• Facilitated the 2nd Round of MHPSS Mapping Workshop on 11 July 2018. The mapping workshop was attended by 43 participants from CBOs, NGOs, INGOs, Government and UN agencies who are providing Mental Health and Psychosocial Support (MHPSS) in Borno, Adamawa and Yobe States. The information collected from the workshop will be then transferred into the MHPSS Partners and Services Profile and infographic map, and it will be publicly available in the next quarter.

• Disseminated references of the MHPSS assessment to the members of MHPSS SWG, to ensure alignment and implementation of the standards on MHPSS assessments in NE Nigeria: (a) IASC Reference Group Mental Health and Psychosocial Support Assessment Guide, 2013; (b) IASC Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings, 2013; (c) IOM Psychosocial Needs Assessment in Emergency Displacement, Early Recovery and Return: IOM Tools, 2008; and (d) WHO UNHCR Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings, 2012.

• The MHPSS SWG provided information to the World Bank (WB), to be presented on WB’s Multi-Sectoral Crisis Recovery Project (MCRP) working session on 13 August 2018. The information presented included MHPSS SWG roles and objectives, result of mapping exercises, key highlights and challenges of 2018 and the 2018 work plan. Further discussion was carried out on strengthening coordination with WB’s implementing partners and MHPSS SWG.

• Organized the 1st Round-Table Discussion on Identifying the Current Needs and Main Challenges by the key MHPSS Humanitarian Partners. The event was held in Maiduguri, on 13 September 2018. HAI, ICRC, IOM, INTERSOS, MoM, TWB, UNICEF, UNFPA and WHO participated in the discussion. The discussion led to the development of main recommendations and key messages; these have been circulated to MHPSS SWG partners during the last monthly coordination meeting. The 2nd Round-Table Discussion will be conducted in the next quarter, with a focus on CBOs and National NGOs.

• Provided technical support to the MHPSS SWG partners by reviewing a concept note for project proposal, PSS report forms and counselling notes. Additionally, relevant training materials were shared with CHAD International, HAI, LABDI, SCI, Tdh, TWB, and VSF, to improve quality of the MHPSS responses.

• The MHPSS SWG participated in a meeting and workshop of new initiatives to be implemented in NE Nigeria, specifically on: (a) GBV in Health Emergencies Project by WHO HQ: the meeting was conducted with the aim to assess gaps in the health response to GBV and identify needs for follow up trainings and other capacity building interventions; (b) Cash Transfer Programming (CTP) in Health sector: the workshop covered topics on CTP core concepts, integrating CTP with other health financing and support options, application of CTP for health outcomes, multi-purpose cash and CTP modalities for health in the HRP.
Now in its ninth year, the crisis in the north-east Nigeria remains one of the most severe in the world. In the three worst-affected states of Borno, Adamawa and Yobe, 1.8 million people are internally displaced and human rights violations continue to be reported daily. Over eight per cent of internally displaced people (IDPs) are in Borno State, the epicentre of the crisis, and over sixty per cent are living in the host communities, making it harder to access them with assistance and putting additional pressure on the already stretched resources of these communities.¹

The humanitarian access situation remains challenging in the north-east. Ongoing hostilities in the northern part of Borno State led to an initial, short term downsizing of humanitarian operations in several locations. Humanitarian partners are still assessing the operational environment but have started upscaling again to ensure lifesaving humanitarian aid reached people in need.²

Referring to the North-east Nigeria Humanitarian Situation Update, August 2018 Edition - Progress on key activities from the 2018 Humanitarian Response Plan (UNOCHA), reporting period 1-31 July 2018, the Borno State Government has reactivated the High-Level Return Task Force, chaired by the Deputy Governor of State, to address the issue of returns. The task force will provide guidance and policy direction on the return of IDPs and refugees to their areas of origin in accordance with the guiding principles of safety, dignity and voluntariness.

