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

**July- September, 2025**

صندوق الأمم المتحدة للسكان
United Nations Population Fund

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# Part 1: Project Background

## Part 1.1 Summary of the project

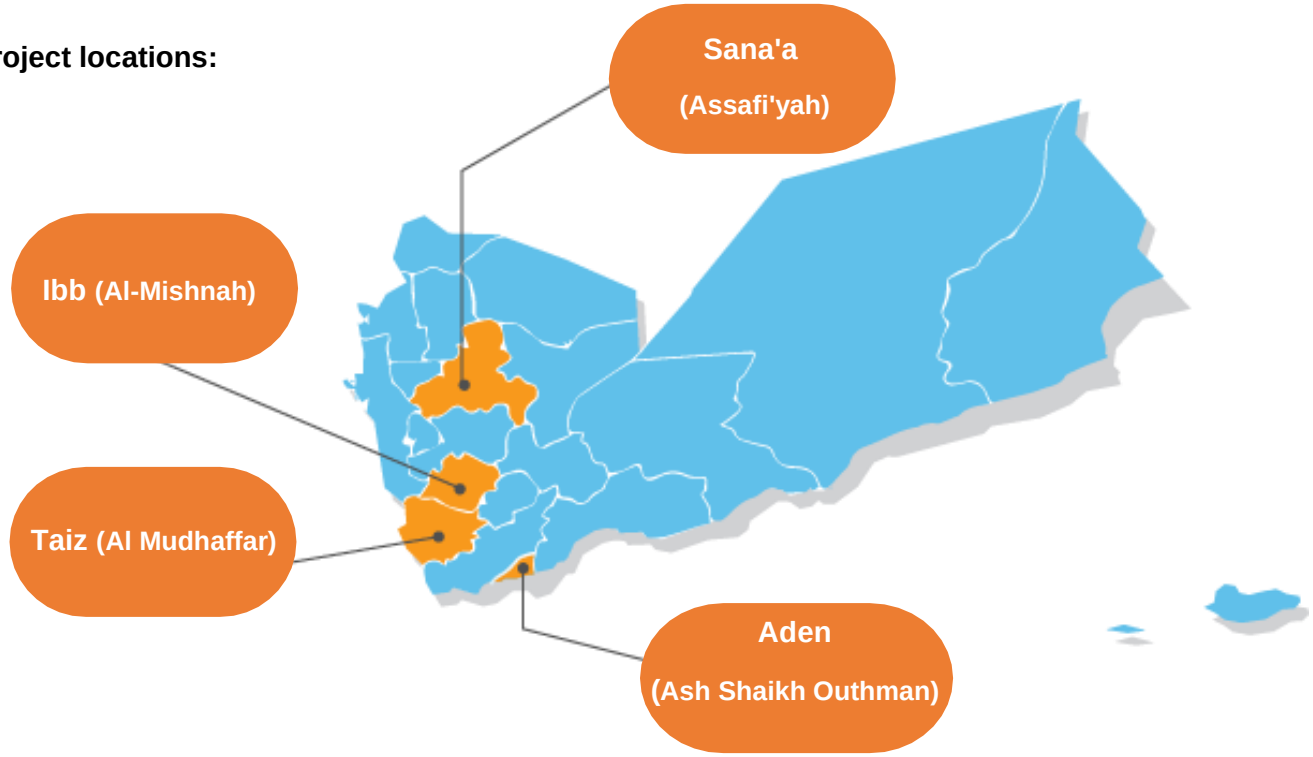
Since January 2020, the Psychiatric Care Developmental Foundation (PCF), supported by the United Nations Population Fund (UNFPA), has been operating two MHPSS centers in Ibb and Taiz governorates. In late 2023, PCF expanded its service packages by collaborating with existing health institutions: Al Thawrah 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

Now in its tenth year, the crisis in Yemen continues unabated. The deteriorating economic outlook, protracted conflict, and crumbling basic services are exacerbating humanitarian needs across the country. Meanwhile, climate shocks, increased regional tensions, and chronic underfunding of critical humanitarian sectors are further worsening people's vulnerability and suffering. In 2025, an estimated 19.5 million people across Yemen need humanitarian assistance protection services—1.3 million more than last year.

Women and girls continue to be disproportionately impacted by the humanitarian crisis in Yemen. They face severe protection risks, as well as limited access to basic services such as healthcare, especially maternal and reproductive care. Nearly 80 per cent of the 4.8 million people displaced in Yemen are women and girls. A quarter of displaced households are headed by women, compared to 9 per cent before the escalation of the conflict in 2015. In 2025, an estimated 6.2 million women and girls are at risk of gender-based violence, while over 90 per cent of rural areas lack the necessary services to respond to and prevent these acts of violence. Survivors without access to psychosocial support, referrals to health centers, legal aid and other services risk long-term physical, emotional, social and economic impacts, with potentially life-threatening consequences. Female heads of households, women with disabilities, and those belonging to minority or migrant communities often face even greater obstacles, due to compounded vulnerabilities and discrimination that further limit their access to life-saving support and pursuing justice. [1]

Mental health and psychosocial support (MHPSS) services are lacking in many parts of the country, owing to shortages of trained professionals and treatment facilities. Even where such services are available, people may feel unable to access them owing to social disapproval.
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]

In Yemen, the challenges faced by vulnerable women and girls have made MHPSS and healthcare centers vital safe spaces that uphold their dignity and privacy. PCF has targeted Ibb and Taiz governorates for service delivery since 2020. The 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://yemen.unfpa.org/en/publications/2025-unfpa-humanitarian-response-yemen
[2] https://www.emro.who.int/yemen/news/the-silent-struggle-yemens-mental-health-crisis.html

## Part 2. Highlights

At the end of July, the project budget was reduced, requiring us to revise targets for services such as psychotropic medications, inpatient care, and awareness activities. From July to September 2025, 8,943 vulnerable women and girls received psychiatric consultations, with 3,348 being new cases seen by consultant psychiatrists and the remaining 5,595 received follow-up care from psychiatric practitioners, achieving 98% of the target goal. Pharmacological support was provided to 3,270 beneficiaries reaching 100% of the target goal. However, it is important to note that this achievement reflects the reduced target following the budget cut, with the target for medication support lowered by 360 beneficiaries when comparing the second quarter to the third quarter.

