.

Part 5. Progress on the Current Intervention- Governmental Health Institutions

Part 5.1 MHPSS Beneficiaries Served at Governmental Health Institutions

Part 5.1.1 MHPSS Beneficiaries Served at the Neuro-Psychiatric Teaching Hospital

During the reporting period, a total of 2,113 vulnerable women and girls were served at the Neuro-Psychiatric Teaching Hospital, of which 7 were received as referrals from other service providers, while one woman was referred to other service provider. In terms of residential status, 2,041 (97%) of the women and girls served were from host communities, 65 (3%) were internally displaced persons (IDPs), and 7 (0.3%) were refugees who had sought refuge in Aden governorate.

Part 5.1.2 MHPSS Beneficiaries Served at Al Thawrah General Hospital (Women Psychiatry Department)

At Al Thawrah General Hospital-Women Psychiatry Department, a total of 2,089 women and girls were served, of which 22 were received as referrals from other actors and service providers. In terms of residential status, 1,983 (95%) of the women and girls were from host communities, and 106 (5%) were internally displaced persons (IDPs) who had fled to Sana'a governorate.

Part 5.1.3 Beneficiaries by Service

Activity indicators	The Neuro-Psychiatric Teaching Hospital	Al Thawrah General Hospital- Women Psychiatry Department
# of vulnerable women and girls received psychiatric consultations	2,113	2,089
# of vulnerable women and girls received pharmacological support	783	769
# of vulnerable women and girls admitted in in-patient services (night-care services)	32	-
# of vulnerable women and girls received in- person psychosocial support	1,651	1,688
# of vulnerable women, adolescent girls, and their caregivers accessing remote psychosocial support services thru the hotline or helpline	93	407
# of BNFs attending MHPSS specific awareness and psychoeducation sessions	4,829	4,862
# of caregivers/family members of women and adolescent girls at accessing caregiver psychosocial supports	1,071	1,019
# of women and girls referred by other actors to PCF	7	22
# of women and girls referred by PCF to other service providers	1	0

Table 3: Number of BNFs Served by Service Type

Part 5.1.4 Beneficiaries Receiving Direct Services at the Neuro-Psychiatric Teaching Hospital, Al Thawrah General Hospital

