The Mental Health and Psychosocial Support Sub Working Group (MHPSS SWG) supported a CCCM training on Psychological First Aid (PFA) for IOM staff, National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA) officials, on 28 February 2018. The PFA session captured essential knowledge and actions principles.

The Borno State Ministry Health (SMoH), represented by Director of Emergency Response (as the chair of MHPSS SWG), provided regular support on issues related to the mental health and psychosocial services in various hard-to-reach areas.

MHPSS Partners and Services profile from the first-round mapping exercise has been circulated to the MHPSS SWG members, IASC MHPSS RG co-chairs, donors and Presidential Committee on North East Initiative (PCNI). The profile comprises of organizational details, service locations, type of beneficiaries, project type and status, MHPSS interventions and activities, and contact person(s) of the organizations. The document updated on a quarterly basis to ensure that relevant information is consistently shared.

The MHPSS SWG communicated with IASC MHPSS RG co-chairs are developing the work plan and capacity building plan for 2018. Communication with both co-chairs will continue, to share updates on activities and seek technical recommendations.

The MHPSS SWG participated in the first round of the “Humanitarian Information Management Training for Partners” conducted by iMMAP in collaboration with UNOCHA, on 26 - 30 March 2018. The training modules comprised of an introduction to humanitarian information management (IM), IM in sector management, responsibilities of sectors’ lead and UNOCHA in IM, source of humanitarian data and information, IM needs assessments, introducing Kobo Tool Box in data collection and analysis, report writing, as well as response monitoring and GIS applications.
Enter its ninth year, the humanitarian crisis in north-east Nigeria has compounded pre-existing vulnerabilities. An estimated 7.7 million people in the three most affected states of Borno, Adamawa and Yobe are depending on humanitarian assistance for their survival. In 2018, humanitarian partners across sectors targeted 6.1 million people for humanitarian assistance.

Several main priorities captured by partners across sectors targeted quality protection services, including psychosocial care, life-skills and livelihood to enhance resilience to cope with protracted crisis; strengthen mental health services and referral to specialized services; strengthen GBV response and prevention through capacity building, mainstreaming and coordination; enhance routine monitoring of the emergency nutrition situation; improve the ability of school-aged children, teachers and education personnel to cope with the psychosocial and environmental impact of the conflict and rebuild individual and communal psychosocial well-being; strengthen the coordination and enhance information systems to improve the life-saving response by partners.

The coordination of Mental Health and Psychosocial Support Sub Working Group (MHPSS SWG) in north-east Nigeria has the representation chaired by the State Ministry of Health (SMoH) and co-chaired by IOM. It is within the Health sector coordination mechanism and has linkage with relevant sectors and sub working groups (Protection sector, Child Protection sub working group, GBV sub working group, Displacement Management System (CCCM/Shelter/NFI), Education sector, Nutrition sector). The work of MHPSS SWG is guided by the core principles in the IASC Guidelines Mental Health and Psychosocial Support in Emergency Settings (2007).

The MHPSS SWG has set of objectives to improve the design and delivery of MHPSS interventions, serve as the reference body for coordination to minimize duplication of efforts and comprehend gap, guidelines development and ensure the implementation of IASC guidelines, technical advice and oversight of MHPSS in north-east Nigeria.

Working in support of the Government, MHPSS SWG and the humanitarian partners will work together to implement an integrated approach of mental health and psychosocial support to coordinate and ensure effective interventions to rebuild resilience of crisis-affected people in north-east Nigeria. Capacity-building among partners and stakeholders will be strengthened, especially in coordination, response and monitoring, as well as in more technical topics such as on IASC guidelines on MHPSS in emergency settings, MHPSS need assessment and analysis, MhGAP humanitarian intervention guide, psychological first aid, and monitoring and evaluation framework for MHPSS in emergency settings. The well-being of staff is also a top priority, efforts to support through regular training on staff care and support to humanitarian actors with specific session of local context in north-east Nigeria.

In Q1 2018, the MHPSS SWG has finalized its first round MHPSS partners and services profile through collecting information from SWs of relevant sectors and verifying with partners and stakeholders to increase the reliability of information. Currently there are six partners in Adamawa, fourteen partners in Borno, and five partners in Yobe. The profile will be quarterly reviewed to ensure the information is up-to-date.

The improvement on MHPSS information management and mapping will be one of key action plan to support decision making through dissemination of relevant and up-to-date information in the form of MHPSS partners and services profile, assessment report, situational updates, dashboards, meeting minutes, lessons learned and best practices.
Over the course of the three month period, IOM reached 27,328 new beneficiaries with psychosocial support services. The Organization also conducted Psychological First Aid (PFA) trainings to 56 humanitarian actors, and protection trainings for all IOM internal units.