In-person psychological support was provided to 7,072 beneficiaries, exceeding the target by 5%, and remote psychosocial support via hotline reached 1,025 women, adolescent girls, and their caregivers.

These results highlight the high demand for MHPSS services amid the recent surge in conflict in Yemen, underscoring their critical importance. A detailed breakdown of actual services versus targets is presented in Table 1.

| Services | Target July –Sep. 2025 | Actual July –Sep. 2025 | % Achieved |
|---|---|---|---|
| Psychiatric Consultations | 9,120 | 8,943 | 98% |
| Pharmacological Support | 3,270 | 3,270 | 100% |
| Admission | 46 | 55 | 120% |
| In-person Psychosocial Support | 6,720 | 7,072 | 105% |
| Remote Psychosocial Support | 1,152 | 1,025 | 90% |
| Awareness-raising Sessions | 17,660 | 19,840 | 112% |
| Incoming Referrals | 210 | 41 | 20% |
| Outgoing Referrals | 210 | 70 | %33 |

Table 1: Actual MHPSS Services Provided vs. Target Goals – July to Sep. 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 2,271 vulnerable women and girls were served at Ibb MHPSS Center, of which 9 were received as referrals from other actors and service providers. Regarding residential status, 2,143 (94%) of the women and girls served were from host communities, while the remaining 128 (6%) 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 2,343 women and girls were served, of which 13 were received as referrals from other actors and service providers, while 70 women and girls were referred to other actors and service providers. In terms of residential status, 2,144 (91.5%) of the women and girls served were from host communities, and 199 (8.5%) 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 | 2,271 | 2,343 |
| # of vulnerable women and girls received pharmacological support | 819 | 832 |
| # of vulnerable women and girls admitted in in-patient services (night-care services) | 0 | 20 |
| # of vulnerable women and girls received in- person psychosocial support | 1,789 | 1,899 |
| # of vulnerable women, adolescent girls, and their caregivers accessing remote psychosocial support services thru the hotline or helpline | 280 | 236 |
| # of BNFs attending MHPSS specific awareness and psychoeducation sessions | 5,103 | 5,241 |
| # of caregivers/family members of women and adolescent girls at accessing caregiver psychosocial supports | 1,413 | 1,540 |
| # of women and girls referred by other actors to PCF | 9 | 13 |
| # of women and girls referred by PCF to other service providers | 0 | 70 |

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

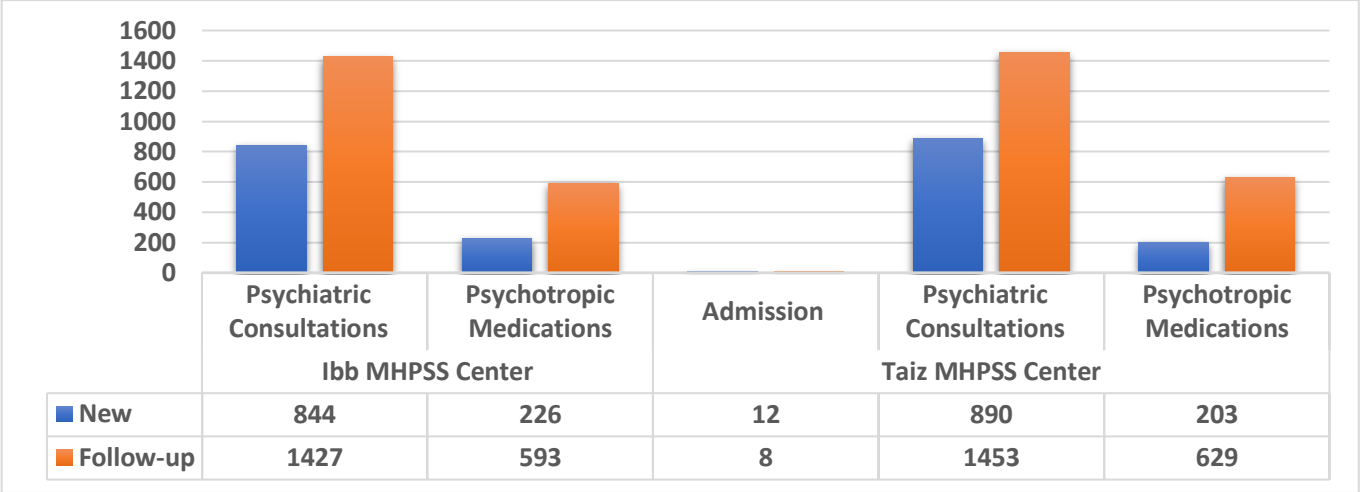
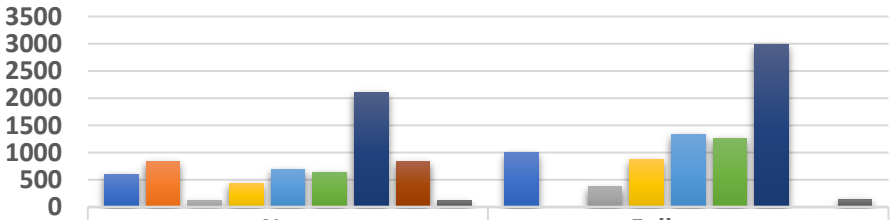



**Figure 1 :BNFs Accessing Main Specialized MHPSS Services**

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 2,271 female beneficiaries. Among them, 1,427 were follow-up beneficiaries from previous months to complete their treatment while 844 were new cases who have visited Ibb MHPSS Center for consultations for the first time. In Taiz MHPSS Center, psychiatric consultations were provided to 2,343 female beneficiaries; 1,453 were follow up beneficiaries and 890 were new.

