Kisumu County Mental Health Action Plan

2024 – 2029

Towards universal access to Mental Health and Wellness

Kisumu County Department Of Medical Services, Public Health And Sanitation

Graphic Design and Layout By: Brian Alili

Kisumu County Mental Health Action Plan

2024 - 2029

Kisumu County Department Of Medical Services,
Public Health And Sanitation

ABBREVIATIONS

ACPHR	African Charter on Human and Peoples' Rights
AIDS	Acquire Immune Deficiency Syndrome
CBOs	Community Based Organizations
CHA	Community Health Assistant
CHP	Community Health Promoters
CIPD	Cognitive, Intellectual and Psychological Disability
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Person with Disability:
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
eCHIS	Electronic Community Health Information Systems
ECT	Electro Convulsive Therapy
EEG	Electro Encephalogram
FBO	Faith Based Organization
EPDS	Edinburgh Postnatal Depression Scale
FIDH	International Federation for Human Rights
HCW	Health Care Worker
HTS	HIV Testing Services
HIV	Human Immune Deficiency Virus
HSS	Health Systems Strengthening
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICT	Information and Communication Technology
IPV	Intimate Partner Violence
JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Hospital
JOOUST	Jaramogi Oginga Odinga University of Science and Technology
UON	University of Nairobi
KAPC	Kenya Association of Professional Counselors
KCRH	Kisumu County Referral Hospital

ABBREVIATIONS

KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Agency
KHCR	Kenya Human Rights Commission
KIPC	Kenya Institute of Professional Counselors
KMTC	Kenya Medical Training Centre
KNBS	Kenya National Bureau of Statistics
LVCT REACH Project	
MAAYGO	Mission for Advocacy and Advisory for Young Generation
MAT	Medically Assisted Therapy
MHM	Mental Health Mashinani
MHPSS	Mental Health and Psycho-Social Support
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
NCD	Non-Communicable Diseases
NHIF	National Hospital Insurance Fund
PLWHA	People Living with HIV AIDS
PROACT	Psychoeducation, Relaxation, Problem Solving, Activation and Cognitive Coping
PTSD	Post Traumatic Stress Disorder
RCO	Registered Clinical Officer
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SGM	Sexual and Gender Minority Groups
SMART DAPPER	A Sequential, Multiple, Randomized Trial (SMART); Depression and Primary Care Partnership for Effective Implementation Research (DAPPER).
SOP	Standard Operating Procedure
ToTs	Training of Trainers
TWGs	Technical Working Groups
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WKLFF	Western Kenya LBQT Feminist Forum

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FOREWORD

Mental Health and Wellness is a vitally important component of the overall health and wellbeing of every individual. Mental Health is usually a silent manifestation of an individual's health up and until the symptoms and signs are obvious, and usually that is a late manifestation that may require in-patient care and long term rehabilitation. Most adverse consequences of mental ill health are the maladaptation and maladjustment of the person after the illness has occurred due to organic damages to the sensorineural pathways or the social stigmas associated with the mental health conditions.

The best measures to combat the rising burden of mental ill health is to prevent it from occurring in the first place. The Mental Health (Amendment) Act, 2022 defines a person suffering from mental disorder as a person who has been found to be so suffering under Mental Health Act and includes a person diagnosed as a psychopathic person with mental illness and person suffering from mental impairment due to alcohol or substance abuse. It also defines mental health services as the promotion of mental wellbeing, prevention, management or alleviation of disease, illness, injury and other physical and social determinants affecting mental health in individuals.

The County Government of Kisumu is mandated through the Department of Medical Services, Public Health and Sanitation to ensure universal coverage of health services including mental health and wellbeing for all the inhabitants of the County. It is on this premise that this Action Plan seeks to concretize the stipulations of the Mental Health Policy and the Mental Health Act into an actionable document for joint implementation by the stakeholders in the County.

This Action Plan therefore will be providing guidance, together with the national policies and statutes on the course of actions that better synergize the efforts of all the partners and stakeholders in Kisumu County. The plan will be implemented alongside the Primary Health Care guidance, as we all seek to provide health care services, including mental health care and wellness to the lowest level of care- communities in the villages and households.

We commit to play the vital role of leadership and stewardship expected of us as a government mandated to provide the highest attainable standards of care to our rights holders.

Hon. Dr. Gregory Ganda
County Executive Committee Member
Department of Medical Services, Public Health and Sanitation
KISUMU COUNTY

Kisumu County Department of Health recognizes the gains made in mental health programming in the past few years. In deed mental health is a greater contributor towards our overall achievement as a county. In the spirit of improving mental health status of our residence, it is important that the department takes the lead in mainstreaming mental health services across the county departments as well integrating key interventions in health sector service delivery.

Kisumu Mental Health Action Plan 2024-2029 is therefore a tool that will be useful in the county department of health, mental health partners and the community in general. We at the county department of health, are ready to actualize this important plan to access mental health services within our hubs, sub hubs and community levels. We call upon all our partners to join us in improving mental health status of our population for better productivity.

Dr. Ojwang Lusi
Chief Officer of Health, Department of Medical Services, Public Health and Sanitation
KISUMU COUNTY

EXECUTIVE SUMMARY

Kisumu Mental Health Action Plan 2024-2029 covers key areas of Mental Health and Psychosocial Support (MHPSS) services. This four-year plan jointly drawn by county government of Kisumu in partnership with mental health stakeholders is expected to change mental health landscape in Kisumu through a visionary leadership that focuses on changing the situation of mental health programming and services in Kisumu County. Specifically, the plan will address key human resource challenges through recruitment and training of mental health professionals who will in turn empower lay health providers through task shifting arrangements. This is expected to promote access to critical mental health services to residents of Kisumu County from the households to the referral facilities in Kisumu County Hospital and Jaramogi Teaching and Referral Hospital.

The plan therefore covers the strategic focus which includes goals, vision, and objectives aligned to key mental health guiding principles. The plan covers mental health areas such as mental health leadership and governance; human resources development and management, mental health services delivery; infrastructure for mental health service provision; medical products, equipment and technologies and mental health information systems. The plan draws on the key strengths of multi-sectoral coordination, monitoring and evaluation.

The county leadership of Kisumu is therefore committed and ready to work with partners and interest groups to make this plan a reality.

Fredrick Oluoch (HSC, OGW, MPH)
County Director of Public Health and Sanitation

Dr Don Sunday Ogola
County Director, Medical Services

PREFACE

Mental health conditions impede the enjoyment of life and wellbeing, and the full realization of human potential. The causes of mental ill health are varied and often result from an interaction of several elements, ranging from hereditary to organic and stress related factors. Whereas a vast majority of the people with mental illnesses can be treated, managed and rehabilitated, the sequelae of the mental illnesses may run a protracted course due to neurodevelopmental and degenerative causes which cannot be reversed. Thus, the prevention and primary care of mental illnesses is paramount. Secondary treatment and rehabilitation are also equally important activities that must be carried out by the duty bearers and the stakeholders.

The Kisumu County Mental Health Council welcomes this Action Plan that will steer the actions of the county government and the stakeholders towards the realization of the Universal Health Coverage that includes universal access, treatment and rehabilitation of mental illnesses and mental health conditions that require professional care. We will work with every partner, stakeholders, duty bearers and right holders within and beyond the county to progressively realize the objects and purpose of this Action Plan.

We look forward to providing the necessary advice to the County Government, Partners and Stakeholders on the rights-based courses of actions for patient-centered care of the persons with mental illnesses and their representatives or guardians. And, we remain committed to this Plan as we jointly implement, monitor and evaluate our progress.

Caleb Othieno

Prof. Caleb Othieno
Chairperson , Kisumu County Mental Health Council
KISUMU COUNTY

ACKNOWLEDGEMENT

This Action Plan was developed through a bottoms-up consultative manner. From the inception, situation analysis, workshops, drafting and validation, we have worked together and agreed on the key areas of work. This action is not the all-inclusive action plan for all the conceivable areas of mental health and wellness but rather a guide to stakeholders and partners of areas of foundational work required to kick start the implementation of the Mental Health Policy and the Mental Health Act. We are open for collaboration and work with new and established partners in all the actions outlined here and those not outlined here but are related and aligned to our goal.