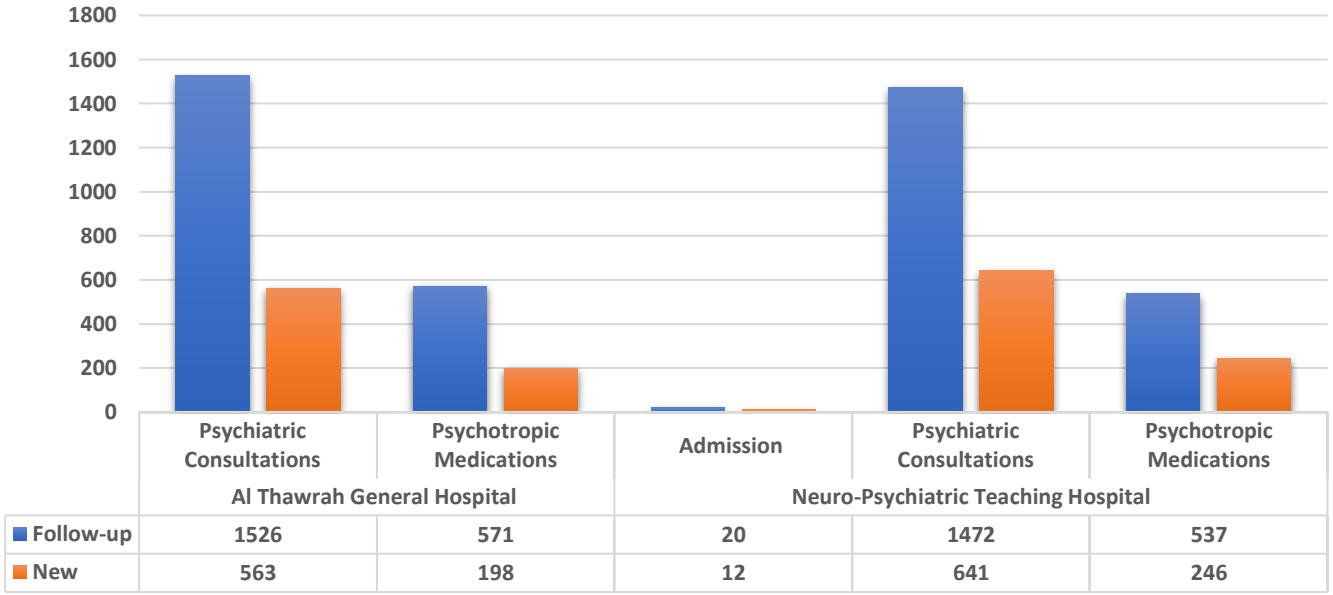
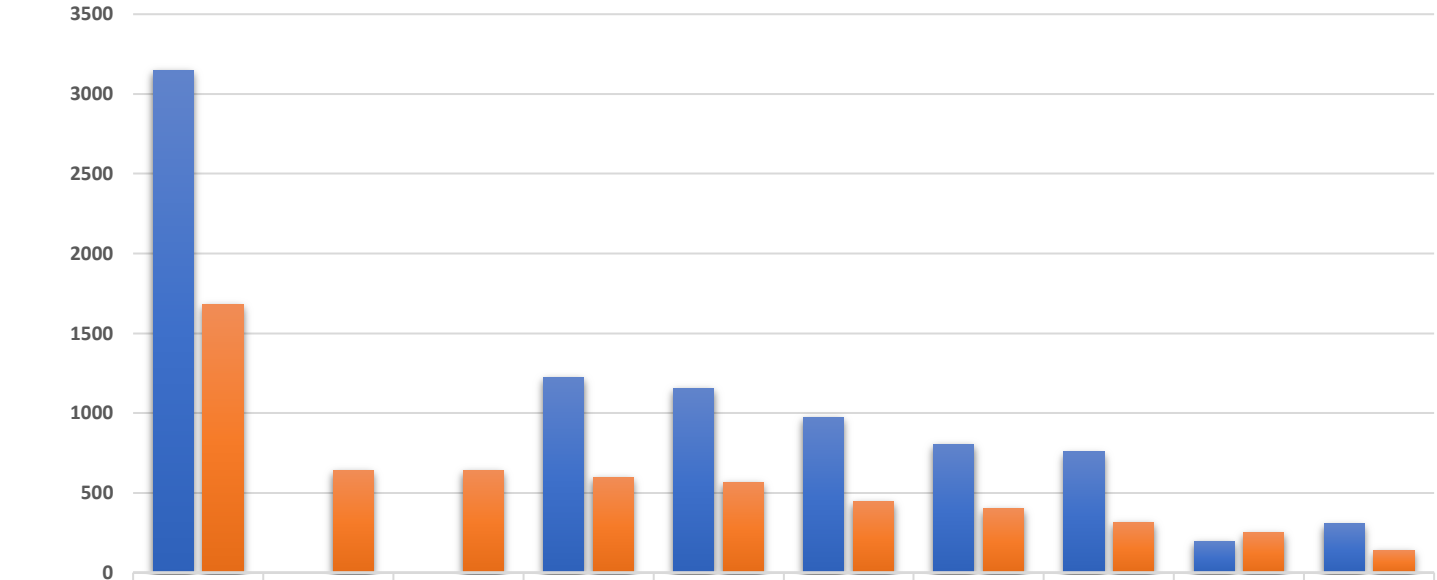


Figure 7: BNFs Accessing Main Specialized MHPSS Services

Figure 7 above demonstrates the number of women and girls accessing main specialized MHPSS services at the Neuro-Psychiatric Teaching Hospital and Al Thawrah General Hospital. At the Neuro-Psychiatric Teaching Hospital, Psychiatric consultations were provided to 2,113 female beneficiaries, 1,472 were follow-up beneficiaries from previous months to complete their treatment while 641 were new beneficiaries who have received psychiatric consultations by PCF for the first time. On the other hand, psychiatric consultations were provided to 2,089 female beneficiaries, 1,526 were follow up beneficiaries, and 563 were new cases at Al Thawrah General Hospital.