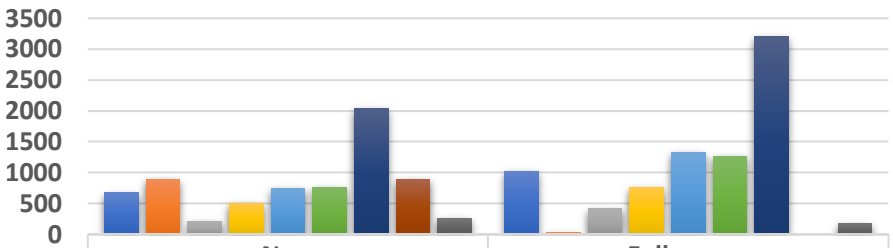
Psychotropic medications were provided to 819 female beneficiaries at Ibb MHPSS Center. Among them, 593 were follow-up beneficiaries from previous months, while 226 were new cases who visited the MHPSS Center for psychotropic medications for the first time. However, at Taiz MHPSS Center psychotropic medications were provided to 832 female beneficiaries, of whom 629 were follow-up beneficiaries, whereas 203 were new cases who visited the MHPSS Center for psychotropic medications for the first time.

During this reporting month, no inpatient admissions were recorded at Ibb MHPSS Center. The Taiz MHPSS Center, however, admitted 20 female beneficiaries for intensive inpatient care. Of those admitted, 19 beneficiaries were discharged after their acute mental health conditions were stabilized. The inpatient unit offers a safe, secure, and intensively monitored setting, delivering crucial 24/7 care, risk assessment, and integrated treatment planning led by a multidisciplinary team of specialists.




| | New | Follow-up |
|---|---|---|
| Case Management | 603 | 998 |
| Case Study | 844 | 0 |
| Group Psychosocial Support | 118 | 371 |
| Individual Psychosocial Support | 436 | 864 |
| Medical and laboratory Examination | 698 | 1326 |
| Mental Health Assessments | 640 | 1264 |
| MHPSS Specific Awareness and Psychoeducation Sessions | 2113 | 2990 |
| Psychological First Aid | 844 | 0 |
| Rehabilitation | 117 | 130 |

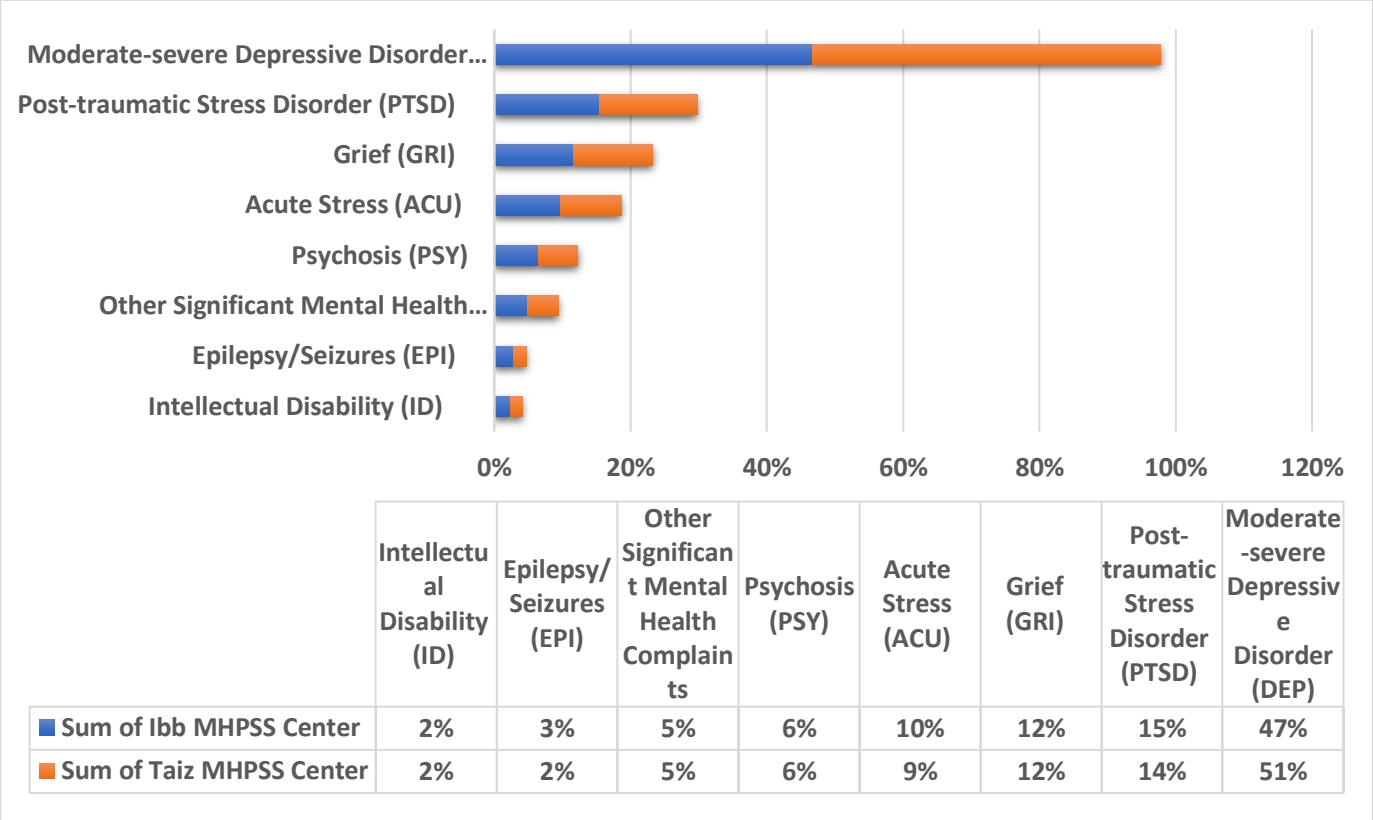
**Figure 2 :BNFs Accessing Various Specialized and Focused MHPSS Services at Ibb MHPSS Center**




| | New | Follow -up |
|---|---|---|
| Case Management | 672 | 1020 |
| Case Study | 890 | 34 |
| Group Psychosocial Support | 210 | 415 |
| Individual Psychosocial Support | 507 | 767 |
| Medical and laboratory Examination | 743 | 1326 |
| Mental Health Assessments | 764 | 1261 |
| MHPSS Specific Awareness and Psychoeducation Sessions | 2035 | 3206 |
| Psychological First Aid | 890 | |
| Rehabilitation | 256 | 174 |

**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, 489 female beneficiaries received group psychosocial support and 1,300 received individual psychosocial support at Ibb MHPSS Center, whereas at Taiz MHPSS Center, 625 female beneficiaries received group psychosocial support and 1,274 received individual psychosocial support. Furthermore, to increase mental health literacy and promote well-being, PCF provides daily 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 issues, accessing support, and reducing stigma. During July to September 2025, PCF delivered MHPSS awareness-raising sessions reaching 2,271 female beneficiaries and 2,832 caregivers at Ibb MHPSS Center. Similarly, at Taiz MHPSS Center, PCF reached 2,343 female beneficiaries and 2,898 caregivers.



