مؤسسة الرعاية النفسية التنموية
PSYCHIATRIC CARE DEVELOPMENTAL FOUNDATION

"Provision of MHPSS Services for GBV Survivors and at-risk Women and Girls in Sana'a - Ibb - Aden - Taiz Governorates in Yemen" Project

Reporting Period (2020-2024)

THE HUMANITARIAN CRISIS IN YEMEN

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]

ABOUT PCF

Psychiatric Care Developmental Foundation(PCF) is a Yemeni non-governmental, non-profit organization licensed by the Ministry of Social Affairs and Labor, was established at the end of 2019 in response to the growing need to build the capacities of local communities affected by conflicts and to meet their humanitarian and relief needs. PCF aims to empower vulnerable groups in Yemen by ensuring access to essential services, including health, protection, and education. Our approach is inclusive and non-discriminatory, ensuring the preservation of human dignity in all its endeavors. PCF collaborates directly with communities, partnering with government bodies, UN agencies, and local and international organizations to promote sustainable development.

[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

"Provision of MHPSS Services for GBV Survivors and Women and Girls at-risk of GBV "Project

In Yemen, the challenges faced by GBV survivors and women and girls at-risk of GBV 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.

Project general objective:

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

ACHIEVEMENTS FOR THE YEAR 2024

The project falls under the protection sector. At the end of 2024, PCF achieved the sixth position among partners of women's protection, regarding Beneficiaries Reached with Multi Sectoral Services including psychological support.
https://app.powerbi.com/view?r=eyJrIjoiYjg5ZDMyNDEtZWI3NC00MDllLWFmNmYtZmQxMTc0OWFjODE0IiwidCI6IjZjOTBmNzA3LTUxYzgtNGY1ZC04MGRiLTBlNTA5ZWYxZGE2MCIsImMiOjl9&pageName=ReportSection0d899181db2b9cc64e1b

PCF was able to reach a total of **78933** GBV survivors and women and girls at risk with psychiatric consultations. Pharmacological support was provided to **51683** female beneficiaries. Moreover, **843** female beneficiaries were admitted for in-patient care following the psychiatric evaluation and it was necessary for them to be admitted. In -person psychological support – Individual and group psychosocial -was provided to **73633** female beneficiaries.

 843 **Admission**	 **78933** **Psychiatric Consultations**
 **73633** **In- person Psychological Support**	 **51683** **Psychotropic Medications**

STORIES FROM THE FELID

The Unseen Scars of Conflict: F.L.'s Path to Healing and Rebirth

F.L. was married at the young age of 15 to a man she didn't know. Lacking any experience or understanding of married life, she was divorced just one month later. She returned to her parents' home feeling defeated and submissive.

After her four-month waiting period (′iddah′) following the divorce, her father arranged for her to be married again, this time to a man aged 40. She bore him a child, but he frequently abused her both verbally and physically. Her marriage lasted a year, and she once again returned to her family, bringing her child with her.

The family was forced to flee during the conflict in their region, deciding to leave due to the impossible living conditions. The displacement wasn't easy; they moved to a camp where life was difficult and their financial situation was dire. As a result, she decided to work as a hairdresser's assistant. However, she wasn't safe from troubles, a common issue for divorced women due to societal customs and the negative perception of both divorced women and such professions. To escape further gossip and find protection, she believed marriage was her only option. She then married another man.

F.M. says*: "The camp was harsh, but for the first time, I felt a flicker of independence when I started working. But the whispers and stares followed me. I just wanted someone to protect me from the judgment, to make it stop."*

After their first month together, her husband's violence and cruelty gradually surfaced. In the following month, he disappeared completely, abandoning her to face life alone in a strange and unfamiliar environment she couldn't adapt to.

She became overwhelmed by fear of others, withdrawing into herself and neglecting both herself and her child. She began to experience paranoia, believing others were conspiring against her and talking about her. She would laugh to herself and talk to herself. Her mental state deteriorated further, leading her to brandish a knife at other camp residents. She attempted suicide three times with a knife. Fortunately, due to the close proximity and intermingling of families within the camp, she was rescued by residents from an adjacent tent.

"The world felt like it was closing in, and my own mind became my enemy. I couldn't trust anyone, not even myself. All I wanted was for the pain to end," F.M. said.