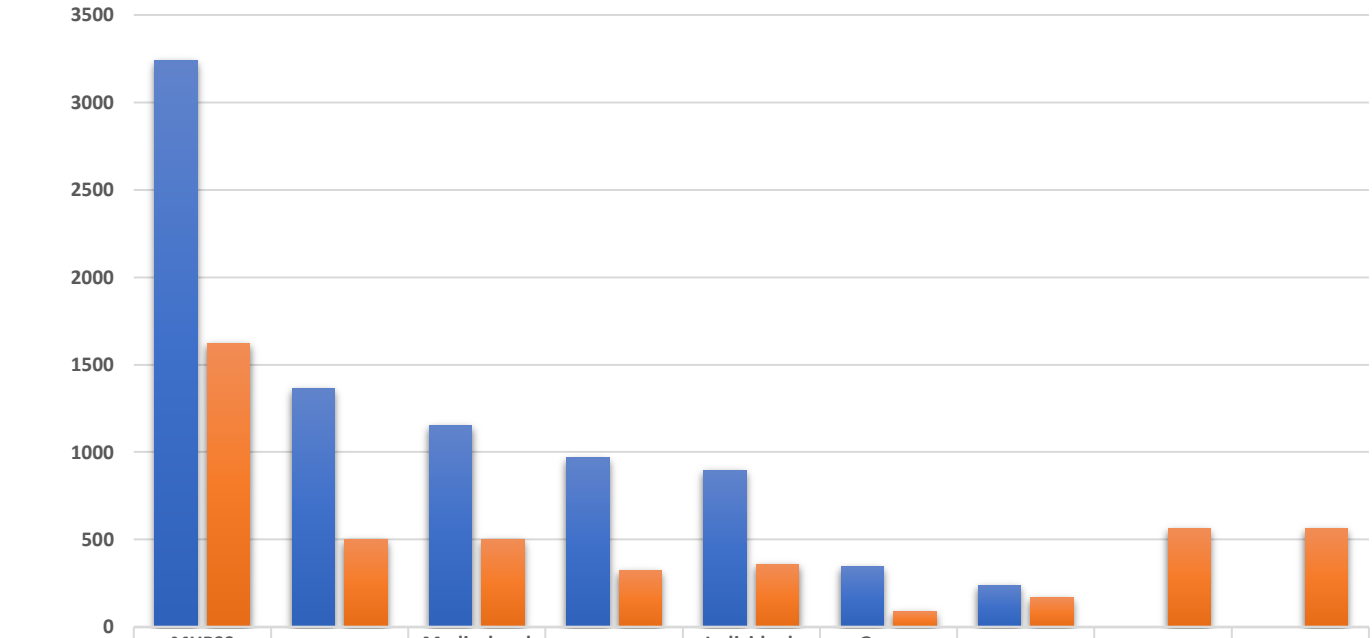
In addition, psychotropic medications were provided to 783 female beneficiaries at the Neuro-Psychiatric Teaching Hospital. Among them, 537 were follow-up beneficiaries from previous months while 246 were new cases who have received psychotropic medications by PCF for the first time. However, at Al Thawrah General Hospital, psychotropic medications were provided to 769 female beneficiaries of which 571 were follow-up beneficiaries, whereas 198 were new cases who have received psychotropic medications by PCF for the first time.

Following psychiatric evaluation, 32 female beneficiaries required admission for in-patient care at the Neuro-Psychiatric Teaching Hospital due to the severity of their conditions. All admitted beneficiaries were discharged after their conditions positively improved and stabilized, making them eligible for outpatient follow-up.



	MHPSS Awareness Sessions	Psychological First Aid	Case Study	Mental Health Assessments	Medical and laboratory Examination	Case Management	Individual Psychosocial Support	Caregiver Support	Rehabilitation	Group Psychosocial Support
Follow - up	3149			1224	1154	973	806	756	198	305
New	1680	641	641	599	565	447	399	315	252	141

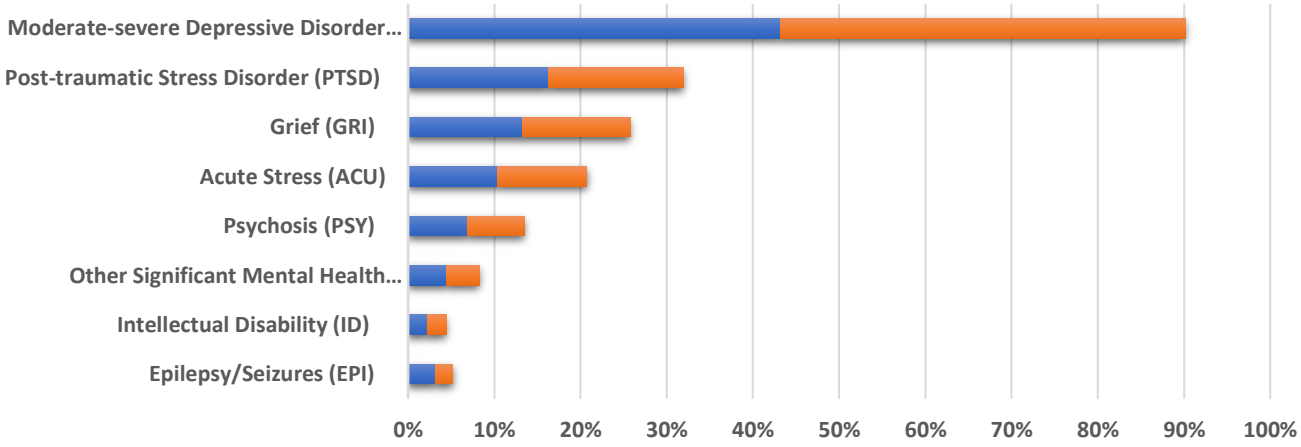
Figure 8:BNFs Accessing Various Specialized and Focused MHPSS Services at the Neuro-Psychiatric Teaching Hospital