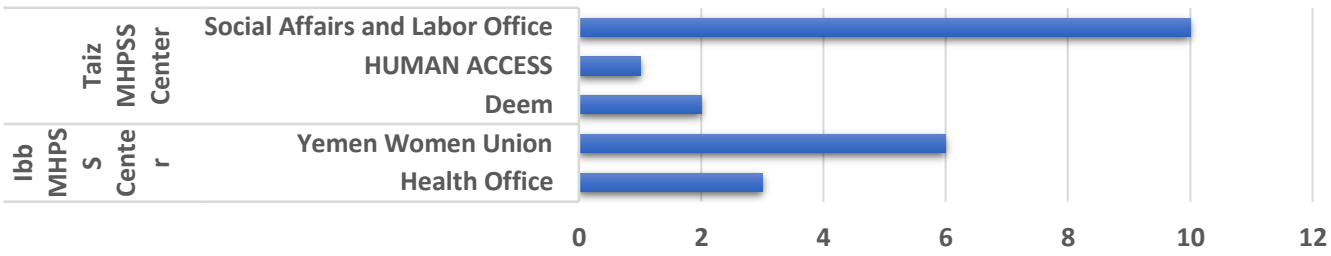

| | Intellectual Disability (ID) | Epilepsy/ Seizures (EPI) | Other Significant Mental Health Complaints | Psychosis (PSY) | Acute Stress (ACU) | Grief (GRI) | Post-traumatic Stress Disorder (PTSD) | Moderate-severe Depressive Disorder (DEP) |
|---|---|---|---|---|---|---|---|---|
| Sum of Ibb MHPSS Center | 2% | 3% | 5% | 6% | 10% | 12% | 15% | 47% |
| Sum of Taiz MHPSS Center | 2% | 2% | 5% | 6% | 9% | 12% | 14% | 51% |

**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 the 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 both centers 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 behavior 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

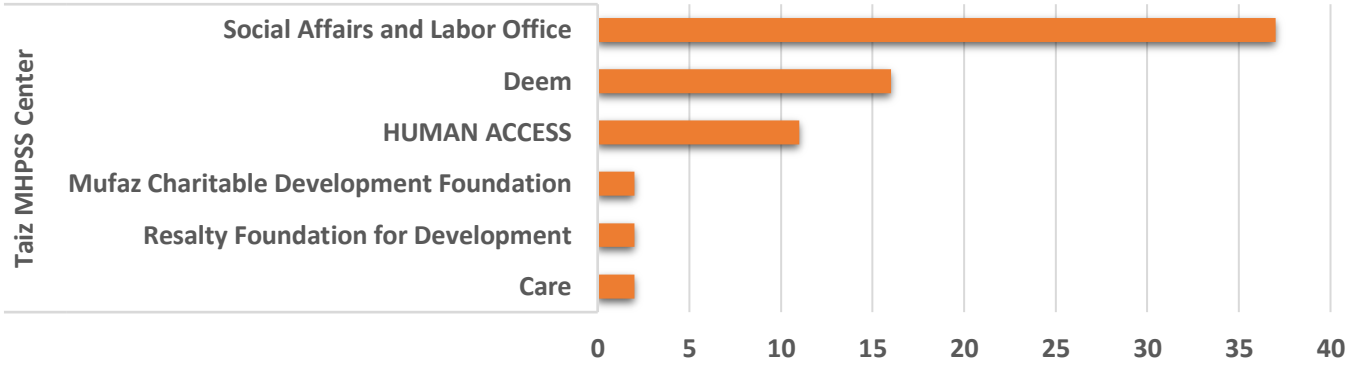
Figure 5: Incoming Referrals Based on Referred Authority




| | Ibb MHPSS Center | | Taiz MHPSS Center | | |
|---|---|---|---|---|---|
| | Health Office | Yemen Women Union | Deem | HUMAN ACCESS | Social Affairs and Labor Office |
| Total | 3 | 6 | 2 | 1 | 10 |

During the reporting period, Ibb MHPSS Center received a total of nine referrals, including six from the Yemen Women Union and three from the Health Office.Taiz MHPSS Center received a total of thirteen referrals, including ten from the Social Affairs and Labor Office, one from HUMAN ACCESS, and two from Deem Organization.

Figure 6: Outgoing Referrals Based on Referred Authority




| | Taiz MHPSS Center | | | | | |
|---|---|---|---|---|---|---|
| | Care | Resalty Foundation for Development | Mufaz Charitable Development Foundation | HUMAN ACCESS | Deem | Social Affairs and Labor Office |
| Total | 2 | 2 | 2 | 11 | 16 | 37 |

During the reporting period, a total of 70 cases were referred by the Taiz MHPSS Center to various partners. Of these, 37 cases were referred to the Social Affairs and Labor Office, 16 to Deem Organization, 11 to HUMAN ACCESS, two to the Mufaz Charitable Development Foundation, two to the Resalty Foundation for Women Development, and two to Care Organization.

# 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 2,187 vulnerable women and girls were served at the Neuro-Psychiatric Teaching Hospital, of which 4 were received as referrals from other service providers. In terms of residential status, 2,054 (94%) of the women and girls served were from host communities, 112 (5%) were internally displaced persons (IDPs), and 21 (1%) were refugees who had sought refuge in Aden governorate.