A joint effort training on “Staff Care and Support for Humanitarian Actors”, led by the MHPSS Sector Working Group, IOM’s Capacity Building unit and the Humanitarian Hub Counselor, was held in March at the Red Roof Humanitarian Hub in Maiduguri, following an attack in Rann (one of the hard-to-reach areas in Kala/Balge Local Government Area (LGA) of Borno State), in which three humanitarians were killed.

IOM’s MHPSS team also participated in verification exercises as part of Monitoring and Reporting Mechanism missions to assess violations of child rights and child abuse, and supported the deployment of National Agency for the Prohibition of Trafficking in Persons (NAPTIP) officials to hard to reach areas (such as Ngala, Dikwa, Bama and others) to conduct counter trafficking sensitization campaigns.

Through the intergrations of psychosocial activities with the small component on livelihood support, IOM has developed vulnerability selection criteria that includes gender considerations. These forums have been used to strengthen the social fabric through various community activities, including preventions of SGBV.
Functional psychosocial support with emphasis on early childhood play-based stimulation activities for children admitted in the stabilization centers is an ongoing care and support for children to meet their age-appropriate and identified emotional, cognitive, social and physical needs. These aspects of support were carried out to encourage children's interaction with their surroundings focused on improving maternal child stimulation that reinforce mother-child bonding. Actually the impact of this intervention was clearly observed in recovery rate because of the significant proportion of cured beneficiaries at the stabilization centers.

The IRC has been integrating psychosocial support in management of severe acute malnutrition both in MMC and Jere stabilization centers. A total of 355 children with severe acute malnutrition (SAM) aged 6-59 months have been admitted into the therapeutic feeding program, of which 290 children were managed and discharged home. The IRC stabilization centers have sustained their tempo in their strides to improve quality and efficient service delivery for inpatient management of patient with severe acute malnutrition (SAM) with medical complications. Also serves as a training and referral center for UNICEF, WHO, INGOs and their implementing partners. The child friendly spaces (play rooms) are well equipped with enough toys that are cognitive sensitive which are tailored on improving the children's cognitive domain during their concrete operational stage. A total of 355 care givers/mothers of children admitted with severe acute malnutrition with complications have been reached with psychosocial support (individual psychotherapy and group psychotherapy) in an effort to reduce the incidence of maternal psycho trauma in the IDPs camp and host communities. A total of 82 community outreach workers from nutrition sector and stabilization centers, had three days psychosocial support capacity building on how to identify and counsel traumatized mothers of infant with severe acute malnutrition.

All children can be affected by sensory processing issues, so exposing children to varieties of sensory activities in a playful manner can alleviate some of their problems.

Nyali Ali, a 2 years old child was brought from Baga road community to Umaru Shehu Stabilization Centre on account of severe acute malnutrition with complication.

Few days after Nyali’s admission she was moved to transition phase and then later to rehabilitation phase, she seems to have remarkably improved. Had early childhood play based stimulation activities in the child friendly space IRC stabilization center Umaru Shehu M.M.C

A - Before admission

B - After admission

IRC stabilization centre child friendly space Mashamari Jere.
The Mandate Health Empowerment Initiative (MHEI) is a Not-For-Profit, Non-Governmental Organization founded and duly registered in Nigeria. Our core mandate centers on mental health interventionist programs and projects, advocacy outreaches, free-from-drugs-and-substance dependency campaigns and providing psycho-social support for victims of communal and religious clash-es (Internally Displaced Persons). Available statistics paint a gory picture of millions of Nigerians suffering under a form of mental condition. We also work with nursing mothers and the aged in rural communities where we address issues of malnutrition among school-age children and depression in pregnant and nursing women, and the ugly culture of stigmatization.

The Mandate Health Empowerment Initiative is centred on mental health promotion, care and psychosocial support through sensitization, advocacy and early intervention with a particular interest in school-age children and pregnant and nursing women in Africa.

Molai-Maiduguri, Nigeria, 7-13 January 2018. We received an invitation from Pro Health Int’l via the executive director Dr Iko Ibag to participate in their Health Outreach at Molai, Maiduguri Nigeria. We were invited to work in their mental and trauma counseling unit thereby educating the target audience on mental health.

The mental and trauma counseling unit was headed by Dr. Akuwuyi. The event which lasted for five days had catalogs of activities in the General Hospital Molai, the rehabilitation center in Bolumkutu Maiduguri, an orphanage home owned by the vice president and also Bakassi IDP camp in Jere MMC.

In Molai, intensive health promotion and education covering personal health care hygiene, nutrition, sanitation even sex gender based violence were largely discussed, several focus group session were held to further discuss health promotion among the peer groups.