	MHPSS Awareness Sessions	Mental Health Assessments	Medical and laboratory Examination	Case Management	Individual Psychosocial Support	Group Psychosocial Support	Rehabilitation	Psychological First Aid	Case Study
Follow - UP	3239	1365	1152	967	897	346	240		
New	1623	503	501	325	357	88	166	563	563

Figure 9: BNFs Accessing Various Specialized and Focused MHPSS Services at Al Thawrah General Hospital

Figure 8 and 9 describe beneficiaries receiving both specialized and focused MHPSS services. At the Neuro-Psychiatric Teaching Hospital, 1,205 women received individual support while 446 participated in group sessions. Similarly, at Al Thawrah General Hospital, 1,254 women benefited from individual support and 434 participated in group psychosocial interventions. Furthermore, PCF actively promotes mental health awareness through daily sessions for female beneficiaries and their caregivers. Awareness-raising sessions are also conducted during key international observances and campaigns, including World Mental Health Day and the 16 Days of Activism Campaign, to further amplify outreach and community engagement. By increasing mental health literacy, these sessions empower individuals to seek help, support each other, and reduce stigma within their communities, complementing the specialized and focused MHPSS services provided. During the fourth quarter of 2025, these sessions reached 2,113 female beneficiaries and 2,716 caregivers at the Neuro-Psychiatric Teaching Hospital. In addition, at Al Thawrah General Hospital, PCF reached 2,089 female beneficiaries and 2,773 caregivers through MHPSS awareness-raising sessions.



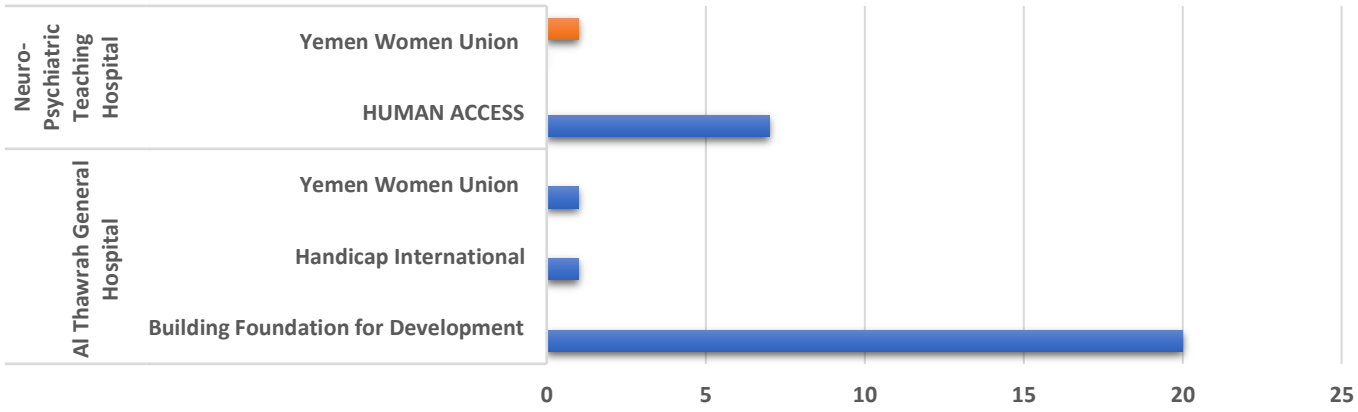
	Epilepsy/Seizures (EPI)	Intellectual Disability (ID)	Other Significant Mental Health Complaints	Psychosis (PSY)	Acute Stress (ACU)	Grief (GRI)	Post-traumatic Stress Disorder (PTSD)	Moderate-severe Depressive Disorder (DEP)
Sum of Neuro-Psychiatric Teaching Hospital	3%	2%	4%	7%	10%	13%	16%	43%
Sum of Al Thawrah General Hospital	2%	2%	4%	7%	10%	12%	16%	47%