This Action Plan was developed by committed officers from the County Government of Kisumu, partners and advisors from outside the county government of Kisumu. We acknowledge the leadership of the Department of Medical Services, Public Health and Sanitation of whom the County Executive Committee Member, The Chief Officer and the Directors were all aligned and gave valuable inputs into the process and the outcome of this Action Plan. Our due acknowledgment to the Partners who were instrumental in this process including but not limited to MOH, TINADA Youth Organization (Comic Relief and Kenya Community Development Foundation), NAYA Kenya, SMART Dapper, and USAID Boresha Jamii, USAID Nuru ya mtoto, Nyanam Widows Rising, CIHEB Kenya, LVCT REACH-MH Project, KEMRI Kargeno Research Hub TATUA and TUNAWIRI Studies, Mental Health Mashinani (MHM), Nyalenda Young Turks, Western Kenya LBQT Feminist Forum. This action plan has been proofread and edited by Dr. Otieno Kennedy from the Department of Medical Services, Public Health and Sanitation. The Implementation Cost has been done by Dr. Iddah Kelly and Lilyana Dayo from the same department. We acknowledge the input of Mr. Tom Arunga County M & E Lead. We are grateful to all the participants listed in the annex of this document.

We hope to bring to the attention of all stakeholders and partners in Kisumu, this Action Plan and the need to be guided by it, together and in concert with the relevant National Mental Health Policy and the Mental Health (Amendment) Act, 2022.

Mr. Jeremiah Okuto Agache
Mental Health and Psychosocial Support Focal Person (2018-2024)
KISUMU COUNTY

BACKGROUND

1.1 Mental Health

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2022). It further acknowledges that mental health conditions include not only mental disorders and psychosocial disabilities, but also other mental states associated with significant distress, impairment in functioning, or risk of self-harm. And that, although people with mental health conditions are more likely to experience lower levels of mental well-being, this is not invariably true.

Over the past fifty years, knowledge of mental health has expanded rapidly, and much more is known about the causes and effective treatments for some of the disorders have been established (Bourke, 2021). It is also acknowledged that mental health is important in the achievement of Sustainable Development Goals (World Health Organization, 2023). However, in African countries, many people still go undiagnosed and without treatment (Sankoh et al., 2018).

Furthermore, in Kenya, the funding for mental health interventions remains low, with poor infrastructure and a lack of adequately trained mental health care staff (Kwobah et al., 2023). In Kisumu County, there is only one in-patient facility at Kisumu County Referral Hospital and three psychiatrists, three clinical psychologists, and no psychiatric social workers or counseling psychologists for a population of 1.2 Million (Kisumu County, 2023). The prevailing situation has been partly due to a lack of appropriate policies and plans. This action plan aims to fill this gap.

1.2 Burden and Distribution of Mental Health Conditions

1.2.1 Global perspective

It is estimated that one in every eight people or 970 million people in the world live with a mental health condition (Institute for Health Metrics, 2019), of which approximately 116 million are in the African region. Mental health conditions as classified in the ICD-11 (WHO, 2018) include neurodevelopmental disorders, schizophrenia and other primary psychotic disorders, mood disorders, anxiety or fear-related disorders, obsessive-compulsive and related disorders, and disorders specifically associated with stress and dissociative disorders among others.

The toll exacted by mental health conditions, neurological disorders, and substance use disorders is substantial, contributing to 13% of the overall burden of disease worldwide. Notably, depression alone accounts for 4.3% of the global disease burden and stands as one of the primary causes of disability on a global scale, affecting approximately 11% of all years lived with disability (WHO, 2022b). Despite this, there is a significant disparity between the demand for mental health treatment and its provision worldwide. In low-income and middle-income countries, an alarming proportion of individuals with severe mental disorders, ranging between 76% and 85%, do not receive any form of treatment. The situation is also worrisome in high-income countries, where the percentage of untreated individuals falls between 35% and 50% (WHO, 2022b).

1.2.2 Burden of Mental Health Conditions in Kenya

According to the Kenya Ministry of Health, mental illness affects approximately 25% of the population. Therefore, Kisumu County with an estimated

population of 1,155,574 ((KNBS, 2019) is expected to have 288,894 persons with mental health conditions.

Earlier studies found that 10% of the community in Kisumu West suffers from common mental disorders such as depression and anxiety, while 1% had psychotic symptoms (Jenkins, Othieno, Ongeri, Ogutu, Sifuna, Kingora, Kiima, et al., 2015). The suicide-specific mortality rate was 14.7 per 100,000 population per year in western Kenya (https://pubmed.ncbi.nlm.nih.gov/34983463/

Lifetime alcohol consumption was 10% with relatively low levels of hazardous alcohol use. Recent studies by NACADA (2022) report lifetime use of legal alcohol and chang'aa (a traditionally prepared alcoholic rum) in Nyanza Province stood at 13% and 10% respectively which indicates little change over a period of nearly 10 years. Opiate use is also an emerging problem that needs close monitoring (Syvertsen et al., 2016).

1.3 Social & Other Determinants of Mental Ill Health

The etiology of mental disorders is multifactorial and includes biological, psychological as well as social, economic, spiritual, and cultural factors (Jenkins, Othieno, Ongeri, Sifuna, et al., 2015). Often these factors interact and also affect the progression and recovery process. Poverty, in particular, has been shown to have a bidirectional effect on mental health. It can cause or worsen mental health but a mentally ill individual will also not be economically productive pushing him further into poverty. Kisumu County has absolute poverty rate of 60%; with nearly 71% of the population suffering from food poverty (KNBS, 2012)

In Kisumu County, harsh economic conditions precipitated in part by environmental factors such as flooding, deforestation, and pollution of water resources leading to dwindling fish supplies have a direct impact on health and mental well-being. Physical health conditions such as HIV, cancer, diabetes, and substance use disorders can also directly cause mental health (Lee, 2015). Kisumu County has HIV prevalence rates of 17.5% which is nearly four times the national prevalence of 4.8% (NASCOP, 2022). Epidemics such as COVID-19, and political distress can also affect mental health.

Life events and traumatic events have been mostly associated with mental health conditions such as depression, bipolar disorders, acute stress reactions and PTSD, anxiety, and burnout but could also lead to substance use disorders, sleep disorders, and physical complications such as increased blood pressure and diabetes among others (Davis et al., 2017; Lee, 2015; Lloyd et al., 2005). The complex interplay of biological, psychological, and environmental factors in the causation of both mental and physical diseases emphasizes the need for a holistic approach to health.

Mental health conditions also directly and/or indirectly increase risk factors for other diseases such as diabetes, cardiovascular disease, injuries. The converse is also true and people with chronic physical diseases are at an increased risk of developing mental illness (Ohrnberger et al., 2017). The WHO (1948)) recognized the links between physical and mental health and included mental health in its definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and further stated that "there is no health without mental health"

1.4 Mental Health of Special Groups

The vulnerable people in society traditionally include the mentally ill, prisoners, women, pregnant women and children, however it is now recognized that vulnerability may apply to any

group or persons that can be easily influenced and exposed to harm. In this document special groups refer to groups with specific needs that may not be adequately addressed by primary healthcare providers. Each of these groups faces distinct mental health challenges that require targeted support. For instance, children and youth may struggle with academic pressures and peer pressure and substance use (Otieno & Ofulla, 2009; Simatwa et al., 2014), while women may experience gender-based violence. Gust et al. (2017), showed that sexual violence and food security were important factors as a cause of psychological distress among young women in Kisumu County. The elderly population including widows are a growing concern especially as the life expectancy increases and traditional social supports become less robust and poverty levels persist. The prevalence and types of mental health challenges in this population has not been adequately documented in Kisumu County.

Sexual and gender minority groups face stigma and discrimination which makes them vulnerable to violence and mental health conditions (Jauregui et al., 2021) Much work has also been done on PWHA, especially women; recently concluded studies have shown that simple interventions can be effective(Meffert et al., 2021; Opiyo et al., 2016).

Additionally, the internally displaced persons due to conflicts or seasonal floods (Africa News, 2023; FIDH & KHRC, 2007) have special needs and are at risk of stress related mental health conditions, though these have not been adequately documented. Both direct and vicarious trauma among the disciplined forces and first responders in emergency situations is not well studied locally but media reports of violence and self-harm in the communities could indicate significant underlying stress and mental health conditions. These examples emphasize the need to integrate mental health services with the other specialties such as HIV, cancer, and reproductive health care especially at the primary care level (WHO, 2008)

SITUATION ANALYSIS

2.1 Introduction

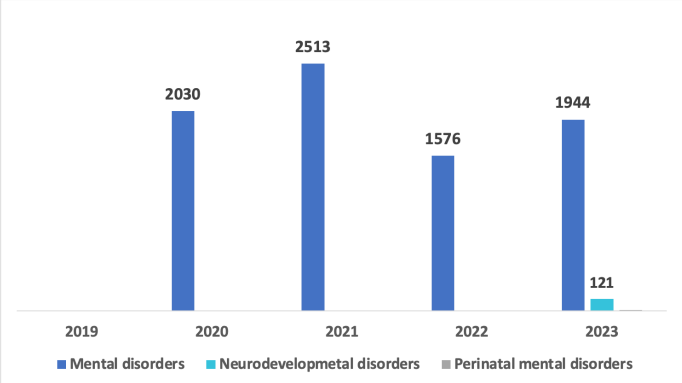
This section gives the situation of mental health services in Kisumu County by highlighting the mental disease burden and what is being done to mitigate the impact of disease burden in our county. The section presents the SWOT analysis which details strengths, weaknesses, opportunities and threats we face in implementing this action plan.