A session of mental health, trauma & counseling by Mr. Zion Abba Ameh was held also in Molai to enlighten individuals on mental health and mental disorders also, participants were educated on various psychosocial support interventions.

In Bolumkutu rehabilitation center, some members of staff of the women affairs and social development ministry were present to monitor the proper care of the internally displaced persons (IDPs), we met about twenty-five (25) IDPs in which some of them had cases of mental illnesses ranging from depression to psychosis. We were told that over 700 of the IDPs that have been rehabilitated have been reconnected back to their families.

In Bakassi camp in Jere, we were able to go to the schools and IOM centers were we interacted with a group of adult men to sensitize them on the place of mental health and how to manage trauma. We also had extensive talk on gender based violence with emphasis on sexual abuse, the place of the stigma and effective solution also informing that the practical application of the solutions as taught will not only have a positive effect on the victim, but also the family, community and society at large. Some members of the community were also trained to identify some of the signs and symptoms of mental disorder, substances use and abuse and gender based violence within their respective communities.

We had a play session with primary and secondary school students. We met with the women during the livelihood session. There was a focus group session with the widows, in all we had a great experience, meeting people’s psychosocial needs.
Psychoeducation at Kawar Maila Camp, with the MHPSS counsellors and beneficiaries.

What MdM Does:
Médecins du Monde or Doctors of the World, is an International Humanitarian Non-profit Organization that provides emergency quality Primary Health Care services to vulnerable populations while advocating for equal access to healthcare worldwide. Mdm offers Primary Health Care services (Nutrition services, Sexual and Reproductive Health services, and Primary Health Care Consultation Services, Integrated GBV response team, and Mental Health and Psychosocial Support Services) at El-Miskin Camp (Jere L.G.C.), Garba Buzu (MMC), Kawar-Maila (MMC) Hussari Camp (Damboa L.G.C.) and Mainok (Kaga L.G.A) serving both IDPs and Host Communities.

The MHPSS component offers individual counselling, group counselling, psycho-education psychotherapy.

Our most common cases seen are; Psychological/Psychiatric cases such as ASD and PTSD, Major Depressive Episodes, Anxiety Disorders, Stress induced hypertension, and then Psychoses; Lifestyle adjustment problems, GBV cases, psychological distress, Epilepsy/Seizure disorders, psychosocial cases such as livelihoods concerns, etc.

Capacity Building:
Working closely to mainstream MHPSS into all MdM’s components. MHPSS team has trained most staff, both medical and non-medical on some relevant MHPSS topics, these topics are; Self-care for humanitarian workers, Effective and Respectful Communication in clinical setting, Psychological First Aid, Stress management model via the Stress Inoculation sessions. Furthermore, the team has been trained from other partners offering specialized services, this include the recently completed MhGap Intervention Guide Training for the team. On our referrals, MdM enjoys a good referral network with other mental health actors such as the IOM and the WHO, and recently, MdM has strengthened relationship with IRC and Save the Children for protection concerns; and Christian Aid most recently for other forms of services not provided by MdM.

Beneficiaries reached:
Figure below shows the number of beneficiaries reached for each activity. For the individual PSS, individual counselling is majorly the activity captured, while for the Group PSS, group counselling, support group activities, child PSS activities are all captured here.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Gender</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PSS</td>
<td>Male</td>
<td>16</td>
<td>26</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>62</td>
<td>91</td>
<td>69</td>
<td>222</td>
</tr>
<tr>
<td>Group PSS</td>
<td>Male</td>
<td>410</td>
<td>695</td>
<td>780</td>
<td>1,885</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>988</td>
<td>1,780</td>
<td>2,269</td>
<td>5,037</td>
</tr>
<tr>
<td>Total per month</td>
<td></td>
<td>1,476</td>
<td>2,592</td>
<td>3,160</td>
<td>7,228</td>
</tr>
</tbody>
</table>
The bar chart in figure 1 illustrates that the Boko Haram survivors assessed in these locations manifest symptoms of PTSD including intrusive, avoidance, and hypervigilance symptoms. It also shows that a higher number of survivors manifest intrusive symptoms follow by avoidance and hypervigilance symptoms. The survivors were adults and children including CAFAAGs and OVCs.

The bar chart in figure 2 shows that the Boko Haram survivors assessed in these locations manifest depressive, anxiety and stress disorder among the victims (Neem Foundation MHPSS Assessment, 2018).