The MHPSS SWG within this reporting period has conducted regular field visits to several camps within Maiduguri and hard-to-reach areas, for monitoring and coordination purposes. Bama and Gwoza Local Government Areas (LGAs) were visited due to the influx of IDP returns to the two LGAs, and with the aim of creating a localized MHPSS referral pathway for Bama and Gwoza LGAs. The MHPSS SWG also visited Damboa LGA, due to the high needs and gap of MHPSS activities in the area. Moreover, Damboa has experienced a high number of security incidents (violations and fatalities) against civilians and a high presence of armed groups this past year. In addition, Bama, Gwoza and Damboa are amongst the eleven-geographic priority LGAs that have been set to receive focus funding from the Nigeria Humanitarian Fund (NHF) to ensure a high quality integrated programming in its locations.

The field visits within Maiduguri Metropolitan City (MMC) were carried out to the Rehabilitation Centre, as well as camps and host communities (Teachers’ Village, Bakassi, Dalori II, Gubio, Garba Buzu Quarter, and Sabon Gari). The activities involved coordination with partners, updates on protection and psychosocial support needs, observation of partners’ recreational activities in their safe spaces and informal schools, and the integrated livelihood activities.
CHAD Int’l is a non-discriminatory, non-governmental organization with a mandate to improve the health and quality of life of Nigeria’s rural children and women, established in 2002 by a group of women from different religious and ethnic background in Gombe State, North-East Nigeria. CHAD in Borno State Nigeria is implementing a number of Child protection (CP) programmes since 2015 including Individual Case management of Unaccompanied and Separated Children (UASC) and other most vulnerable children, family tracing and reunification of UASC, psychosocial support of distressed children through provision of community-supported child-friendly spaces and children’s club, family support and livelihood support programs for vulnerable children and their caregivers. In August 2018, CHAD led the Country Consultation review process of the Child protection Minimum Standards (CPMS) including the standard 10 MHPSS, in North-East Nigeria. CHAD has secured membership with the Alliance for child protection in humanitarian action

CHAD under the coordination of the MHPSS sub-working group runs a psychosocial support programme for displaced children in ten (10) LGA’s of Borno state (Monguno, Rann, Pulka, Konduga, Dikwa, Damboa, Banki, Damasak, Mafa and Ngala) with a goal to strengthen the coping mechanisms, resilience and improve the overall psychosocial well-being of distressed and severely affected children through direct support and referrals. CHAD has four newly constructed CFS structure in four locations (Konduga, Damboa, Dikwa and Monguno) under JRZ/MDH funded project. CHAD PSS team has a staff strength of 38 PSS facilitators and 98 PSS community volunteers who receive spontaneous technical support from CHAD four PSS officers who are with vast knowledge and expertise in PSS programming and implementation, ensuring a focused and structured psychosocial support.

At the start of CHAD’s intervention, participatory assessments with community organizations and affected population was carried out to identify the psychosocial need of distressed children and the existing local structures and capacities in place which have helped in strengthening children’s coping mechanisms, this informed the design of PSS activities using this bottom-up approach of program design. CHAD’s psychosocial support programme incorporates activities that promotes positive behavior in children and improves their personal and social skills. These activities ranges from formal education (basic numeracy and literacy) to non-formal education (child right education, coping with stress, hygiene sensitization, connecting with peers, caregivers and other community members, dealing with risk taking behaviors such as substance abuse, non-violent conflict-resolution, communication skills), livelihood skill acquisition programs for adolescents especially CAFAAG’s and survivors of SGBV, recreation, sport and cultural activities to help recreate familiar routines of a normal life, nature of activities is context-specific and culturally appropriate.

CHAD from July-September 2018 have reached a total of 7,686 children and adolescents (4,155 males, 3,531 females) with psychosocial support across 10 LGA’s of Borno state under UNICEF, TDH and NHF funded projects, CHAD/NHF PSS programme held a closing-out ceremony in August 2018 in three communities (Pulka, Rann and Banki) where children showcased the skills they have acquired during the course of the programme and caregivers appreciated CHAD’s efforts and testified of the reduced symptoms of distress in their children as a result of the intervention.