Mental Health in Kisumu

Mental health programming in Kisumu has evolved over the years since the time mental health was handled alongside other NCDs to the time it gained prominence as sub program in the county department of health. This development has integrated mental health activities in the County Integrated Development Plan (CIDP) and Annual Work plans (AWPs). To ensure effective coordination and support, County Executive Committee Member (CECM) has nominated members of Kisumu Mental Health Council. These developments have made Kisumu County to be competitive in national mental health programming and in response to national disasters such as floods and public health emergencies.

Mental Disease Burden in Kisumu (KHIS

Table 1 below show the burden of mental disorders for the last five years in Kisumu County (KHIS 2019-



Even though mental health reporting has been a challenge countrywide, the above table shows the trend of mental disorders in Kisumu County. It shows that the year 2021 had the highest number of mental disorders in Kisumu County (2513) while the least number was recorded in the year 2022 (1576). Unfortunately, mental disorders captured in KHIS has not been able to segregate the disorders. From the above figure, the number recorded for perinatal and neurodevelopmental disorders may not be realistic due to mental health reporting challenges from the source data. This anomaly is being addressed by ministry of health which aims to standardize mental health reporting systems. However, the figures shown above have given a general picture of the situation of mental disorders in Kisumu County.

In order to prevent and manage mental disorders, Kisumu County has put in place a strong mental health governance and leadership structure from the county to sub counties. The department in partnership with mental health partners has trained more than 130 lay mental health service providers in nearly all level four hospitals (courtesy of partners; CIHEB Kenya and PATH-Nuru Ya Mtoto). Additionally, the department has initiated and supported a number of mental health research projects (SMART DAPPER, Integrated Perinatal Mental Health, KEMRI Kargeno Research Hub TATUA and TUNAWIRI Studies, PROACT and LVCT REACH-MH Project). The county in partnerships with NAYA Kenya, TINADA, USAID Boresha Jamii and Mental Health Action-Kenya developed a strong advocacy program supported by partners.

SWOT Analysis

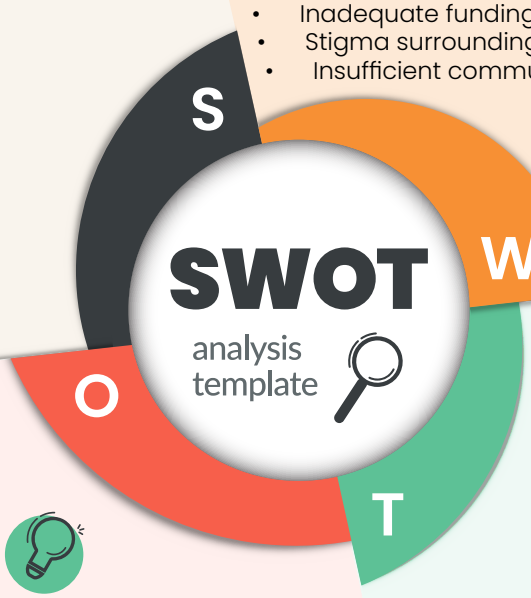
This part presents the strengths weakness, opportunities and threats which might affect mental health programming.

STRENGTHS

- County leadership support
- Mental health coordination structure
- Strong mental health partner support
- Evidence based knowledge generated from researchers such as Knowledge on PTSD and Depression by SMART DAPPER study.
- Good collaboration between county department of health and national government (MOH)

WEAKNESSES

- Poor knowledge, understanding and acceptance of mental health,
- Rampant stigma and discrimination
- Low integration and/or fragmented mental health services
- Lack of county specific mental health policy
- Scarcity of mental health services and commodities, such as first-generation drugs
- Limited mental health hospital beds, rehabilitation, and counselling centers
- Inadequate number of mental health personnel
- Late intervention of mental health conditions
- Less integration of mental health service/ no multidisciplinary care
- Limited training opportunities, and insufficient incentives.
- Lack of centralized mental health data
- Inadequate funding
- Stigma surrounding mental health issues
- Insufficient community support and engagement



OPPORTUNITIES

- Political good will by County Government of Kisumu
- Existence of training institutions and universities (Maseno, JOOUST UON, KMTC, KIPC, Amani, KAPC)
- Use of technology in accessing mental health such as telemedicine
- Investing in community-based mental health services
- Evidence based knowledge on PTSD and Depression generated from SMART DAPPER Study
- Advocacy programmes such as grassroots campaigns, lobbying policy makers, organizing events and leveraging media and social media platforms to amplify messages on mental health
- Enact policies that prioritize mental health promotion, prevention and treatment across all sectors

THREATS

- Public health emergencies such as COVID 19
- Natural disasters
- Ever changing political landscape
- Emergence of competing priority health programmes.

2.2. Constitutional & Legal Provisions for Mental Health

2.2.1 Constitutional Provisions

The Constitution of Kenya guarantees equal and equitable rights to all the citizens of the republic through the many articles therein. The right to mental health is explicitly guaranteed in international and regional human rights instruments that Kenya has ratified. These instruments include the Convention on Rights for Persons with Disabilities (CRPD), which upholds the right to legal capacity, equal access to justice for persons with disabilities, and the right to live in the community on an equal basis with others. Kenya has also ratified other instruments such as the Universal Declaration on Human Rights, the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights (ACPHR), the Protocol to the African Charter on the Rights of Persons with Disabilities, and the African Charter on the Rights and Welfare of the Child. These instruments collectively contribute to the protection and promotion of the right to mental health in Kenya.

Article 28 of the Constitution, every person has the right to dignity. Article 43(1)(a) guarantees the right to the highest attainable standard of health, including access to healthcare services. Article 27(4) prohibits discrimination based on health status and disability by the government. Article 54 of the Constitution specifically protects the rights of persons with disabilities, including those with mental health conditions. The Constitution defines disability in Article 260 to include mental, psychological, or other impairments that substantially or long-term affect an individual's ability to carry out everyday activities.

Article 54(1)(a) of the Constitution of Kenya, persons with disabilities are entitled to be treated with dignity and respect, and to be addressed in a manner that is not demeaning. They also have the right to access educational institutions and facilities integrated into society, based on their preferences. Also, Articles 49 and 50 protect the rights of arrested persons and the right to a fair hearing, and efforts are being made to ensure fair hearings for offenders with mental health conditions. Regarding in-patient care in health facilities, Article 29(a) protects the freedom of liberty for every person, while Article 29(f) prohibits cruel, inhumane, and degrading treatment for individuals with mental illness.

2.2.2 Legal Framework

The mental health legal framework in Kenya is based on the Mental Health (Amendment) Act of 2022. This Act was enacted with the aim of establishing a framework that governs mental health in the country. It provides a comprehensive legal framework for mental health in Kenya. The purpose of the Mental Health (Amendment) Act of 2022, as put down, is to provide a framework:

I. To promote the mental health and well-being of all persons, including reducing the incidences of mental illness.

II. ICo-ordinate the prevention of mental illness, access to mental health care, treatment, and rehabilitation services of persons with mental illness.

III. Reduce the impact of mental illness, including the effects of stigma on individuals, families, and the community.

IV. Promote recovery from mental illness and enhance rehabilitation and re-integration of persons with mental illness into the community.

V. Ensure that the rights of a person with mental illness are protected and safeguarded.

VI. Adopt a holistic approach to community-based mental health services.

VII. Promote the provision of mental health services in primary health facilities.

2.2.3 Obligations of the Mental Health (Amendment) Act, 2022

The Act obligates Kisumu Government to:

I. Provide mental health care, treatment and rehabilitation services within the county health facilities; in particular, ensure that levels 2, 3, 4 and 5 county health facilities set aside dedicated clinics to offer outpatient services for persons with mental illness.

II. Provide community-based care and treatment for persons with mental illness, including initiating and organizing community or family-based programs for the care of persons suffering from mental illness.

III. Implement the national policy and strategies relating to mental illness and mental health care.

IV. Allocate funds necessary for the provision of mental health care in the county budgets.

V. Provide appropriate resources, facilities, services and personnel capable of dealing with mental illness at the community level.

VI. Formulate rehabilitation programs suitable for persons with mental illness and provide access to after- care service by persons with mental illness after discharge from mental health facilities.

