



# Healing When Crisis Strikes

**Mental Health and  
Psychosocial Support  
in Emergencies**

# HEALING WHEN CRISIS STRIKES

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

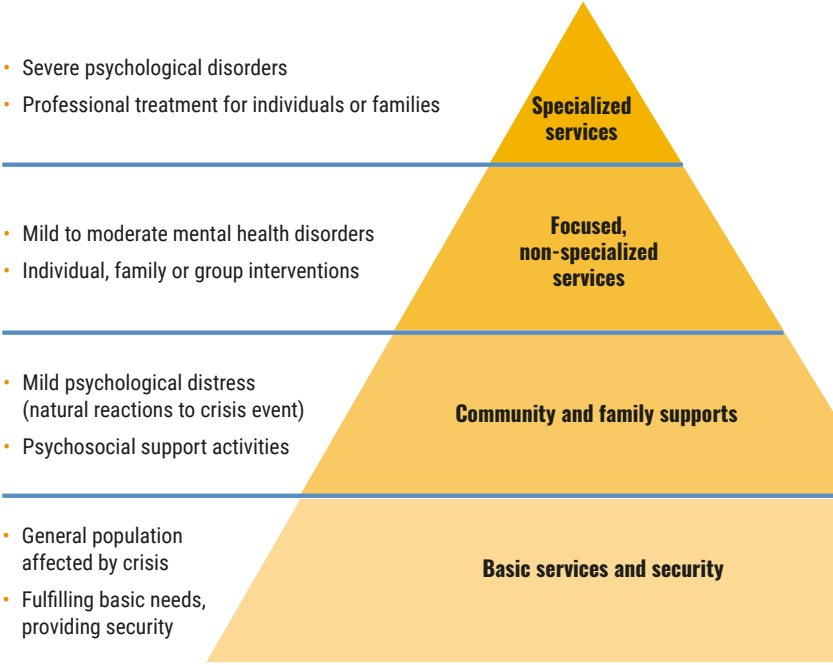
Humanitarian crises produce psychological suffering and trauma, which threaten the health and well-being of affected people, and erode global efforts for peacebuilding and recovery.

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

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

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

## THE MHPSS INTERVENTION PYRAMID



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



## BANGLADESH



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

## LIBYA



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

## BRAZIL



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

## MYANMAR



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

## IRAQ



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

## NIGERIA



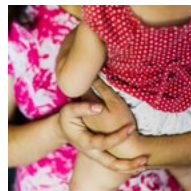
GBV is a defining characteristic of the ongoing conflict in north-eastern Nigeria, where 1.8 million women and girls of reproductive age remain at risk. UNFPA is working to ensure MHPSS is prioritized in primary health facilities, increase access to MHPSS for victims of trauma and GBV, and reach remote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

## SYRIA



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

## UKRAINE



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

## TURKEY



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

## YEMEN



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

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The country examples in "Healing When Crisis Strikes" were produced by the UNFPA Humanitarian Office with invaluable support from contributors in UNFPA Country Offices.

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

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

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

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

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

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

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

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



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

## ACKNOWLEDGMENTS

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# Rohingya Seek Refuge in Bangladesh



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

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# HUMANITARIAN SITUATION

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

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

## **Living conditions limit protection**

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

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

## **Survivors of trauma face long-lasting challenges**

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

## STRATEGIES AND INTERVENTIONS

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

## **Women Friendly Spaces extend GBV services to Rohingya refugees**

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

## **Community centres engage men and boys**

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

## UNFPA RESPONSE OBJECTIVES

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

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





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

*Building MHPSS through case workers*

## PROGRESS AND RESULTS

- **21 Women Friendly Spaces** are supported by UNFPA in Bangladesh, providing psychosocial support services, access to family planning, clinical management of rape services, and general information about sexual and reproductive health and rights.
- **10 Women Led Community Centres** offer livelihood activities such as vocational training for women and girls, with UNFPA support.
- **46,515 women and girls** received MHPSS services from April 2018 to July 2019 in both individual and group activities at the Women Friendly Spaces.
- **16 case managers** and senior case managers working in Women Friendly Spaces have

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