In a bid to strengthen community based child protection mechanisms CPC, CHAD conducted monthly trainings on positive parenting, constructive coping mechanisms and child rights for 20-member community-based child protection committee comprising of stakeholders such as the (village heads, religious leaders, women leaders, representative of youths, adolescent representatives) and vulnerable caregivers under cash support program at the implementing locations, this was so to strengthen protective factors that reinforces children’s resilience. Awareness campaigns were raised on harmful traditional practices within the communities by the CPC.

Refresher trainings on PSS, PFA and child protection in general were also delivered to volunteers at the various locations by CHAD PSS facilitators to improve the quality of response. CHAD adheres to Standard 2 of the CPMS by coordinating with partner organizations where necessary, especially with regards to referrals of children with specialized needs to appropriate agencies. Among many others, in August, CHAD together with UNICEF in Rann embarked on a “back to school campaign” in the same month CHAD in collaboration with IOM carried out “hygiene sensitization” in Konduga. Results of field monitoring visits by CHAD officers have shown that there exists a huge gap in education as regards CP as schools seem to be non-functional in some locations whilst the quality of education in other locations is poor due to the lack of technical teaching skills of the educators and other learning support materials, this slows down immensely the improvement of psychosocial well-being of these children as education is key to PSS intervention. CHAD plans to conduct PFA trainings for community stakeholders and leaders within the next quarter.
IOM continues to provide direct psychosocial support and services to affected communities in Borno, Adamawa and Yobe states through the establishment of MHPSS safe spaces and the deployment of MHPSS mobile teams. 17 MHPSS multidisciplinary mobile teams, comprising of 5 IOM staff each (health workers, social workers, lay counsellors, teacher and community resource person) are deployed into hard-to-reach locations to provide culturally appropriate structured recreational activities for adults, teenagers and children as well as informal education for adults and youths. Activities are tailored to age and gender categories, and focused psychosocial support services through lay counselling, including basic emotional support, family support, GBV sensitization and referral of GBV cases. PSS teams also provide small-scale conflict resolution activities, as well as psychological first aid, hygiene sensitization, health awareness and sensitization. So far, IOM has also established eleven safe spaces across Maiduguri, Bama, Banki, Ngala and Pulka.

IOM’s MHPSS program has established a partnership with the Federal Neuropsychiatric Hospital in Maiduguri and Mental Health Facility in Yola, to allow for direct referral of cases in need of specialized services, dedicated follow-up for the referred patients, and psycho-education to families. So far, six psychiatric nurses and two referral teams have been deployed into hard-to-reach areas in Borno.

Beyond this, IOM is integrating psychosocial support into livelihood activities, to promote positive coping mechanisms and resilience among displaced populations, at the community-level. These activities help lower stress, increase self-esteem and provide beneficiaries with a sense of control over their lives.

As co-chair of Nigeria’s MHPSS sub-sector working group (together with the Ministry of Health), the organisation further helps ensure information sharing, adherence to relevant standards and guidelines, referral pathways, and efficient use of resources among partners. For example, IOM led the organization of the 2nd round of MHPSS mapping workshop 11 July 2018, attended by 43 CBOs, NGOs, INGOs, Government and UN agencies who are providing mental health and psychosocial support services in Adamawa, Borno and Yobe states. Additionally, IOM provides MHPSS, protection, PSEA and counter trafficking mainstreaming trainings to sector partners on a continuous basis.
INTERSOS has continued to train staff in MHPSS and PFA reaching to 200 trained staff, including the trainings for consortium partners. In each training an introduction to the IASC guidelines and a full training in Psychological First Aid (PFA) is included.

Three more PSS Team Leaders have been recruited and will be stationed in Monguno, Baga and Magumeri. Thus, it brings the total number of five PSS Team Leaders.

All INTERSOS PSS Team Leaders are on ground now and providing individual and group counseling in Bama, Dikwa and Ngala. Two safe spaces for counseling have been set-up and in all three-location referral pathways have been established.