VII. Formulate and implement county-specific programs to deal with the stigma associated with mental illness.

Also the Act obligates the county governments to ensure mental health interventions at the county level:

a. are comprehensive and include prevention, early intervention, treatment, continuing care, and prevention from relapse.

b. target persons at risk of developing mental illness, including children, women, youth, and elderly persons.

c. target persons affected by catastrophic incidents and emergencies and include education, awareness and training on mental health promotion and interventions.

d. provide adequate resources to ensure a person with mental illness lives a dignified life outside the mental health unit by financing efforts towards reintegrating the person into the community.

e. The Act also stipulates that a county mental health council shall be established at each county government.

2.2.4 Rights in the Mental Health (Amendment) Act, 2022

The Mental Health (Amendment) Act of 2022 explicitly outlines the rights of individuals with mental health conditions. Section 3 of the Act enumerates the specific rights that every person with mental illness is entitled to. These include the right:

a. To mental health services.

b. To consent to treatment with exemptions for minors

c. To participate in treatment planning.

d. To access medical insurance.

e. To the protection of persons with mental illness.

f. To civil, political and economic rights.

g. To access information.

h. To confidentiality.

i. To appoint a supporter.

j. Decision by the supporter.

k. Legal capacity.

2.3 Policy Framework

The development of the Kenya Mental Health Policy 2015-2030 was driven by the need to improve the mental health system in Kenya. The main objective of the policy is to achieve the best possible mental health outcomes for individuals. It is a commitment to implementing policies and strategies that promote optimal health and well-being for everyone.

The policy aims to address the current challenges in mental health and ensure that individuals have access to high-quality mental health services. By focusing on reform and improvement, the policy strives to enhance the overall mental health status and capabilities of the population. It sets the direction for comprehensive and effective approaches to mental health care in Kenya over the specified period, with the goal of attaining the highest standards of mental health for all.

The Kenya Mental Health Policy 2015-2030 focuses on ensuring equity, people centeredness and participatory approach, efficiency, multi-sectoral approach, and social accountability in delivery of health care services. It provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014- 2030) and the global commitments.

2.3.1 Objectives of the Kenya Mental Health Policy

The objectives of this policy are:

I. To strengthen effective leadership and governance for mental health.

II. To ensure access to comprehensive, integrated, and high quality, promotive, preventive, curative and rehabilitative mental health care services at all levels of healthcare.

III. To implement strategies for promotion of mental health, prevention of mental disorders and substance use disorders.

IV. To strengthen mental health systems. (Strengthen the referral pathways and de-stigmatization of the mental health patients)

2.4 Kisumu County Health System Support for Mental Health

Kisumu County has an inadequately developed health system to support Mental Health. The challenges facing the County include:

a. Inadequate physical infrastructure for Mental Health Management and Recovery. The County has a total of 15 beds for inpatient mental health conditions

b. There is one Methadone Assisted Therapy (MAT) Centre at JOOTRH.

c. There are a few private alcohol rehabilitation centers which are perceived to be unaffordable to majority.

d. There are no established centers for occupational therapy for patients with mental health conditions.

e. There are no centers for special assessment for children and adolescents

f. Shortage of human resources for health for mental health

g. Inadequate budgetary allocation to support Mental Health Management and Recovery

h. nadequate budgetary support to procure essential medicines and supplies for Mental Health Management and Recovery

STRATEGIC FOCUS

3.1 Goal, Vision and Objectives of the Action Plan

This Action Plan presents the goal, vision and the objectives of the Kisumu County in the implementation of the universal access to mental health and well being

3.1.1 Goal of the Action Plan

To attain the highest standards of mental health amongst all populations in Kisumu County.

3.1.2 Vision of the Action Plan

A County where Mental Health is valued, promoted; mental health conditions are prevented and persons affected with mental conditions are treated and re-integrated without stigmatization and discrimination.

3.1.3 Strategic Objectives

1. To Strengthen Leadership and Governance for Mental Health
2. To Integrate and Implement Strategies for Promotion of Mental Health and Prevention of Mental Health disorders
3. To Ensure Access to Comprehensive Integrated and High-Quality Mental Health Services at all Levels
4. To Strengthen Mental Health Systems, including information systems and research in Kisumu County

3.2 Guiding Principles of the Action Plan

The action plan relies on six cross-cutting principles and approaches:

a. Universal health coverage: Regardless of age, sex, socioeconomic status, race, ethnicity or any other status and following the principle of equity, persons with mental health conditions should be able to access, without the risk of depriving themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

b. Human Rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Constitution of Kenya, Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

c. Evidence-based practice: Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.

d. Life course approach: Policies, plans and services for mental health need to take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.

e. Multi-sectoral approach: A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as Health, National Treasury, Education, Security, Employment, Trade, Judicial, Housing, Social, Civil Society Organizations (CSOs) and other relevant sectors as well as the private sectors.

f. Empowerment of persons with mental disorders and psychosocial disabilities: Persons with mental health conditions, psychosocial, neurodevelopmental disorders and their families should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

3.2.1. Strategic Actions of the Objectives

Strategic Objective: Strengthening Leadership and Governance for Mental Health.

Strengthening Planning for Mental Health Resources (Resource planning)

Statement of purpose: Mental Health plans and budgetary allocation is commensurate with identified mental health needs and required resources.

Indicators	Strategy
• No. of Annual Work Plans developed • % Increase of budgetary allocation annually from current baseline from Ksh. 1,050,000 in FY 2023/2024 to Ksh. 4,200,000 in the FY 2025/2026	• Mental health plans and budgetary allocation across all relevant sectors that is commensurate with identified mental health needs and required resources. • Systematic Quantification of Mental Health and Wellness Needs

3.2.2. Mainstreaming Mental Health across Sectors (Stakeholder collaboration)

Statement of purpose: Leveraging on existing partnership framework, the county shall mainstream mental health into existing programs in planning and implementation across (Ministries, Departments and Agencies (MDAs).

Indicators	Strategy
• Number of functional County and Sub-County Mental Health Technical Working Groups (TWGs) • Number of functional community based wellness Centers	• Leveraging on existing Partnership Frameworks to mainstream Mental Health into the existing programs • Provide oversight on all partners working in mental health

3.2. 3. Adaptation and Implementation of Mental Health Policies and legislation

Statement of purpose: Disseminate, fast track, and implement the existing laws and policies on mental health.

Indicators	Strategy
• Kisumu County Mental Health Council in office • Kisumu County Mental Health Action Plan implemented. • Relevant Statutes and regulations of the Mental Health Act implemented	• The Kisumu County Government to develop plans to implement/ adopt National policies, Strategies and Programmes on mental health. • Conduct an audit of existing Acts of Parliament that have an impact on Mental Health and propose amendments, align the Mental Health Act to be in tandem with the Constitution, the Health Act, Human rights instruments and any other relevant legislation. • The new legislation will make provision for establishment of a Mental Health parity and equity fund, establishment of County Mental Health coordination units, and appointment of mental health focal persons at the counties level.

3.2. 4. Empowerment of people with mental health conditions and psychosocial disabilities and strengthening their organizations

Statement of purpose: Facilitate engagement and participation of user organizations, people with mental health conditions, psychosocial, neurodevelopmental disorders in matters concerning their health, care and quality rights.

Target

- Training and capacity building of persons with mental health conditions and psychosocial disabilities
- Develop programs to integrate people with mental health conditions and psychosocial disabilities in the community
- User Organizations take part in activities in conjunction with Kisumu County Government.

Indicators	Strategy
• Number of trained people with mental health conditions and psychosocial disabilities • Number of programs developed to integrate persons with mental health conditions and psychosocial disabilities • Number of activities taken in conjunction with Kisumu County government and other stakeholders	• Engagement and participation of Users Organizations, people with mental health conditions, psychosocial, neurodevelopmental disorders in matters concerning their health and care. • Scheduled Stakeholders review workshops on the state of County Mental Health and Wellness

2. 5: User Organizations active participation in mental health roles and responsibilities in Kisumu County and in all Sub Counties

Statement of purpose: Ensure equal representation of user organizations, people with mental health conditions, psychosocial, neurodevelopmental disorders in county and sub-county mental health coordination units.

Indicators	Strategy
• No. of functional sub county mental health teams headed by a sub-county mental health focal person	• Appointments of the Sub County Mental Health & Wellness teams

3.3. Promotion of Mental Health and Prevention of Mental Health Disorders.

3.3.1: Promotion of Workplace Mental Health, School Mental Health, Community Mental Health and mental health among Law Enforcement officers

Statement of Purpose: Promote stable mental health of individuals, families, the communities and the society in partnership with other government sectors, Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and the Private sector.