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

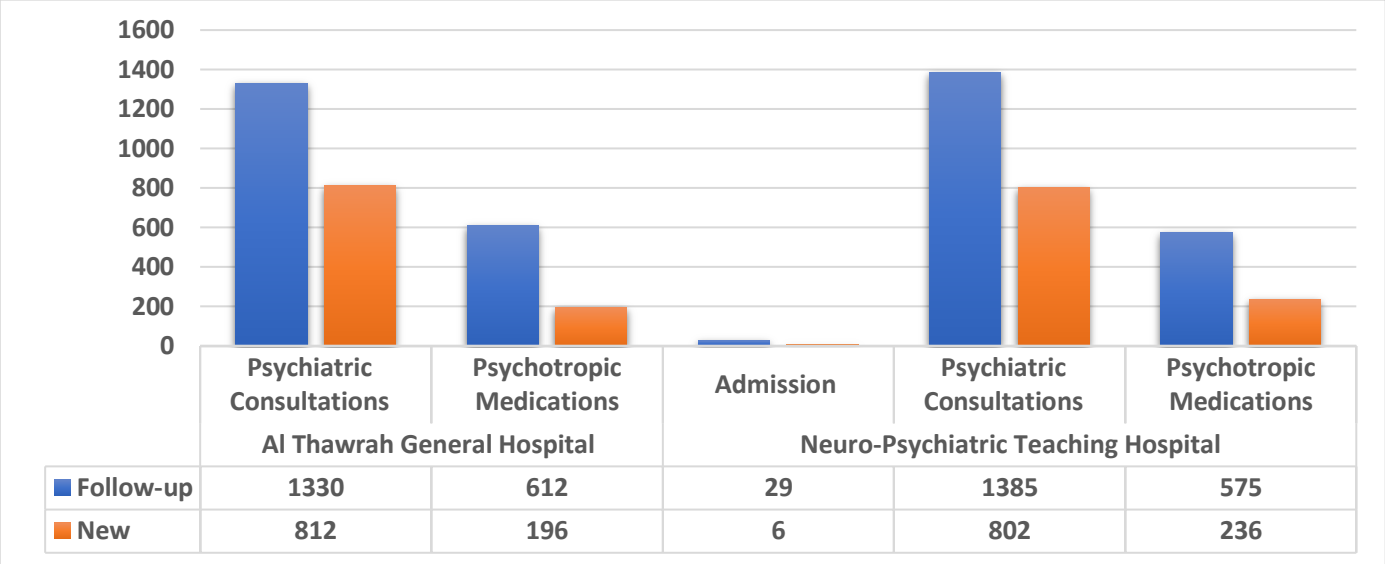
At Al Thawrah General Hospital-Women Psychiatry Department, a total of 2,142 women and girls were served, of which 15 were received as referrals from other actors and service providers. In terms of residential status, 2,034 (95%) of the women and girls were from host communities, and 108 (5%) were internally 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 | 2,187 | 2,142 |
| # of vulnerable women and girls received pharmacological support | 811 | 808 |
| # of vulnerable women and girls admitted in in-patient services (night-care services) | 35 | - |
| # of vulnerable women and girls received in- person psychosocial support | 1,741 | 1,643 |
| # of vulnerable women, adolescent girls, and their caregivers accessing remote psychosocial support services thru the hotline or helpline | 139 | 370 |
| # of BNFs attending MHPSS specific awareness and psychoeducation sessions | 4,826 | 4,670 |
| # of caregivers/family members of women and adolescent girls at accessing caregiver psychosocial supports | 1,431 | 1,258 |
| # of women and girls referred by other actors to PCF | 4 | 15 |

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



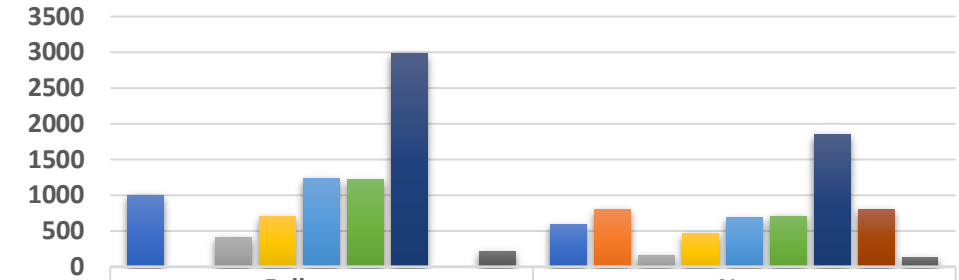

| | Psychiatric Consultations | Psychotropic Medications | Admission | Psychiatric Consultations | Psychotropic Medications |
|---|---|---|---|---|---|
| | Al Thawrah General Hospital | | Neuro-Psychiatric Teaching Hospital | | |
| Follow-up | 1330 | 612 | 29 | 1385 | 575 |
| New | 812 | 196 | 6 | 802 | 236 |

**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 2,187 female beneficiaries, 1,385 were follow-up beneficiaries from previous months to complete their treatment while 802 were new beneficiaries who have received psychiatric consultations by PCF for the first time. On the other hand, psychiatric consultations were provided to 2,142 female beneficiaries, 1,330 were follow up beneficiaries, and 812 were new cases at Al Thawrah General Hospital.

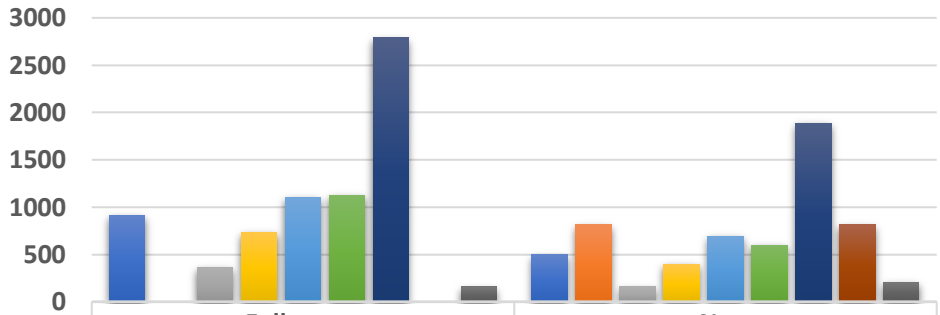
In addition, psychotropic medications were provided to 811 female beneficiaries at the Neuro-Psychiatric Teaching Hospital. Among them, 575 were follow-up beneficiaries from previous months while 236 were new cases who have received psychotropic medications by PCF for the first time. However, at Al Thawrah General Hospital, psychotropic medications were provided to 808 female beneficiaries of which 612 were follow-up beneficiaries, whereas 196 were new cases who have received psychotropic medications by PCF for the first time.