Figure 10: Commonly Assessed and Diagnosed Classifications of Mental Health

Figure 10 presents the most common classifications of mental disorders diagnosed by mental health experts during the psychiatric consultations with beneficiaries at the Neuro-Psychiatric Teaching Hospital and at Al Thawrah General Hospital. As seen in the figure above, the majority of the beneficiaries served were diagnosed with moderate-severe depressive disorder. Additionally, 16% of beneficiaries across both at the Neuro-Psychiatric Teaching Hospital and at Al Thawrah General Hospital were diagnosed with post-traumatic stress disorder (PTSD). Furthermore 13% of the beneficiaries at the Neuro-Psychiatric Teaching Hospital and 12% of the beneficiaries at Al Thawrah General Hospital were diagnosed with grief.

Part 6. Referrals-Governmental Health Institutions

Figure 11: Incoming & Outgoing Referrals Based on Referred Authority



	Al Thawrah General Hospital			Neuro-Psychiatric Teaching Hospital	
	Building Foundation for Development	Handicap International	Yemen Women Union	HUMAN ACCESS	Yemen Women Union
Sum of Outgoing Referrals					1
Sum of Incoming Referrals	20	1	1	7	0

During the reporting period, seven cases were referred to the Neuro-Psychiatric Teaching Hospital by HUMAN ACCESS, and one case was referred from the hospital to the Yemen Women Union. Additionally, a total of 22 cases were referred to the Women Psychiatry Department at Al Thawrah General Hospital, including twenty from the Building Foundation for Development, one from Handicap International, and one from the Yemen Women Union. These incoming and outgoing referrals, categorized by referring authority, are detailed in Figure 11 above.

Part 7. Hotline (Remote Psychosocial Support)

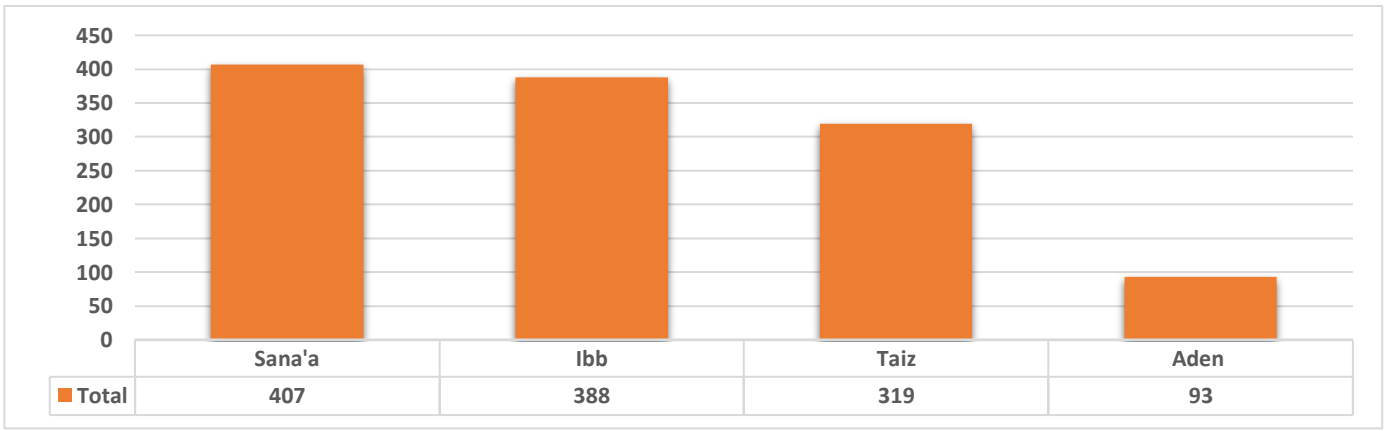


Figure 12: BNFs Accessing Remote Psychosocial Support Services through Hotline

PCF, in collaboration with the UNFPA, has a nationwide hotline dedicated to providing immediate remote psychosocial support. During the reporting period, 1,207 of women, adolescent girls, and their caregivers received remote psychosocial support services thru the hotline.