Indicators	Strategy
• Percentage of Health Workers accessing Mental Health and Wellness • Percentage of school going populations accessing mental Health and Wellness • Percentage of community members accessing Mental Health and Wellness in the community • Percentage of disciplined officers accessing mental health and wellness	• Promotion of Mental Health and Wellness at the Workplaces, Schools and Community

3.3.2: Preventive Programs

Statement of Purpose: Integrate preventive mental health programs within the multi-sectoral sector to prevent mental disorders; reduce stigmatization, discrimination and human rights violations across specific vulnerable groups using lifespan approaches.

Targets

- The rate of suicide mortality in Kisumu County will be reduced by 100% (by the year 2025/26)
- Develop and disseminate suicide prevention policy by 2024/25
- Develop database for suicide related deaths
- Alcohol and substance use disorders will be reduced by 100% (by the year 2025/26)
- Develop wellness program in the workplace

Indicators	Strategy
• Percentage decrease of suicide related deaths in Kisumu County annually • Developed and disseminated suicide prevention policy by 2024/25 • Functional database capturing suicide related deaths • Percentage decrease in alcohol and substance use disorders annually • Percentage of workplaces with developed burnout prevention • Percentage of workplaces with functional wellness programs • % of community units with functional wellness programs • Family support /care givers project/Burn out care for care givers.	• Develop and implement comprehensive county suicide prevention strategy in collaboration with all stakeholders. • Integrating substance use treatment and care in the health care system in a comprehensive continuum of care with referral strategy from the community level through continuous capacity building and quality assurance to meet the guidelines and standards • Prioritization of self-care

3.3.4. To ensure access to comprehensive, integrated and high-quality mental health services at all levels.

Mental health services strengthened and expanded.

Statement of purpose: Decentralize and integrate mental health services for wider coverage, improved access and implementation of quality rights.

Indicators	Strategy
• Proportion of Sub -Counties with a functional mental health unit at Level 3, 4 and 5 health facilities annually • Percentage of communities sensitized on available mental health services within their sub counties annually • A developed Mental Health Referral Framework for Kisumu County • A fully functional rehabilitation center • A fully functional safe home • Percentage increase in inpatient bed capacity for mental health patients in Kisumu County • Percentage of facilities in Kisumu County with Mental Health integrated in Primary Health Care • Percentage of level 3,4,5 hospitals in Kisumu County complying to the recommended quality rights standards	• Improve inpatient and outpatient and rehabilitative services in Kisumu County facilities. • Strengthen and integrate mental health into existing primary health care programs • Utilization of Digital Technology in terms of care and access Decentralization of services through technology

3.3.5. Strengthen Kisumu County Mental Health Screening and Diagnostic Systems

Statement of Purpose: Adopt/ Develop and operationalize standard screening and diagnostic system for strengthened access to screening, detection and early intervention for Mental, Neurological and Substance Use disorders (MNS).

Indicators	Strategy
• Number of Standard Operating Procedures (SOPs) for screening and diagnosis • Number of Standard Screening MH Tool adopted from WHO	• Strengthened screening program in Kisumu County by providing standard tools for lay providers and diagnostic tools for specialized providers • Increased access to screening and diagnosis through the health service points, Wellness clinics, NCD clinics

Priority: *Depression, Anxiety disorders; traumatic disorders (PTSD); substance use disorders (alcohol, cannabis, opiates); neurodevelopmental disorders; birth asphyxias,*

3.3.6. Human resources development for service delivery

Statement of purpose: Train and recruit mental health professionals to bridge the gaps in human resources per population ratio

Indicators	Strategy
• Proportion of health care workers in Kisumu County capacity build on mental health and psychosocial support by 2024/25 • Proportion of health care workers in Kisumu County with specialized training by 2025/26 • Proportion of healthcare workers in Kisumu County with Basic Training by 2025/26	• The strategic action will be to train and motivate MH professionals to bridge the gaps in HRs per population ratio. This will be achieved through sponsored trainings. • Also, continuous in-service training and mentoring of HCWs including CHVs, particularly in non-specialized settings to enable them be able to screen and identify people with MH conditions.

Human Resources Projections

OCCUPATION	COUNTY (7 SUB-COUNTIES)	JOOTRH	KCRH
Psychiatrists	8	4	4
Psychiatrists RCOs	10	4	4
Clinical psychologists	24	4	4
Psychiatric Nurses	72	11	11
Occupational Therapists	21	3	3
Mental Health Social workers	8	4	4
Specialized Operators for equipment	7	2	2
Mental wellness centers	7	1	1
Operational costs			

3.3.7. Mental health and psychosocial support in humanitarian emergencies

Statement of purpose: Kisumu County government in collaboration with stakeholders, to provide mental health and psychosocial support services in disaster and emergency response to address trauma, promote recovery and resilience.

Indicators	Strategy
• Availability of a functioning contingency plan for MHPSS in emergencies by 2024/25 • Proportion of HCWs and paramedics trained on Psychological First Aid (PFA) and Mental Health First Aid (MHFA)by 2024/25.	• Collaborate with stakeholders and national government to provide effective mental health and psychosocial support services in disasters and emergency response and provide psychosocial support and information, counselling and psychological services to address trauma and promote recovery and resilience. • Establish MHPSS teams which coordinates the response, develop strategies for recovery management, continuously monitor and mitigate risk factors, manage long term mental health impact and have emergency preparedness contingency plans • Recruit psychologists, medical social workers, occupational therapists, psychiatrists and mental health nurses to strengthen healthcare • Establish long-term strategy for follow up care and support:

3.4. To strengthen mental health systems, including information systems and research in Kisumu county

3.4.1 Mental Health Information systems

Statement of purpose: Adopt and disseminate a simplified data collection tool, train health workers to record and report mental health data while integrating mental health indicators into routine health information system and use analyzed data to inform service delivery, promotion and prevention strategies

Indicators	Strategy
• Adopted and standardized WHO Mental Health data collection tools in Kisumu County by 2023/24 • A functional Mental Health Information Management System in Kisumu by 2024/25 • Standard screening tools for use in primary health care in Kisumu County by 2023/24	• Disseminate a simplified data collection tool to the sub county health facilities and train health workers to record and report mental health data. • Integrate mental health indicators into the routine health information system and use the analyzed core mental health data to inform mental health service delivery, at the county level.

3.4.2 Research and Evidence

Statement of purpose: Conduct routine surveillance to identify the burden and gaps to improve research capacity, and collaboration with academic institutions and inform National and County priorities for research in mental health, particularly operational research with direct relevance to service development and implementation science.

Indicators	Strategy
• Number of mental health survey reports	• Identify the magnitude of mental health problems (mental disorders and mental health gaps) in mental health systems in Kisumu County. • Screening, brief intervention and referral/ linking for management • To conduct trainings on research methodology targeting skills development of health workers in mental health research. • To establish a center of excellence in mental health research at JOOTRH in partnership with other academic and research • institutions.

3.4.3 Mental Healthcare Financing for Universal Health Care

Statement of purpose: Facilitate the support to people with mental health conditions and psychosocial disabilities to access to disability and social protection financial support like SHIF formerly NHIF

Indicators	Strategy
• Proportion of persons with mental illness using Social Health Insurance to access mental health care services.	• Enroll all persons with mental health conditions to the Social Health Insurance upon evaluation by the specialized mental health care providers. (Enroll the mentally ill especially those who are needy and require long-term care in health insurance schemes to support the families)

3.4.4: Develop infrastructure for mental healthcare in Primary Care Network

Statement of purpose: Establish appropriate infrastructure for integrated and comprehensive primary health care; community-based and social care services. This will be including mental health services in out-patient facilities, community residential supported living halfway homes, day care, mobile crisis and outreach homes.

Indicators	Strategy
• The proportion of level 4 hospitals with mental health services infrastructure. • Level of infrastructural development at KCRH and JOOTRH as referral facilities	• Availability of mental health outpatient facilities; mobile crisis and outreach services, Respite homes. • Improvement of grooming and recreational facilities- purchase of shaving machines; grooming tools, recreational facilities (TV set, music system); purchase of patient uniforms, sweaters, pullovers; purchase of special psychiatry mattresses. • Develop norms and standards for primary mental health care services with regulations under regulatory bodies for registration, licensing and quality assurance.

3.4.5. Access to Essential Medicines, Equipment and Technologies

Statement of purpose: Ensure access to affordable and cost-effective essential commodities, equipment, and technologies at all levels.

Indicators	Strategy
• Proportion of Counties with stock in of essential medicines, diagnostics/ therapeutic equipment and technologies for mental health services.TRH as referral facilities	• Access to affordable and cost effective essential psychotropic drugs and non-pharmaceutical materials in defined stocks of Assorted kits for community, primary, secondary and tertiary care levels. • Train frontline health care workers in all the 8 Hubs to provide mental health care services • All the 8 Hubs to act as Referral points for Sub-Hubs in all Sub Counties • All the 8 Hubs to stock psychotropic drugs and non-pharmaceuticals available in KEMSA list • Utilize tele-health

MENTAL HEALTH INVESTMENT AREAS AND RESOURCES MOBILIZATION

4.1 Mental Health Leadership and Governance Priority Investment

Establish Kisumu Mental Health Council as an advisory board. This should comprise of professionals drawn from a range of disciplines including psychiatrists, clinical officers, nurses, clinical psychologists, counsellors, educationists, religious leader, lawyer or human rights advocate, medical social workers, non-governmental organization and a service user.