Following psychiatric evaluation, 35 female beneficiaries required admission for in-patient care at the Neuro-Psychiatric Teaching Hospital due to the severity of their conditions. A total of 27 inpatient beneficiaries were discharged after their conditions positively improved and stabilized, making them eligible for outpatient follow-up.




| | Follow-up | New |
|---|---|---|
| Case Management | 1000 | 592 |
| Case Study | | 802 |
| Group Psychosocial Support | 412 | 155 |
| Individual Psychosocial Support | 705 | 469 |
| Medical and laboratory Examination | 1234 | 686 |
| Mental Health Assessments | 1216 | 710 |
| MHPSS Specific Awareness and Psychoeducation Sessions | 2982 | 1844 |
| Psychological First Aid | | 802 |
| Rehabilitation | 220 | 136 |

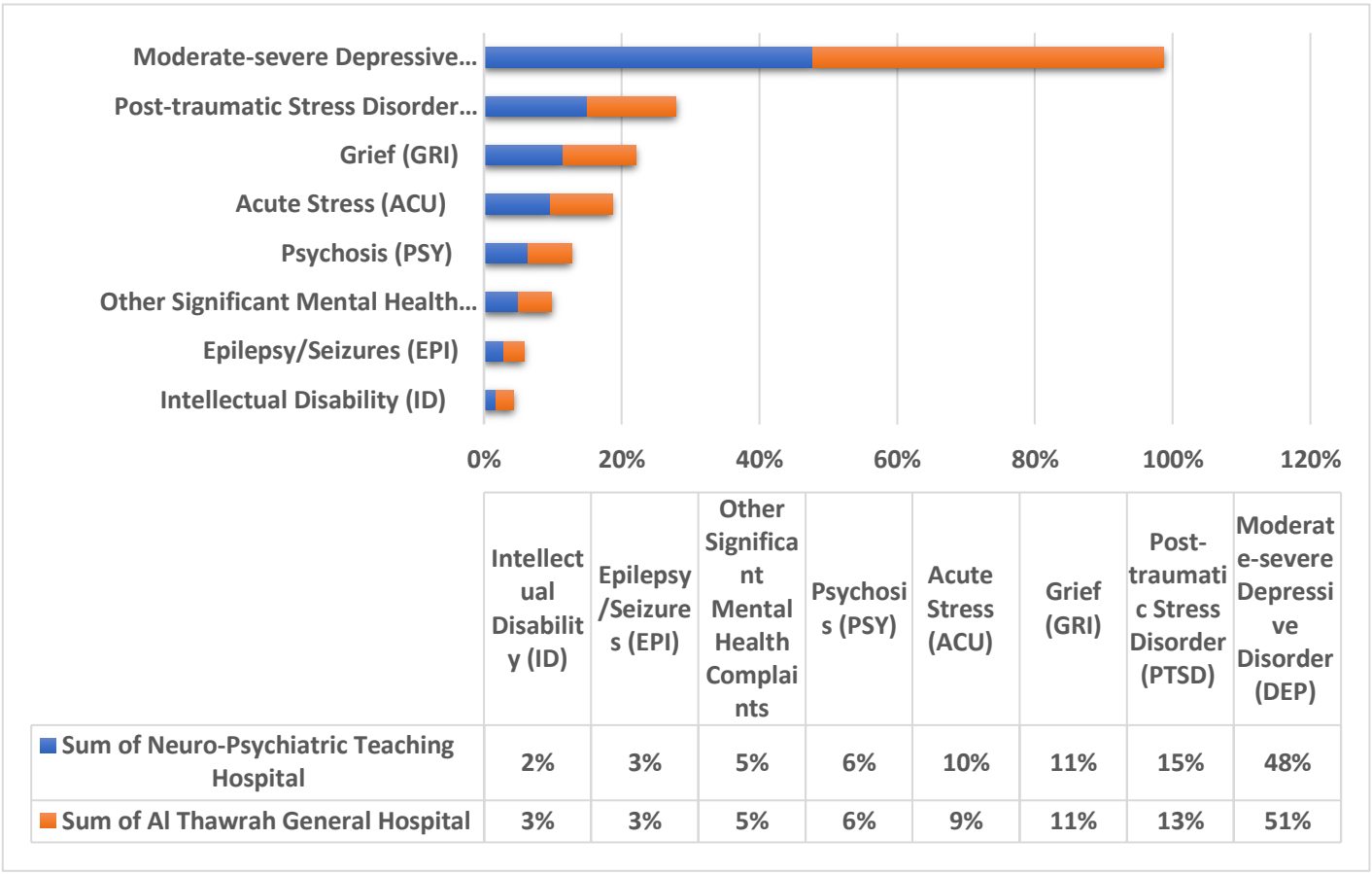
**Figure 8:BNFs Accessing Various Specialized and Focused MHPSS Services at the Neuro-Psychiatric Teaching Hospital**




| | Follow-up | New |
|---|---|---|
| Case Management | 917 | 495 |
| Case Study | | 812 |
| Group Psychosocial Support | 359 | 158 |
| Individual Psychosocial Support | 731 | 395 |
| Medical and laboratory Examination | 1104 | 693 |
| Mental Health Assessments | 1126 | 598 |
| MHPSS Specific Awareness and Psychoeducation Sessions | 2788 | 1882 |
| Psychological First Aid | | 812 |
| Rehabilitation | 157 | 202 |

**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, 1,174 women received individual support while 567 participated in group sessions. Similarly, at Al Thawrah General Hospital, 1,126 women benefited from individual support and 517 participated in group psychosocial interventions. Furthermore, PCF actively promotes mental health awareness through daily sessions for female beneficiaries and their caregivers. These sessions likely cover topics such as recognizing mental health challenges, understanding available support services, coping mechanisms for stress, and promoting overall well-being. 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 third quarter of 2025 (July-Sep.), these sessions reached 2,187 female beneficiaries and 2,639 caregivers at the Neuro-Psychiatric Teaching Hospital. In addition, at Al Thawrah General Hospital, PCF reached 2,142 female beneficiaries and 2,528 caregivers through MHPSS awareness-raising sessions.