A total number of 1,069 clients were assessed within the period using standardized tools by Neem Foundation trained lay counsellors, protection officers and being directly conducted or supervised by clinical psychologists. Their level of psychological distress can be seen as below:

<table>
<thead>
<tr>
<th>Psychological Distress</th>
<th>Number of Clients with Intrusive Symptoms</th>
<th>Number of Clients with Avoidance Symptoms</th>
<th>Number of Clients with Hypervigilance Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>577</td>
<td>422</td>
<td>371</td>
</tr>
<tr>
<td>Depression</td>
<td>Number of Clients with Normal Symptoms</td>
<td>Number of Clients with Mild Symptoms</td>
<td>Number of Clients with Moderate Symptoms</td>
</tr>
<tr>
<td></td>
<td>74</td>
<td>100</td>
<td>199</td>
</tr>
<tr>
<td>Anxiety</td>
<td>41</td>
<td>52</td>
<td>111</td>
</tr>
<tr>
<td>Stress</td>
<td>91</td>
<td>97</td>
<td>123</td>
</tr>
</tbody>
</table>

Note: It is important to note that some clients manifest multiple symptoms. This is represented in bar charts as follow:

The Boko Haram crisis have caused psychological distress among adults and children (CAFAAGs and OVCs) who are experiencing intrusive, avoidance, and hypervigilance symptoms of PTSD. Also there is manifestation of normal, mild, moderate, severe, and extremely severe symptoms of depression, anxiety, and stress disorder among the victims.

The bar chart in figure 1 illustrates that the Boko Haram survivors assessed in these locations manifest symptoms of PTSD including intrusive, avoidance, and hypervigilance symptoms. It also shows that a higher number of survivors manifest intrusive symptoms follow by avoidance and hypervigilance symptoms. The survivors were adults and children including CAFAAGs and OVCs.

The bar chart in figure 2 shows that the Boko Haram survivors assessed in these locations manifest depressive, anxiety and stress disorder among the victims (Neem Foundation MHPSS Assessment, 2018).
In the first quarter of 2018 (January – March), UNICEF and its implementing partners provided critical child protection services to 200,160 children and caregivers in the crisis affected states of Borno, Adamawa and Yobe. This represents 35% of the 2018 HAC target. Out of the total number above, 151,266 received PSS activities meaning 75% of the case load access PSS services. This number includes 37,519 children (18,202 girls and 19,317 boys) and 2,620 caregivers (1,239 women and 1,381 men) reached in March. This result is attributed in parts to improved capacities of implementing partners and UNICEF LGA Consultants and community volunteers in timely and accurate reporting and monitoring of results and also the scale-up of psychosocial, life skills, risk education, case management and reintegation services to children. In Borno, 38 child protection workers (20 males, 18 females) from MMC, Jere and Konduga LGAs received additional skills in reinforcing the coping mechanism, psychosocial wellbeing and enrichment of the life skills of children and adolescent through a three-day refresher training.

Girls participating in the MAFA in PSS activities in the Mafa IDP camp

A master trainer working with community volunteers on how to use the UNICEF Adolescent kits when running an adolescent group section.

Girls participating in the Potiskum PSS- Life Skills adolescent kits activities
WHO in collaboration with Ministry of Health, State Primary Health Care Development Agency (SPHCDA) and Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri integrate treatment of mental health conditions at Primary Health Care level through Mental Health Outreach sessions at some Primary Health Care facilities and some clinics within IDP camps in Borno State to address unmet top layer of IASC intervention pyramid for MHPSS ( Provision of Specialized Services).

There were 251 MH Outreach sessions between January to March 2018, conducted by 10 MH specialist. 4,290 mental health patients were attended to (Epilepsy/seizure disorders, alcohol or other substance use disorders, mental retardation/intellectual disability, psychotic disorders, severe emotional disorders, other psychological disorders and medically unexplained somatic complaints), out of which 1,028 were referred to FNPH for further management and 124 of them were admitted.


On 16th February, 2018. Attending to a beneficiary referred to FNPH to re-enforce motivation to overcome drug dependence.

70 primary health workers (53 females, and 17 males) were trained on mhGAP-IG from 26th to 30th March, 2018 at Federal Neuro-Psychiatric Hospital, Maiduguri who will be mentored on the treatment of mental health conditions at primary health care levels. 12 of the trainees came from 11 new additional health facilities in Borno State.
Government Agencies:
Adamawa State Ministry of Women Affairs and Social Development, Borno State Ministry of Health, Borno State Ministry of Women Affairs and Social Development, Federal Neuro-Psychiatric Hospital, Presidential Committee on the North-East Initiative, Yobe State Ministry of Youth, Sports and Social Development.

Community Based Organizations, National and International NGOs, UN Agencies:

Acknowledgment to partners for their contribution to the MHPSS SWG Quarterly Update (Q1 January – March 2018)

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