Similar units should be replicated at the sub-county levels.

The Mental Health Council at County and Sub County levels will perform the following functions:

I. Strengthen Mental Health Coordination at the county and sub county level

II. Dissemination of mental health policies, strengthen planning and implementation of strategic actions

III. Mainstream mental health across county departments.

IV. Empower users and caregivers to participate in mental health planning and implementation.

V. Public awareness creation campaign, advocacy and inter-sectoral partnership.

VI. Empower the mental health workers at the sub-county level including the community health Volunteers/Promoters and the caregivers through training programs

VII. Enhance school mental health program through the establishment of an assessment Centre at Jaramogi Oginga Odinga Teaching and Referral Hospital and each Sub county. for children and Adolescents with learning disabilities and other behavior related problems referred from schools. Support Tertiary Institution with mental Health Programs

VIII. Work with organizations to increase awareness on work related stress and how to identify mental health stress and assist workers/ Mainstreaming mental Health across organization.

4.2 Human Resources Development and Management.

The Plan aims to strengthen human resources development by:

I. Train more mental health workers from the sub counties (mhGAP training program)

II. Training of (Number)Community Health Units on mental health modules

III. Collaborate with regulatory bodies to strengthen the regulation and standards of care provided by the mental health professionals.

IV. Establish mental health human resource and recruit personnel such as clinical Psychologist, Medical Social Workers and Psychiatrists

V. Provide technical supportive supervision and professional development.

4.3 Mental Health Care Financing and Universal Health Care.

Financing for Mental Health and Wellness will be prioritized by:

I. Fast track implementation of mental health plans and budgetary allocation for mental health care financing at the county level.

II. Enhance social protection and disability benefit programs for persons with MNS disorders.

III. Enroll all persons with mental health conditions including treatment of substance use and addictive disorders to SHIF formerly NHIF/ MARWA (Enroll the mentally ill especially those who are needy and require long-term care in health insurance schemes to support the families)

IV. Work with Maseno University and the Kenya Medical Training College and other training institutions to review and develop relevant courses on mental health.

V. Develop Continuing Professional Development modules in mental health

VI. Develop training modules in mental health for the primary care workers taking into account the local sociocultural factors.

VII. Collaborate with relevant organizations including drug companies to develop and enhance research on mental health

VIII. Establish Community Outreach Program on Mental Health to support the mentally ill in the Community

IX. Reduce out of pocket MH Health Products, Equipment & technologies (HPTs) by ring fencing funding for MH-HPTs budget. E.g. subsidizing on medical drugs to make them accessible.

4.4 Mental Health Services Delivery

The Action Plan will:

I. Promote mental health through family skills training programs, school mental health, workplace mental health, and among vulnerable populations

II. Initiate programs for prevention of mental, neurological and substance use disorders (alcohol prevention programs; harm reduction programs and suicide prevention programs; resilience building programs; youth empowerment programs; treatment and rehabilitation programs).

III. Establish functional Outpatient mental health clinics at County and Sub County Hospitals

IV. Integrate mental screening in the existing county wellness centers.

V. Integration of mental health into existing primary health care programs (RMNCAH, Nutrition, WASH, HIV/AIDs, NCD, and Oncology etc.)

VI. Develop norms and standard operating procedures (SOPs) for mental health services for continuous quality improvement.

VII. Develop coordination of Mental Health Care in humanitarian settings, disasters and emergencies.

VIII. Integrate mental health in Gender Based Violence Recovery Center (GBVRC) for holistic mental health care services (Trained Personnel, safe houses, day care centers, hygiene products, equip existing rehabilitation centers)

IX. Establish self-care for health professionals supporting patients and the community through a structured mental wellness program (Personnel, furniture, equipment, Infrastructure)

X. Establish sub-county mental health units where patients can be admitted – at least 20 beds in each facility.

XI. Identify and work with Faith based organizations as well as Traditional Healers to enhance the care of the mentally ill and promote early identification and timely referral of critically ill especially those with underlying medical causes and to minimize harmful practices

XII. Collaborate with the prison health services to improve the mental health of the prisoners as well as the prison warders

XIII. Establish assertive outreach programs in community health to assist in follow-up and management of likely defaulters to treatment (Require finances to train, visit workplaces, visit schools)

4.5. Substance Use Prevention, Control and Rehabilitation.

The Action Plan will prioritize the prevention of substance use by:

I. Infrastructure development to improve access to effective substance use treatment and care services.

II. Integrate substance use treatment and care in the health and social welfare systems.

III. Capacity build for evidence-based and best practices in substance use treatment and care.

IV. Establish a drug rehabilitation center at JOOTRH, KCH and Nyang'oma Rehabilitation Center.

V. Establish a comprehensive occupational rehabilitation center

VI. Enhance substance use disorder awareness campaigns within the County

VII. Include routine screening for alcohol and drugs in the outpatient clinics within the County

VIII. Train primary care workers in motivational interviewing and brief intervention to manage substance use disorders

IX. Review and establish additional Methadone Assisted Therapy Centers in the County

4.6 Infrastructure for Mental Health Services.

Through Stakeholders participation, the infrastructure for Mental Health and Wellness will be developed by:

I. In-cooperate tele-mental health services and suicide prevention lifeline technology in the Emergency Operation Center at KCRH.

II. Build model teaching and training facilities for the mentally ill at JOOTRH and KRCH

III. Redesign or modify all medical wards at the County and sub-county levels to include a 4-bed secure side room where those with acutely disturbed behavior can be safely managed on short-term basis

IV. Identify reintegration centers and system for people with mental Health Conditions to enhance follow up and continuous medications.

4.7 Medical products, equipment and technologies.

The Action Plan will:

I. In partnership with the national government, procure diagnostic and therapeutic equipment and technologies such as Electroencephalogram (EEG) machines, Transcranial Magnetic Stimulation machines, Electroconvulsive therapy (ECT) machines.

II. Identify and work with relevant drug companies to pilot long-term medication to enhance compliance and prevent relapse in those service users with disorders

III. Identify and use relevant screening instruments to be in-cooperated in routine care at the primary levels.

Equipment Projections

Items	Cost	County 7 Sub Counties	Jootrh	KCRH
ECG			1	1
ECT			1	1
EEG			1	1
ROOM			1	1
WORKING TABLE			1	1
CHAIRS			3	3

4.8 Mental health information system and research.

The Action Plan will streamline health information and research by:

I. Conduct a county baseline survey to determine the current status of mental health priority areas in Kisumu County

II. Adopt collection of data on mental health indicators through general health information and reporting systems from National Government

III. Monitoring and evaluation of specific mental health strategy indicators on quarterly basis.

IV. Strengthen mental health research through partnership development

V. Capacity building on mental health research and systematic analysis of mental health research data.

VI. Conduct county based Annual Mental Health Conference for mental health information sharing.

VII. Digitalize the patients' records

VIII. Enhance research on counselling and psychotherapy

4.9 Mental health and vulnerable population.

The Action Plan will prioritize the implementation of Mental Health and Wellness for vulnerable populations

I. Implement guidelines, screening tools and user-friendly care and support for special populations in prisons, schools, displaced populations, trauma survivors

II. Engage more Medical social workers to work in identifying the patients' social needs

III. Routinely screen women for postnatal depression and intimate partner violence during follow-up visits using screening instruments such as the Edinburgh Postnatal Depression Scale (EPDS) and HITS

IV. Establish regular screening and visits by the mental health team to the prisons in the county at Kibos and Kodiaga

V. Reintegration of abandoned children and adults to the Community

VI. Psychoeducation to families for early detection of common Mental Health Conditions

4.10 Advocacy and partnership for stigma reduction and user's empowerment.

Empowerment of Women with Mental Conditions will be implemented through:

I. Empower people with mental health conditions through education, skills development to participate in policy development, decision making and program as a strategy of dealing with stigma and discrimination.

II. Implement quality rights mental health initiative to transform mental health services; reform policies and legislative framework.

III. Public awareness campaigns through brochures, leaflets and strategically placed billboards. Use of radio and television to educate the public

IV. Inclusion of Mental Health services in Health Facility Service Charter

V. Work with content creators to promote mental Health Messages

4.11 Social determinants of mental health

The Action Plan will continuously monitor the Social Determinants for Mental Health.