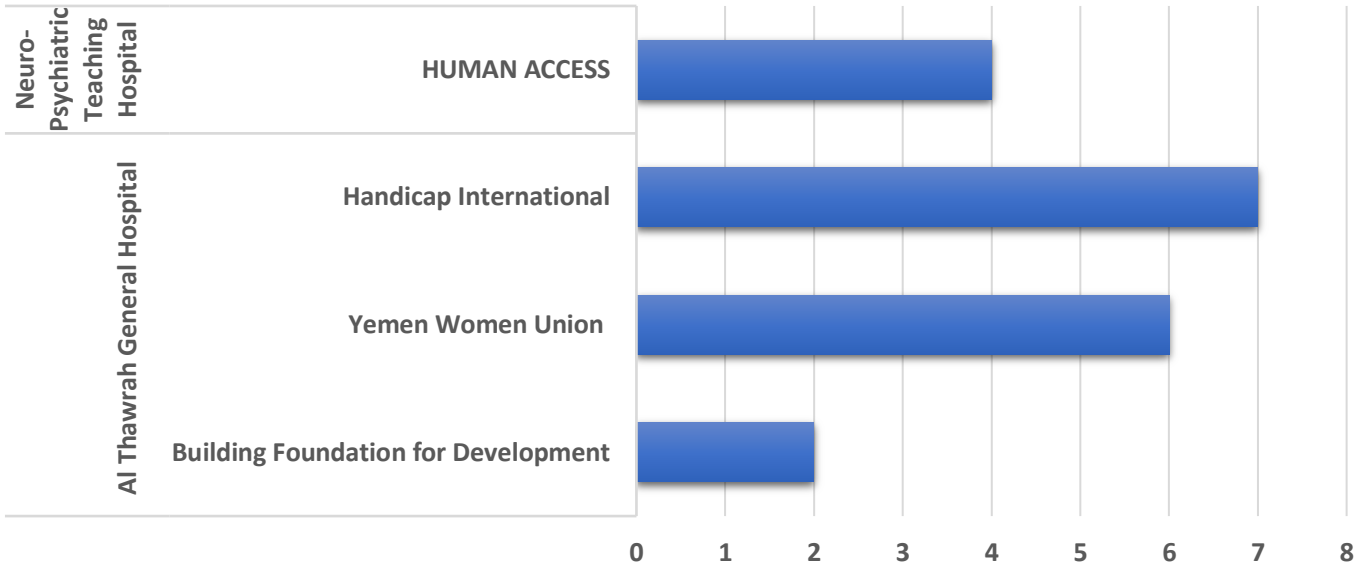

| | Intellectual Disability (ID) | Epilepsy/Seizures (EPI) | Other Significant Mental Health Complaints | Psychosis (PSY) | Acute Stress (ACU) | Grief (GRI) | Post-traumatic Stress Disorder (PTSD) | Moderate-severe Depressive Disorder (DEP) |
|---|---|---|---|---|---|---|---|---|
| Sum of Neuro-Psychiatric Teaching Hospital | 2% | 3% | 5% | 6% | 10% | 11% | 15% | 48% |
| Sum of Al Thawrah General Hospital | 3% | 3% | 5% | 6% | 9% | 11% | 13% | 51% |

**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, 15% of the beneficiaries at the Neuro-Psychiatric Teaching Hospital and 13% of the beneficiaries at Al Thawrah General Hospital were diagnosed with post-traumatic stress disorder (PTSD). Furthermore, 11% of beneficiaries across both at the Neuro-Psychiatric Teaching Hospital and at Al Thawrah General Hospital were diagnosed with grief.

## Part 6. Referrals-Governmental Health Institutions

Figure 11: Incoming Referrals Based on Referred Authority




| | Al Thawrah General Hospital | | | Neuro-Psychiatric Teaching Hospital |
|---|---|---|---|---|
| | Building Foundation for Development | Yemen Women Union | Handicap International | HUMAN ACCESS |
| Total | 2 | 6 | 7 | 4 |

During the reporting period, four cases were referred to the Neuro-Psychiatric Teaching Hospital by HUMAN ACCESS. Additionally, a total of 15 cases were referred to the Women Psychiatry Department at Al Thawrah General Hospital, including seven from Handicap International, six from the Yemen Women Union, and two from the Building Foundation for Development. These incoming referrals categorized by the referring authority, are detailed in Figure 11 above.

## Part 7. Hotline (Remote Psychosocial Support)

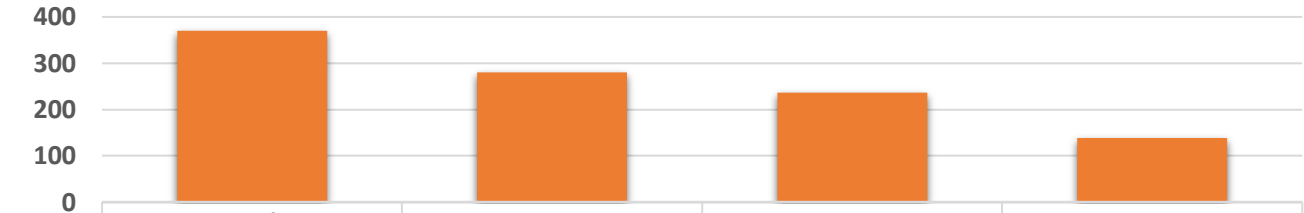



Figure 12: BNFs Accessing Remote Psychosocial Support Services through Hotline

PCF, in collaboration with the UNFPA, has a nationwide hotline dedicated to providing immediate remote psychosocial support. During the reporting period, 1,025 of women, adolescent girls, and their caregivers received remote psychosocial support services thru the hotline.