INTERSOS MHPSS activities included a strong collaboration with local leaders and chiefs since the experience shows that this is indeed necessary. Further INTERSOS strongly advocate to include theater and plays activities, which reflects the culture of Borno state, North Nigeria.

INTERSOS has recruited volunteers in all locations to support in translations, mostly for Kanuri and Hausa. INTERSOS included in all trainings exercises with the Translator without Border (TWB) glossaries to create awareness about the sensitivities of terms used regarding MHPSS and GBV. INTERSOS also trained 39 volunteers in PFA.

In Bama, the PSS Team Leader has started counseling in the camp and training volunteers in PFA (see below Barnabas John, PSS Bama training volunteers in PFA).

In Ngala, Moses Nyam who does his individual counselling in a safe place that he could find, demonstrates well INTERSOS core MHPSS philosophy, as framed by our Focal Point that: “in unusual places and situation, you have to be the unusual counselor”.

In Bama, the PSS Team Leader has started counseling in the camp and training volunteers in PFA (see below Barnabas John, PSS Bama training volunteers in PFA).
Psychosocial Support counseling for mothers

Psychosocial counseling for mothers and children admitted to the stabilization center is the ongoing care and support of children to meet their age-appropriate and identified emotional, spiritual, cognitive social and physical needs through interactions with their surroundings and their care givers. These aspects of support were carried out to encourage breast feeding with emphasis on improved maternal/child interaction and stimulation of babies through massages and play sessions that reinforce mother-child bond, ironically the impact of these intervention was clearly observed in nutrition indicators because of the significant proportion of cured beneficiaries at the stabilization centre. However parents/care givers were taught how to observe onset of malnutrition, prevents its reoccurrence and also prepare for discharge after recovery at the stabilization centre through a better understanding of what causes malnutrition. Using WHO breast feeding counseling guide lines, bordering on specific messages regarding milk production and mother milk insufficiency.

However about 79 mothers were thought how to enhance their skills on the following:

- Support for breast feeding during feeding hours
- Stimulation of babies during play sessions
- Relaxation sessions for women
- Family interviews to reduce the risk of defauling, explaining the treatment schedules to the fathers and to the rest of the families, in case of family conflict. They were also advised on the basic needs of family support how to help the families find solutions in organizing their stay in the centre and taken care of the rest of the family at home in the same time.
MdM started intervening in Borno state Nigeria in 2016. MdM provides a comprehensive PHC health package including MHPSS. Services are provided to IDP communities within camp settings as well to host communities in surrounding areas. MdM MHPSS activities focus on 4 camps, GarbaBuzu, Kawarmailla and El Miskin in Maiduguri as well as Hausari camp in Damboa. In December 2017 MHPSS started in Mainok village local health facility (Kaga local government authority) we will phase out from Mainok end of October 2018.

MdM MHPSS interventions are an integral part of the comprehensive PHC care package. There is no specific focus on a particular age or gender. Additionally, there is great collaboration with the other services in the PHC specifically GBV and nutrition.

MdM provides the following types of interventions:
- Individual counselling sessions
- Group support sessions
- Psychoeducation
- Sensitization on mental health issues
- Referrals

It’s worth noting here the strong collaboration with WHO regarding referrals to specialized psychiatric services. This agreement initially covered camps in Maiduguri and Kaga LGA (namely Al-Miskeen and Mainok) but this was extended in September 2018 to cover Hausari camp in Damboa which covers a huge gap in needed interventions and ensures a more comprehensive response to mental health needs of IDPs in Hausari camp as well as the host community in surrounding areas. This collaboration entails the presence of a psychiatric nurse once a month in the area to follow up on cases, dispense medications or initiate the referral to Federal Neuro-Psychiatric Hospital in Maiduguri for patients in need of higher levels of care or reassessments.