I. Monitor, evaluate and report on happiness index based on social determinants of health (economic, social, cultural, demographic factors).

II. Identify families who are living below the poverty line and may need direct cash transfers and other social support. This is to mitigate the effects of poverty in the causation of mental illness.

MULTISECTORAL COORDINATION, MONITORING AND EVALUATION

5.1 Multi-sectoral Coordination

Mental health issues cut across different sectors. This is because the macro determinants of mental health cut across all public sectors. To address inter-sectoral collaboration and partnership for effective implementation the following priority actions will be undertaken:

I. The Kisumu County Government shall ensure that mental health policy issues are integrated and mainstreamed in all policies and legislations.

II. The County government shall establish and coordinate inter-agency collaboration that brings together all public and private agencies whose policies have implications on mental health.

III. There shall be a framework for partnership with all mental health non-state actors such as faith-based and civil society organizations.

IV. Mental health advocacy by all stakeholders - NGOs, CBOs, and Private sector

V. Management and coordination of roles and responsibilities of stakeholders by an interagency coordination committee in accordance to overall Health Sector Management and Coordination Framework.

5.2 Action Plans by Stakeholders

The following matrix distribute actions to the Stakeholders. The actions are defined from the thematic areas and the findings from the situation analysis. The recommendations given therein are general to the thematic areas and the stakeholders are at liberty to perform wider and more actions related to thematic area and the indicative recommendations.

The key recommendations cover areas of:

I. Core indicators for the specific targets' outcomes

II. Costing and budgeting of the investments plan in the County mental health budget and financial appropriation plans.

III. Reporting System from County Government and stakeholders to the National mental health Policy implementation taskforce for aggregated National report

IV. Stakeholders meeting to review the implementation work

Mental Health Actors and Stakeholders in Kisumu County

The mental health stakeholders identified thematic areas, the existing gaps and identified key actors and stakeholders implement key recommendations the plan will address.

No	Thematic Area	Key Findings	Key Recommendations	Actors
1	**Leadership and Governance**	• Lack of County Mental Health Council • Existence of a county mental health coordinator, head of mental health - medical services, and Sub-county mental health focal persons.	• Establish Kisumu County Mental Health Council. • Enhance and provide support for coordination of mental health services at the County and Sub-county level	County Government of Kisumu Health Department, Partners(Youth Lead, FBO,CBOs), State Department, ICT, Users and Caregivers
2	**Mental Health Financing**	• Only 0.02% of the total health budget is allocated to mental health for FY 2022/23	• Increase financial resources for Mental Health and Wellness through Insurance healthcare financing to provide comprehensive coverage of outpatient and inpatient mental health care package.	County Government of Kisumu Health Department, Partners (Youth Lead, FBO,CBOs),
3	**Human Resource for Mental Health**	• Inadequate staffing on key Mental Health Personnel's such as Clinical Psychologist, Medical/Psychiatric Social Workers, Occupational Therapist	• Recruit required Mental Health Personnel such as Clinical Psychologist, Medical/Psychiatric Social Workers, Occupational Therapist	County Government of Kisumu Health Department, Partners (Youth Lead, FBO,CBOs),
4	**Medical Equipment**	• Inadequate equipment's for Mental Health Services such ECT machines ,ECG, EEG ,Equipment for work leisure and activities of daily living	• Provide enough equipment EEG, ECG, and ECT machines • Provide infrastructure for Occupational therapy at KCRH and JOOTRH and operationalize.	County Government of Kisumu Health Department, Partners (Youth Lead, FBO,CBOs)
5	**Mental Health information System and Research**	• Inadequate information to determine the mental health burden and priority areas in the County • Lack of specific MoH coded data collection and reporting tools and mental health indicators	• Conduct a county baseline survey to determine the current status of mental health priority areas in Kisumu County • Adopt the proposed MoH coded data collection and reporting tools by the National Government • Prioritize inclusion of key mental health indicators in eCHIS (electronic community health information system) • Closer collaboration between KEMRI, Universities and County department of health	County Government, Ministry of Health. National Government, Partners (NGO, CBO, FBO, Universities and research institutions, KNBS, KEMRI,)

6	**Mental health service delivery Infrastructure and Resources**	• Inadequate in-patient facility at KCRH with a 15 bed capacity. • There is no mental health facility at JOOTRH • There are no public drugs and alcohol rehabilitation centers; only one methadone on assisted therapy (MAT) center at JOOTRH • There are few mental health specialist; Occupational therapist (25), clinical psychologist (0), Medical social workers (2), Psychiatrist (3), Psychiatric nurses (6), Psychiatric social workers (0), Clinical Officers with Psychiatry (2), • Rural health facilities are worst affected by scarcity of Mental Health Resources • Lack of special assessment centers for children and adolescents • Poorly coordinated prison mental health assessment and services. • Lack of government led community mental health outreach programs. • Limited structured mental health self-care programs for County government workers in Kisumu and the private sector.	• Build model mental health treatment and assessment centers at JOOTRH and KCRH • Establish mental health clinics and units at the sub-counties. • Establish public drugs and alcohol rehabilitation centers • Establish positions for key mental health staff and recruit personnel • Develop screening protocols for persons in conflict with the law at onset of their interaction with the legal justice system. • Establish effective government led community mental health outreach programs. • Develop and institutionalize structured mental health self-care programs for County government workers in Kisumu and the private sector.	Ministry of health, County department of health, Research Institutions, Department of Education, TSC, NACADA, County Directorate of Liquor licensing, Children's department, Department of Social Services, Ministry of interior and coordination, State department for correctional facilities,

7	**Advocacy and communication**	a) Vibrant civil society organizations in Kisumu County b) High level of stigma and discrimination among the mentally ill and vulnerable groups. (PLWHIV, teenage mothers, NCDs patients).	a) Collaboration and increased funding to expand advocacy activities in the County and at the community level. b) Coordination and sharing of resources in facilitating community dialogue days, facility in-reach, and out-reaches. c) Establish and support comprehensive care centers in all sub-counties. d) Development of Information Education Communication materials (brochures, Leaflets, posters, and billboards) radio, television, and communication talks sensitizing the community on mental health.	TINADA, NAYA, MAAYGO, WKLYFF, USAID KAWE, Autism Society of Kenya. County Government, Communication Department. Public Health Department.

5.3 Principles of Monitoring and Evaluation of this Action Plan.

This Action Plan will be Monitored and Evaluated jointly and partnership with all the stakeholders. The actions will be jointly accounted for and the successes and challenges jointly worked for. The schedule of the Monitoring and Evaluation will be as follows:

Activity	Indicative Schedule	Responsible Person
Review of the Implementation of the Action Plan	Quarterly	County Mental Health Focal Person
Review of the Mental Health and Wellness Status of the County	Quarterly	County Mental Health Focal Person
Bi- Annual Stakeholders Meeting	Half-yearly	Chair of the Mental Health Council
Mental Health and Wellness Days	Annually	All Stakeholders
Mid- term Review of the Action Plan	July 2027	All Stakeholders
End-term review of the Action Plan	June 2029	All Stakeholders

5.4. Monitoring And Evaluation

Monitoring is required to follow-up on decisions made to intervene in various activities of Mental health & Psychosocial Support to preserve, protect and promote human health. This can be achieved through periodic internal and external processes of monitoring and evaluation on a continuous basis, at all levels including institutional levels, Sub County levels and the County level. In this way management will be able to assess compliance with regulatory requirements at facility, Sub County and County, levels.

The main purpose of this Monitoring and Evaluation (M&E) plan is to measure and assess the performance of the MHS&PSS with the aim of managing the results and outcomes of the implementation of the MHS&SS. The M&E plan will also serve to improve planning of Mental Health capacity strengthening, improved information use for action, and generally improve Mental Health programming. Additionally, this plan will enhance county's, sub-counties, and health facility organization develop best practice learning sessions, improve evidence-based decision-making, encourage advocacy and promote accountability for Mental Health for investments. Thus to ensure that objectives of this Mental Health strategy are achieved, the implementation of the plan has to be monitored at all levels.