Part 8. Monitoring and Evaluation

Monitoring and Evaluation (M&E) plays a vital role in ensuring the effectiveness of Mental Health and Psychosocial Support (MHPSS) programs. PCF utilized a multi-faceted M&E approach to track progress and improve service delivery. This included:

- **Monthly Reports:** PCF submitted monthly reports to the Ministry of Health and Population, providing updates on the performance of the four MHPSS facilities.
- **Project Management Meetings:** Regular meetings were held with MHPSS facility managers to monitor project implementation, address any challenges, and identify opportunities for improvement.
- **Complaint Resolution:** Following up on the analysis of beneficiary complaints and ensuring that beneficiary complaints are resolved.
- **Beneficiary Follow-Up:** PCF conducted follow-up calls with a sample of beneficiaries to assess their satisfaction with the services received, including how they were treated by doctors, psychologists, and other facility staff. Feedback from beneficiaries was used to inform service improvements and ensure that the care provided met the standards of quality, respect, and confidentiality.

Part 9. Celebrating International Occasions

World Mental Health Day – 10 October

- Discussion on Access to Mental Health Services in Emergencies: On 13 October 2025 in Aden, 21 participants from government, NGOs, UNFPA, and community organizations discussed improving MHPSS access during disasters, recommending unified referral pathways, stronger coordination, expanded remote services, and integration into emergency plans.

- Honoring MHPSS Staff: On 11 October 2025, PCF recognized the dedication of front-line MHPSS staff through ceremonies in Ibb and Taiz and a special visit to Al Thawrah Women's Psychiatry Department in Sana'a, boosting morale and reinforcing team spirit.

- Participation in "Morning Mashaqer" – 10 October 2025, Taiz: PCF joined Ramz Radio's program, with psychologist Ms. Lubna Al-Munifi discussing women's mental health, workplace stress, and wellbeing. A video was also launched highlighting Yemen's mental health situation and PCF's services for vulnerable women and girls.

- Open Day at Taiz MHPSS Center – 11 October 2025: PCF hosted 32 women and 8 girls for group discussions, games, and relaxation exercises, fostering a supportive environment. Participants shared a meal, received gifts, and expressed appreciation for the opportunity to connect and relieve daily pressures.

- Mental Health Awareness Sessions – 1–18 October 2025: PCF conducted 280 sessions across Ibb, Taiz, Sana'a, and Aden, reaching 3,906 participants and distributing 1,500 brochures on accessing mental health services. Sessions were held at PCF's MHPSS centers, hospitals, schools, and community spaces, raising awareness, reducing stigma, and promoting help-seeking behavior.

Report regarding World Mental Health Day activities can be found at the following link:

https://drive.google.com/file/d/11L1usiT_rW4Dm6k0NaZmgOXhKyqH7wC0/view?usp=drive_link

Staff Recognition,Ibb MHPSS Center

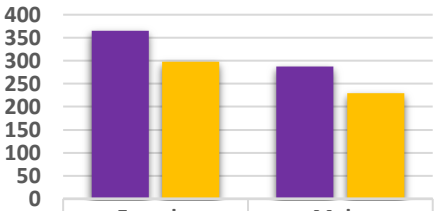
" Access to Mental Health Services in Emergencies " discussion.

16 Days of Activism campaign (November 25th - December 10th)

- PCF conducted 65 awareness sessions in Taiz (652 beneficiaries) and 54 sessions in Aden (528 beneficiaries), promoting mental health, psychosocial support, and protection, while strengthening community knowledge and access to MHPSS services.

- PCF conducted specialized training for project staff on identifying, supporting, and managing acute mental health cases among female beneficiaries. In Taiz, 16 staff members (10 females, 6 males) participated, while in Aden, 12 staff members (9 females, 3 males) attended. The training covered trauma responses, safe interventions, risk assessment, psychosocial support, and confidentiality, strengthening survivor-centered and professional service delivery.

Figure 13 :BNFs Attended 16 Days of Actisim Campaign Awareness-raising Sessions



	Female	Male
Taiz MHPSS Center	365	287
Neuro-Psychiatric Teaching Hospital	298	230

Awareness -raising Session, Taiz MHPSS Center

Part 10. Success Stories

Carrying Responsibility: A Female-Headed Household's Path to Healing

At an early age, L.M.'s father abandoned the family, leaving her to grow up in a life marked by unmet needs. This experience had a profound psychological impact, resulting in a persistent sense of insecurity and deprivation. From a young age, L.M. was forced to assume significant responsibilities. Over the years, family burdens accumulated beyond her capacity, and she became the primary provider and caregiver for her two younger siblings amid difficult economic conditions and ongoing livelihood pressures.

Later, her situation became even more challenging due to her mother's deteriorating health. Her mother required repeated surgeries as a result of shrapnel injuries sustained during the war, adding an additional burden to L.M. during her adulthood and increasing her responsibilities toward her family.