F.L. arrived at the Neuro-Psychiatric Teaching Hospital, referred by the camp management, in a state of extreme agitation. She was screaming, crying, and talking loudly to herself, accompanied by a camp official. Given the severity of her condition, the psychiatrist decided to admit her to the inpatient

department. He then collaborated with a psychologist to prepare a comprehensive plan that included psychotropic medications, psychological support, and continuous monitoring of her condition.

She underwent cognitive behavioral therapy (CBT), focusing on transforming her illogical negative thoughts. Through intensive, successive sessions in the inpatient department, she was taught various skills, such as coping with stress and problem-solving. She was also integrated into group support sessions, where she met other women who had similar experiences, making her realize she wasn't alone.

After four months of intensive treatment, F.L. began to gradually transform, gaining crucial insight into her condition. Her delusions faded, marking a pivotal turning point in her journey toward healing and a brighter future.

F.L. is now consistently attending her sessions at the Neuro-Psychiatric Teaching Hospital.

"I love life, and I will build it anew," F.L. shared, reflecting on her progress. "My wish is for every woman who has faced such pressures to find the help I received."

S.M.'s Path to Recovery Through MHPSS Support

S.M, a Yemeni woman in her thirties who faced significant problems in her first marriage, which led to her divorce. After returning to her father's house, she faced rejection from her family, especially her mother, but she endured all of this to support her three children. Amidst these difficult circumstances, a glimmer of hope appeared for S.M when a man from the Gulf proposed to her. This man promised to change her life for the better and provide a stable life for her and her children.

S.M agreed to marry, hoping for a better future. However, after only one week of marriage, the man asked her for all her official documents, including the marriage contract, under the pretext of starting travel procedures. S.M handed him the documents, but he suddenly disappeared without warning.

S.M says: "I called him repeatedly, but his phone was always turned off. I searched for him everywhere, but there was no trace of him. Even his name in the marriage contract was fake! This man, whose name I don't even know, disappeared and left me alone."

S.M adds: "I waited for him for months, hoping for his return, but my wait was in vain. He had deceived me and broken my heart. I will never forget the look of pity from the people around me. It was an indescribable and painful feeling."

S.M returned to her father's house broken, and she began to suffer from anxiety, tension, mood swings, aggression, severe anger attacks, sleep and appetite disturbances, isolation, and withdrawal with suicidal thoughts. Coincidentally, a psychiatrist who worked at the MHPSS center happened to be treating one of his sons at the same hospital where S.M worked. During their conversation, S.M learned about the center's free services, so she decided to go to the MHPSS center. The case management officer realized that S.M needed specialized help, so she referred S.M to a psychologist. The psychologist carefully examined S.M's case, understood her suffering, and decided to refer her to a psychiatrist. The psychiatrist conducted a comprehensive assessment of S.M's condition and diagnosed her with depression.

Subsequently, the psychiatrist and the psychologist developed a treatment plan that included psychotropic medications and psychotherapy sessions using cognitive behavioral therapy techniques. The psychologist also made sure to include S.M in group therapy sessions, where she can interact with other girls experiencing similar problems. This provided her with a sense of support, belonging, and new skills to cope with psychological pressures.

The treatment did not focus on S.M alone, but also included her family, especially her mother. The specialized team realized that improving S.M's relationship with her mother was essential for her psychological recovery. Therefore, sessions were held with her mother to address her behaviors and improve her way of dealing with S.M. These sessions had a contrastive impact on S.M's relationship with her mother. S.M's feelings of security, love, and support from her mother increased, helping her regain self-confidence and improve her psychological state. After six months of treatment, S.M psychological condition positively improved, and regained control of her life.

S.M says: "My journey was not easy; I faced many challenges and difficulties. However, with each therapy session, I gained new strength and indomitable determination. The specialized team helped me understand

myself better and change my thinking and behavior. Today, I feel as if a completely new person, and I began to see my future with hope and optimism."

For countless vulnerable women and girls across Yemen, facing the compounded traumas of war, displacement, societal pressures, and the devastating impact of GBV, MHPSS services are not a luxury, but a lifeline. Continuing to support MHPSS support interventions will ensure that these women and girls are not abandoned to their suffering, but are instead given the chance to rebuild their lives and contribute to a more resilient and hopeful future for Yemen.