MdM tries to ensure appropriate care for MHPSS counsellors (care for care givers) in the field. On the one hand to ensure the counsellors’ wellbeing on the other it’s a way to maintain high quality of field work. This is achieved through external clinical supervision. This activity takes place every 3 months and the sessions are conducted by a highly experienced external supervisor. These sessions focus on: on the job personal challenges, identify and cope with personal and professional stressors, provides a safe and confidential place to explore their own emotional reactions and prevent burnout.

Finally, the MHPSS team regularly provides training to the MdM program and support teams in addition to the community workers. Some of these trainings are open to government and national non-governmental MHPSS actors. This allows for a better understanding of MHPSS concepts which consequently enhances coordination and referral therefore better care of beneficiaries.
EXPRESSIVE THERAPY FOR ADOLESCENT BOYS AND GIRLS
Neem Foundation is supporting adolescent boys and girls’ emotional and social wellbeing through expressive therapy by creating a safe environment for problem solving to help strengthen their coping abilities and resilience. Most adolescents are directly or indirectly affected by the insurgency in the North East Nigeria. Thus they are overwhelmed by mental health challenges and adversities. Therefore expressive therapy is helping adolescents’ boys and girls to promote their sense of self trust and sense of independence, and overall awareness and discovery about identity and worth.

ADOLESCENTS FEEDBACK FROM EXPRESSIVE THERAPY SESSIONS
- The beneficiaries were very happy as they expressed their feelings through drawing, colouring and painting which has enhanced their emotional relief as they draw and paint their past, present and future.
- They expressed that the drawings and painting have increased their ability to handle negative feelings such as aggression.
- The beneficiaries also expressed that the drawings and painting have improve their problem solving skills and self-awareness.
- They also understand that with time strong feelings will passed away and it is good to keep hope.
- It has enhanced their coping abilities as well as emotional and social wellbeing.

Total Number of Adolescents Involved in Expressive Therapy in the Third Quarter of 2018

<table>
<thead>
<tr>
<th>Host Community/IDPs Camp</th>
<th>Number of Adolescents</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Boy</td>
<td>9-14 Years</td>
</tr>
<tr>
<td>Mairi</td>
<td>100</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>Bakassi Camp</td>
<td>250</td>
<td>60</td>
<td>113</td>
</tr>
<tr>
<td>Lafia Sarari</td>
<td>94</td>
<td>0</td>
<td>86</td>
</tr>
<tr>
<td>Gwenge IV</td>
<td>100</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Old Mairabu</td>
<td>50</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>594</td>
<td>186</td>
<td>323</td>
</tr>
</tbody>
</table>

Adolescents in an expressive therapy sessions involving drawing, painting and colouring at Neem Foundation Centre © NEEM Foundation 2018
Save the Children is the leading independent organization creating lasting change in the lives of children in over 120 countries around the world. Recognized for Save the Children commitment to accountability, innovation, and collaboration, our work takes us into the heart of communities, where we help children and families help themselves.

Save the Children works with other organizations, governments, non-profit, for profit, and a variety of local partners while maintaining our own independence without political agenda or religious orientation. Save the Children is the organization of choice for talented people with different backgrounds, experiences and perspectives. We are proud that our people are representative of the children we work with.

Save the Children started MHPSS activity 23rd of July 2018 as a unit under Child Protection Sector. Ever since the start of the program 15 children with MHPSS need ranging from Neurological disorders, Childhood Developmental disorders, childhood Psychosis, childhood depression etc. Furthermore, the MHPSS unit has received referrals from other sectors within Save the Children, 3 Children from Nutrition Sector which benefitted

In the period under review the MHPSS unit has trained 14 Save the Children Child Protection staff and 12 Sector leads on PFA for Children. Furthermore, Save the Children trained staff of Jirehdo Foundation whom are implementing partners for Christian Aid on Basics of MHPSS and PFA. The MHPSS unit also has trained 120 foster parents on PFA.