## Part 8.Training and Capacity Building

PCF is committed to enhancing mental health and psychosocial support (MHPSS) services within its target communities. To achieve this, we prioritize the training and supervision of a diverse team of mental health professionals. Here's a breakdown of PCF's training activities during the third quarter of 2025:

1. **Internal Project Teams**: A training program on mental health and psychosocial support (MHPSS) approaches and practices was conducted by a specialist from the United Nations Population Fund (UNFPA). The training targeted the internal MHPSS teams, consisting of 83 mental health workers (30 male and 53 female). Twelve of these workers received the training online, after which four trained staff members cascaded the training through face-to-face sessions for the remaining 71 workers across the project's four field locations.Additionally, four psychologists from Aden and Taiz participated in Comprehensive Training on Addiction: Diagnosis, Assessment, and Psychosocial Interventions. Furthermore, a total of 12 project staff were trained in Prevention and Response to Sexual Exploitation and Abuse: Protection Principles, Roles, and Safe Reporting Mechanisms.

**2. General Practitioner:** On-the-job training was provided to one general practitioner in Ibb, under the direct supervision of the psychiatrist.

## Part 9. 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.
- **Medication Reduction Plan:** In collaboration with psychiatrists and psychologists, a plan was developed to manage the reduced availability of medications. Cases were evaluated and prioritized based on urgency and complexity.

## Part 10. Humanitarian Story

**N.M: From Displacement to Hope... and Then Despair**

N.M., a thirty-three-year-old woman and a mother of three, has endured a life of hardship, marked by family constraints and a severe lack of financial resources. These circumstances led to her early marriage at the age of fifteen.

She got married, but her husband's treatment of her was harsh, and his daily income was limited. N.M. was forced to work several jobs to make a living, but her husband would forcibly take her earnings. The poor treatment from her mother-in-law and sisters-in-law exacerbated her ongoing suffering.

Despite her repeated attempts to seek help from her family, she was rejected and forced to return to her husband's home. This had a profound impact on her mental well-being, leading to depression and aggressive behavior.

After deciding to separate from her husband, N.M. and her children were displaced to another governorate, where they settled in a small room with a bathroom. They faced dire financial conditions, sometimes being deprived of food.

These financial challenges and a constant feeling of insecurity led to a sharp deterioration in her mental health. This manifested in dangerous behaviors that could put her and her children at risk, in addition to excessive anxiety and severe insomnia.

A neighbor noticed her difficult situation and advised her to go to the Neuro-Psychiatric Teaching Hospital in Aden, where she could receive free psychosocial services.

N.M came to the hospital's outpatient clinic, where she was diagnosed with severe depression and was prescribed the necessary psychotropic medication.

She received eight psychological sessions, which included techniques such as cognitive-behavioral therapy, supportive psychotherapy, mindfulness, and anger management. During her treatment, she received several job offers for house cleaning. This work, though intermittent, helped provide for her children's daily basic needs, which had a positive impact on her mental state.

Her condition began to improve significantly, and her treatment plan was progressing as she was committed to attending sessions. However, due to a sudden reduction in the medication budget for the project supporting the hospital's outpatient clinic, PCF could no longer provide all psychotropic medications for free.

Beneficiaries now had to bear the cost of medications not covered, which threatened the continuity of their treatment and the stability of their condition. Despite N.M.'s urgent need to complete her therapy sessions, she was unable to attend or purchase the remaining psychotropic medications not covered by the project due to her lack of financial ability.

Two months after the medication reduction decision, N.M.'s neighbor, who had introduced her to the services, contacted us and reported that N.M.'s condition had sharply declined. Due to depression and a feeling of abandonment, she had attempted to commit suicide and poison herself and her children.

Immediately, the neighbor was informed of the necessity of admitting N.M. to the hospital's inpatient department within the project, where she would receive intensive and immediate pharmacological and psychological care. However, the neighbor explained that N.M. had strongly refused, stating she could not leave her young children unsupervised, especially since she had no one to take responsibility for them in her absence.

Following the Foundation's unsuccessful attempts to contact N.M., the psychologist is now working to arrange an urgent meeting with her—or with her neighbor, should N.M. remain unreachable. The goal is to discuss available options to provide support, given her difficult family circumstances.

The psychologist following up on N.M.'s case says: "When I informed N.M. that the medication was no longer fully available, I saw the spark of hope in her eyes extinguish. She wasn't just a patient losing her medication; she was a woman fighting, just beginning to touch the path of recovery, only to have the helping hand suddenly pulled away. This broke her trust in our ability to help her."

The interruption of funding not only threatens the stability of vulnerable women and girls but also breaks trust in the systems that are supposed to provide them with safety. In the harsh conditions faced by women in Yemen, providing mental health care is no longer just an option but a humanitarian commitment to save lives.

The continued provision of free and accessible MHPSS services is essential to empower the most vulnerable cases before they reach a breaking point. Investing in mental health services is not just assistance; it is a belief in the ability of these women and girls to reclaim their lives and build a better future for themselves and their children.

## Part 11. Quotes

"I used to live in constant fear and distress, but after the counseling sessions, I started to feel calm and at peace. I can smile again and connect with people around me."

*-A 28-year-old female beneficiary at at Ibb MHPSS Center*

"Seeing my wife regain her strength and joy has been truly heartening. The support she received has helped her heal and has brought hope back into our family life. "

*- Husband of a female beneficiary at the Neuro-Psychiatric Teaching Hospital.*

"A.S. required pharmacological support and psychotherapy, but when the project could no longer cover the cost of some medications, she was unable to buy them herself. This inability to afford her treatment, combined with the lack of financial and emotional support from her family, led to a severe relapse that reversed all her previous progress.

*-A psychologist at Taiz MHPSS Center.*

"Since the project began supporting our department, we have seen a remarkable change. The number of women seeking our services has steadily increased, and what was once a nearly inactive ward is now vibrant and fully operational. This project has truly transformed our ability to reach and support those in need. "

*- Head of the Psychiatric and Neurological Department at Al Thawrah General Hospital*.

# 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 2

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


*Psychosocial Support, Ibb MHPSS Center*


*Awareness-raising session, Neuro-Psychiatric Teaching Hospital*

*Psychosocial Support, Al Thawrah General Hospital*


*Case Management, Taiz MHPSS Center*