L.M. worked at local civil society organization in Taiz Governorate, which referred women and girls experiencing psychological distress to the MHPSS Center in Taiz. Despite her professional awareness of mental health disorders, L.M. feared stigma at a personal level and was determined to maintain a strong and composed professional image. As a result, she delayed seeking help for a long time. Gradually, she began to experience psychological symptoms, including persistent sadness, loss of interest in daily activities, exhaustion, sleep disturbances, frequent crying episodes, deep feelings of guilt and self-blame, poor concentration, and mental distraction.

L.M. explains: *"I grew up without a father and carried my family's responsibilities from a very young age. I was under pressure far beyond my capacity, and every step felt heavier than the one before, until I reached a point where I felt I was about to collapse."*

She continued to suffer from these psychological symptoms for one and a half years. During this period, her feelings of guilt intensified as her ability to perform routine tasks at work and within the family declined. She interpreted this decline as a personal failure rather than symptoms of a mental health disorder. Over time, these symptoms began to significantly affect all aspects of her life. She increasingly struggled to complete her professional duties, experienced reduced concentration at work, and felt an overwhelming psychological burden. Her social withdrawal increased, and her ability to carry out family responsibilities diminished.

As her mental health further deteriorated, L.M. seriously considered leaving her job, feeling unable to continue and fearing that her psychological condition would negatively affect her professional performance. However, the idea of resigning was extremely difficult, as her family depended heavily on her income to meet daily living needs. Amid this prolonged internal struggle, she began experiencing suicidal thoughts, perceiving them as a way out of feelings of helplessness, hopelessness, and the belief that no alternatives existed.

At this critical turning point, L.M. recalled the MHPSS Center and the support it had provided to many beneficiaries referred by the organization where she worked. She reflected on the recovery stories she had witnessed—delivered within a safe, confidential, and respectful environment, which restored her sense of hope and belief in the possibility of change. L.M. states:
"I saw how women and girls could heal, and I believed that healing could be possible for me too."

She realized that seeking help could be both possible and safe. After a long period of hesitation, she decided to become a beneficiary of the psychological services provided by the MHPSS center, despite initial difficulties in committing to sessions and feelings of fear during the first meetings.

L.M. shares*: "I was afraid that someone would find out about the sessions, and I was afraid of losing my job. But after the psychologist reassured me and I witnessed the professionalism and strict confidentiality, I felt relieved and encouraged to continue the sessions and treatment."*

L.M. underwent a comprehensive psychological assessment and was referred to the center's psychiatric consultant, who diagnosed her with Major Depressive Disorder. Accordingly, a structured three-month treatment plan was developed, including pharmacological support and 12 weekly individual psychotherapy sessions. The intervention focused on emotional ventilation and Cognitive Behavioral Therapy (CBT) to identify negative thoughts, restructure maladaptive thinking patterns, challenge irrational beliefs related to self-blame and guilt, and replace them with more realistic perspectives.

The treatment plan also included activating positive behaviors, scheduling daily activities, strengthening problem-solving and decision-making skills, providing psychoeducation on depression, stress management, relaxation and breathing techniques, enhancing self-esteem, and addressing stigma.

With consistent adherence to the treatment plan, L.M.'s depressive symptoms gradually decreased. A clear improvement was observed in her professional performance, as she regained her ability to concentrate and make decisions, became more organized and efficient, and improved her interaction with colleagues. This progress was also reflected in her family life, as she regained a sense of competence and self-confidence and became more capable of assuming responsibilities without feelings of helplessness or guilt, contributing to improved psychological stability within the family.

At the conclusion of the treatment plan, her condition was assessed as having achieved significant improvement, with recommendations for periodic follow-up sessions. L.M. expressed her deep gratitude to the MHPSS organization and its specialized staff.

She concludes by saying: *"The center's care, confidentiality, respect, and high professionalism made me feel safe and helped me complete my healing journey successfully. This experience not only supported my recovery but also strengthened my belief in the vital role of MHPSS centers in supporting and psychologically empowering women."*

Carrying Life Forward: From Accident to Recovery and Hope

N.S., a 24-year-old university student, lived a normal and stable life until she and her family were involved in a car accident. In the accident, no family members were injured except her. She sustained multiple fractures and significant facial disfigurement in the chin and cheek areas. When her family saw her face for the first time after the accident, they were visibly shocked and confused. Although their reactions came from love, they intensified her feelings of embarrassment, emotional distress, and lack of self-confidence, and increased her fear of how others would perceive her.