Save the Children MHPSS established very important coordination and referral pathway with WHO who fund the cost of medication for children referral to Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri which Save the Children has coordination and referral pathway with 12 children so far has benefited from this specialized medical intervention. Save the Children also has coordination and referral pathway with Medecins Du Monde (MDM) whom we have so far referred 6 children for intervention.

Significant Plan for the following Quarter:
Increase more awareness of MHPSS activities in SCI Locations. Responding to children and given out holistic specialized intervention to children in need.
Regular MHPSS activity for the beneficiaries and number of the beneficiaries

Street child of Nigeria provides specialized mental health and psychosocial support services to children in Borno, Adamawa and Yobe States. Street child is providing tailored mental health services to children in form of psychological assessment to identify nature of psychological distress and provide psychotherapeutic treatment for those identified to have mental health issues. To carry out these services and ensured beneficiaries get the right assessment and treatment, Street Child engaged the services of clinical psychologists.

Method of Assessment

In carrying out tailored mental health services, Street Child uses the following methods.

Observation

This is a method of assessment in which information is obtained from children suffering from psychosocial distress. Based on observation, the mental status examination of the children is ascertained and psychological inferences made.

Clinical Interview/Assessment

Clinical interview is a structured method/tool for assessment that is utilized to make an accurate diagnosis of variety of mental illness in the beneficiaries. Also, psychological tests such as the DASS, PTSD-8, etc are administered on beneficiaries so as to diagnose the nature and severity of the mental health problem.

Counseling Services Provided

Psychotherapeutic services such as individual therapy, CBT, family therapy, group therapy, behaviour modification, grief management, interpersonal therapy, cognitive processing therapy and TF-CBT are used based on the mental health problem identified after the psychological assessment.

A total of 94 beneficiaries (children and CAAFAG) were assessed and provided with psychotherapeutic treatment (on-going). Mental health issues diagnosed are PTSD, depression, anxiety, suicidal ideation, grief, stigmatization, psychosis, conduct disorder and Neuro-developmental disorders/Intellectual disability.

During the period under review, Street Child developed mental health database that record all cases assess, diagnosed and treated.

Number of Tailored MHPSS Provided (on-going services)

<table>
<thead>
<tr>
<th>Psychological issues expressed/observed</th>
<th>Number of children with problem</th>
<th>Sex</th>
<th>Treatment Technique</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>51</td>
<td>32</td>
<td>19</td>
<td>CBT, psycho-education, coping skills</td>
</tr>
<tr>
<td>Depression</td>
<td>20</td>
<td>9</td>
<td>11</td>
<td>CBT, psycho-education, coping skills</td>
</tr>
<tr>
<td>Stress</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>TF-CBT, Cognitive processing therapy</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>CBT, psycho-education, coping skills</td>
</tr>
<tr>
<td>Neuro-developmental disorders/Intellectual disability</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>Referred for treatment/Behavioural Modification</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>Behaviour Modification, Counselling</td>
</tr>
<tr>
<td>Grief</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Grief Management (IPT)</td>
</tr>
<tr>
<td>Stigmatization</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>CBT</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>51</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

Training or capacity-building activity for the communities or staff

Street Child recently trained local partners PSS workers in Maiduguri, Biu, Dikwa, Mobbar, Gujba, Gulani, Michika and Mubi on MHPSS. Local partners are on coached and mentored on field by clinical psychologists on psychological assessment, diagnosis and treatment of psychological distress.

Training on MHPSS

<table>
<thead>
<tr>
<th>State</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>38</td>
<td>33</td>
<td>71</td>
</tr>
<tr>
<td>Yobe</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Adamawa</td>
<td>14</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>51</td>
<td>118</td>
</tr>
</tbody>
</table>

Significant plan for the following quarterly period

For the following quarter, Street Child will extend its tailored mental health and psychosocial support services to Rann, Pulka and Damboa.
REGULAR MHPSS ACTIVITY FOR BENEFICIARIES

Specialized services (top layer of IASC MHPSS Humanitarian Intervention) in selected primary health care and IDP camp health facilities have been ongoing with a total of 5,610 contacts by 10 mental health specialists out of 301 outreach sessions. Five-hundred and forty-six (546) patients were referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management, out of which one hundred and sixty (160) received inpatient management.

### JULY - SEPTEMBER 2018 MH PATIENTS SEEN

<table>
<thead>
<tr>
<th>#</th>
<th>DIAGNOSIS</th>
<th>BOYS</th>
<th>GIRLS</th>
<th>MEN</th>
<th>WOMEN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Epilepsy/seizure disorders</td>
<td>267</td>
<td>202</td>
<td>535</td>
<td>481</td>
<td>1485</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol and other substance use disorders</td>
<td>9</td>
<td>1</td>
<td>380</td>
<td>4</td>
<td>394</td>
</tr>
<tr>
<td>3</td>
<td>Mental retardation/intellectual disability</td>
<td>64</td>
<td>62</td>
<td>21</td>
<td>17</td>
<td>164</td>
</tr>
<tr>
<td>4</td>
<td>Psychotic disorders</td>
<td>37</td>
<td>31</td>
<td>359</td>
<td>457</td>
<td>884</td>
</tr>
<tr>
<td>5</td>
<td>Severe emotional disorders</td>
<td>4</td>
<td>18</td>
<td>333</td>
<td>964</td>
<td>1319</td>
</tr>
<tr>
<td>6</td>
<td>Other psychological complaints</td>
<td>117</td>
<td>104</td>
<td>81</td>
<td>147</td>
<td>449</td>
</tr>
<tr>
<td>7</td>
<td>Medically unexplained somatic complaints</td>
<td>15</td>
<td>53</td>
<td>233</td>
<td>614</td>
<td>915</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>513</td>
<td>471</td>
<td>1942</td>
<td>2684</td>
<td>5610</td>
</tr>
</tbody>
</table>

**NUMBER SEEN BY DIAGNOSIS**

- Epilepsy/seizure disorders
- Alcohol and other substance use disorders
- Mental retardation/intellectual disability
- Psychotic disorders
- Severe emotional disorders
- Other psychological complaints
- Medically unexplained somatic complaints

**NUMBER SEEN BY SEX**

- BOYS: 513
- GIRLS: 471
- MEN: 1942
- WOMEN: 2684

DEVELOPMENT OF BORNO STATE MENTAL HEALTH STRATEGIC FRAMEWORK (BMHSF)

The final version of the BMHSF has been submitted for printing with a plan to launch it during World Mental Health Day celebration on 10th October 2018. WHO is looking forward for the support of partners during this very important occasion.
Government Agencies:
- Adamawa State Ministry of Health
- Adamawa State Ministry of Women Affairs and Social Development
- Borno State Ministry of Health
- Borno State Ministry of Women Affairs and Social Development
- Federal Neuropsychiatric 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:
- British Council
- Care for Life
- Care International
- Center for Community Health and Development International
- Community Development and Reproductive Health Initiative
- Cooperazione Internazionale
- Danish Refugee Council
- Family Health International 360
- Gender Equality Peace and Development Center
- Goal Prime Organization Nigeria
- Grow Strong Foundation
- Heartland Alliance International
- International Committee of the Red Cross
- INTERSOS
- International Medical Corps
- International Organization for Migration
- International Rescue Committee
- Life at Best Development Initiative
- Maigoje Foundation
- Mandate Health Empowerment Initiative
- Médecins du Monde
- Neem Foundation
- North East Youth Initiative for Development
- Plan International
- Premiere Urgence Internationale
- Save the Children
- Street Child
- SOS Children’s Villages
- Swift Relief Foundation
- Terre Des Hommes
- Translators without Borders
- United Nations Children’s Fund
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- Women in New Nigeria
- Women and Youth Empowerment for Advancement and Health Initiative
- World Health Organization
- Youth Integrated for Positive Development Initiative

Acknowledgment to partners for their contribution to the MHPSS SWG Quarterly Update
(Q3 July - September 2018)

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