N.S. remained hospitalized for three months. During this period, she began to experience severe psychological distress, becoming irritable, anxious, and socially withdrawn. She lost interest in her studies due to difficulties with concentration and memory, and found it hard to interact with teachers and classmates. Her fear of death worsened, especially following the traumatic loss of her uncles in succession, which increased her sense of insecurity and anxiety for her loved ones. As a result of these psychological challenges, she stopped attending university for an entire year, which negatively affected her sense of stability and hope for the future.

N.S. began receiving mental health support and treatment at the Women's Psychiatry Department of Al Thawrah General Hospital, which had been supported by UNFPA after previously being closed. Encouraged by what she had heard about the department's effectiveness, confidentiality, and safe environment, she felt confident to seek help and engage in the services provided. She was diagnosed with Generalized Anxiety Disorder (GAD) and was enrolled in a structured treatment plan for three months, with two sessions per week. The therapy focused on teaching her relaxation techniques to manage anxiety, rebuilding her self-confidence, helping her confront fears related to death, and developing strategies to adapt to her new condition.

The mental health psychologist worked closely with N.S. to explore the practical and emotional difficulties she faced. She was supported to gradually re-engage with her studies, improve her concentration, safely resume social interactions, and build a personal plan for coping with situations that triggered anxiety and fear.

With consistent adherence to therapy, N.S. gradually regained self-confidence and emotional stability and began reintegrating into her studies and social environment. She also developed resilience and coping skills to manage daily challenges, while maintaining her aspiration to undergo cosmetic surgery in the future to correct the facial disfigurement and continue pursuing her dream of becoming a doctor.

N.S. reflects: *"Praise be to God that I am still alive and have not lost any of my organs. I have learned to accept my new condition and focus on recovery instead of despair. I am thankful to God for this second chance at life."*

At the end of the treatment plan, her evaluation showed significant improvement psychologically, socially, and academically. N.S. expressed deep gratitude to the center and her psychologist, noting that the support she received not only helped her recover but also restored her faith in her ability to live with confidence, hope, and achieve her future dreams.

Part 11. Quotes

"For a long time, I felt invisible and overwhelmed by my emotions. Through counseling, I learned how to understand myself, manage my pain, and regain control over my life."

-A 23-year-old female beneficiary at Ibb MHPSS Center.

"Access to continuous mental health care is not optional—it is lifesaving. When treatment is interrupted, especially psychotropic medication, the consequences can be severe and long-lasting for women already facing multiple vulnerabilities."

-A psychiatrist at Al Thawrah General Hospital.

" This project strengthened our capacity to provide dignified, survivor-centered mental health care. It transformed our department into a trusted space where women feel safe to seek help and where real recovery can begin."

- *A Psychiatric* at *the Neuro-Psychiatric Teaching Hospital*.

"The support helped our daughter recover and taught us how to care for her and communicate with her better as a family. "

- *Mother of a female beneficiary at Taiz MHPSS Center*.

Part 12. Challenges and Way Forward

Lack of mental health awareness and support

Mental health awareness is relatively low in the Yemeni society and people may not readily recognize their mental health struggles. Moreover, seeking professional help can be stigmatized or inaccessible due to financial constraints.

Delay in Budget Arrival for Quarter 3&4

Amidst the poor economic situation, the delay in budget allocation has exacerbated the crisis faced by both unsalaried staff and suppliers alike.

Difficulty in Recruiting and Retaining Qualified Staff

A critical challenge is the severe shortage of qualified MHPSS staff, particularly psychiatrists. By providing on-the-job intensive training and supervision for general practitioners hired to follow up on beneficiary cases, PCF successfully addressed this deficiency.

Challenges with Incoming Referrals

PCF faces challenges with incoming referrals, as many female beneficiaries report learning about the service from other providers. However, these referrals are informal and lack supporting documentation, preventing us from classifying them as official referrals.

Reduced Project Budget

The reduction in the project's overall budget has affected the availability of psychotropic medications. PCF continues to provide certain psychotropic medications, but some medications remain the responsibility of the beneficiaries, who must purchase them from external pharmacies. At times, beneficiaries are unable to buy these medications, which threatens the continuity of their treatment and the stability of their condition.

Part 13. Photos

Psychiatric Consultation, Neuro-Psychiatric Teaching Hospital

Awareness-raising Session, Taiz MHPSS Center

Follow-up on Psychotropic Medication Dosages and Side Effects, Taiz MHPSS Center

Caregiver Support, Al Thawrah General Hospital

Group Psychosocial Support, Neuro-Psychiatric Teaching Hospital

Individual Psychosocial Support, Ibb MHPSS Center