The following indicators will be monitored to evaluate performance, compliance with national guidelines and effectiveness of implemented interventions based on the plan

- Number of work plans developed
- Number of functional technical working groups
- Number of meetings held with departments and agencies on integration of mental health
- Number of stakeholders working with the county
- Number of dissemination meetings on MH policies and legislation held
- Number of mental health policies and legislation disseminated to Stakeholders
- Number of developed brochures/booklets on MH disseminated
- Number of mental health policies and legislation designed and printed
- Number of consultative meetings held by mental health council team with the CEC, HMTs, MOHs and stakeholder
- Number and modes (types – electronic and/or print) of IEC materials developed and disseminated
- Number of information products developed on MH&SSP
- Number of status reports on MH&SS documented

The outcome from Monitoring & Evaluation activities will provide opportunities for

- Checking the effectiveness of recommended actions and measures;
- Ensuring that the proposed mitigation measures are appropriate;
- Demonstrating that activities of Mental Health are being implemented according to plan and existing SOPs and
- Providing feedback to management at the various level of health systems

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Outcomes	Intervention summary	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
	Development of MH Work plans	Number of work plans developed	Work plans in place	Aligned to CIDP. HSS&IP, Work plans
	Advocate for Increase of budgetary allocation for MH	Number of meetings held Number of proposals written	Meeting reports and participant lists Number of proposals documented	
	Mainstream MH across Ministries, departments and agencies	Number of Established County and Sub County MH Technical Working Group Number of Meetings with Departments and Agencies on MH integration Number of MH Stakeholder engagement meetings held	No of established and functional TWGs at County & Sub County levels Written reports of meetings held Written stakeholders reports & Stakeholders lists	
	Adoption, dissemination and implementation of MH policies and legislation	Number of Dissemination meetings of MH policies and legislation to CHMTs, SCHMTs, HMTs, HCWs held Number of Dissemination meetings of MH policies and legislation to Stakeholders KMHAP, Suicide Prevention Strategy, Workplace MH Guidelines developed	Reports of dissemination	Timely resource allocation
	Functional MH Council	Number of MH Council Meetings held with CEC, HMTs, CHMTs, SCHMTs, Stakeholders	Council meeting reports	Absence of competing tasks
	Establishment of MH Coordination Units	Appointment of MH Focal Persons validated (County and Sub County)	Appointment letters	
	Empowerment of People with MH Conditions and Strengthening their organizations	Psychoeducation of service users and their carers (IEC materials on MH conditions)	IEC Materials disseminated	
	Development of programs to re-integrate people with MH conditions and psychosocial disabilities into the community	Establish functional support groups for service users and their care givers	Established functional support groups	Mapped groups line listed

	Adopt and implement MH workplace guidelines	Dissemination of MH policies and legislation to HMTs, CHMTs, SCHMTs, HCWs	Reports of disseminated Policies	
	Promotion of School MH	Sensitize Education Officers, 30	Sensitization meeting reports	
	Conduct a county baseline survey to determine the current status of mental health priority areas in Kisumu County	Availability of Baseline Survey Results	Documented Baseline Survey Results Report	Use of survey results for program improvement
	Implement guidelines, screening tools and user-friendly care and support for special populations in prisons, schools, displaced populations, trauma survivors	Established user-friendly care for special population	Availability and use of guidelines	
	Establish regular screening and visits by the mental health team to the prisons in the county at Kibos and Kodiaga	Proportion of clients screened for Mental Health	Mental Health Report	
	Public awareness campaigns through brochures, leaflets and strategically placed billboards. Use of radio and television to educate the public	Number of Public awareness brochures, Leaflets, and radio talk shows conducted	Copies of Brochures, available	

5.5. Implementation Framework

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
Strategic Objective1: Strengthening Leadership and Governance for Mental Health.									
Strategic Action 1.1 Strengthening Planning for Mental Health Resources (Resource planning)									
1	Development of MH Work plans	Planning Meetings 1/3/30/	Number of work plans developed	5	1	1	1	1	1
2	Advocate for Increase of budgetary allocation for MH	Annual meeting with County Assembly (sensitize on MH - 1 /3/50	Number of meetings held	5	1	1	1	1	1
		Proposal Writing 3/6	Number of proposals written	10	2	2	2	2	2
Strategic Action 1.2 Mainstreaming Mental Health across Sectors (Stakeholder collaboration)									
1	Mainstream MH across Ministries, departments and agencies	Establishment of one County and seven Sub County MH Technical Working Groups 8/4/15/35	Number of functional technical working groups	8					
		Meetings with Departments and Agencies on MH integration 2/1/40	Number of meetings held with departments and agencies on integration of mental health	5	1	1	1	1	1
		MH Stakeholder engagement	Number of stakeholders working with the county.						
Strategic Action 1.3: Adoption and Implementation of Mental Health Policies and legislation (Policy and law)									
1	Adoption, dissemination and implementation of MH policies and legislation	Dissemination of MH policies and legislation to HMTs, CHMTs, SCHMTs, HCWs 1/7/30	Number of dissemination meetings on MH policies and legislation held	7					
		Dissemination of MH policies and legislation to Stakeholders KMHAP, Suicide Prevention Strategy, Workplace MH Guidelines	Number of mental health policies and legislation disseminated to Stakeholders						
		Development of printed material (booklets/brochures) on MH policies and legislation for dissemination 1,000,000	Number of developed brochures/booklets on MH disseminated	1,000,000	200,000	200,000	200,000	200,000	200,000
		Simplification of the MH policies and legislation	Number of simplified mental health policies and legislation.						

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
		Designing and printing of the MH policies and legislation, Workplace MH Guidelines, Suicide prevention strategy	Number of mental health policies and legislation designed and printed						
		Stakeholder meeting with consultant on development and translation of MH policies and legislation in simpler forms (brochures/ leaflet/booklet) 2/45	Number of meetings held with consultants to develop and translate mental health policies and legislation in simpler form.						
2	Functional MH Council	MH Council Meeting with CEC, HMTs, CHMTs, SCHMTs, Stakeholders 12/9	Number of consultative meetings held by mental health council team with the CEC, HMTs, CHMTs, SCHMTs and stakeholder Minutes of the meetings	60	12	12	12	12	12
3	Establishment of MH Coordination Units	Appointment of MH Focal Persons (County and Sub County)	Number of mental health focal persons appointed	8					
Strategic Action 1.4: Empowerment of people with mental health conditions and psychosocial disabilities and strengthening their organizations									
1	Empowerment of People with MH Conditions and Strengthening their organizations	Psychoeducation of service users and their carers (IEC materials on MH conditions)	Number and modes (types – electronic and/or print)of IEC materials developed and disseminated						
		Consultancy for development and dissemination of IEC materials on MH conditions 2/	Number of consultative meetings held for development and dissemination of IEC materials	2					
2	Development of programs to re-integrate people with MH conditions and psychosocial disabilities into the community	Establish functional support groups for service users and their care givers	Number of functional support groups established for service users and their care givers						
		Sensitization of CHPs and CHAs (ToTs) 5/	Number of CHPs and CHAs sensitized						

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
		Follow up visits by social workers before, during and after re-integration 3 visits per client	Number of home visits done by social workers Number of social work reports.						
Strategic Objective 2: To Integrate and Implement Strategies for Promotion of Mental Health and Prevention of Mental Health conditions									
Strategic Action 2.1: Promotion of Workplace Mental Health, School Mental Health, Community Mental Health and mental health among Law Enforcement officers									
1	Adopt and implement MH workplace guidelines	Sensitization of HRs, Trade Union Leaders on Workplace MH Guidelines 1/30/3, 1/30/1	Number of HRs, Trade Union Leaders sensitized on workplace mental health guidelines	150	30	30	30	30	30
		Print Posters on Workplace MH Guidelines 200	Number of posters on workplace MH Guidelines	1000	200	200	200	200	200
		Sensitize employees on Workplace MH Guidelines using digital media like government social media pages, communication department	Number of employees sensitized on workplace MH guidelines						
		Awareness campaign and voluntary MH screening and assessment, brief intervention and linkages/referral outreaches 1/4 Psychiatrist, Social Worker, Psychologist, Screening Team, Transport	Number of awareness campaigns held on voluntary MH screening and assessment						
2	Promotion of School MH	Sensitize Education Officers, 30	Number of education officers sensitized	150	30	30	30	30	30
		Sensitize Ward Based Officers 175 (5 per ward)	Number of ward-based officers sensitized	875	175	175	175	175	175
		Sensitization of teachers on MH (Head teachers, G&C Teachers/Club Patrons relevant to MH	Number of teachers sensitized on mental health						
		Print and distribute MH IEC materials 2 per school (no. of schools)	Number of MH IEC materials printed and distributed in schools.						
3	Promote Community MH	Train CHPs 5/2998	Number of CHPs trained	2998	600	600	600	600	598
		Leverage on the 35 Hubs to integrate MH Wellness Centers	Number of functional hubs with integrated MH wellness centers	35					

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
4	Safeguarding community MH	Mapping alternative mental health practitioners/ providers such as traditional herbalists, faith healers Consultative meetings with the faith healers, herbalists and spiritual leadership	Number of alternative mental health practitioners mapped Number of consultative meetings with faith healers, herbalists held						
5	Promotion of mental health among Law Enforcement officers	Meetings with law enforcement leadership to collaborate with the law enforcement on MH 4/20	Number of consultative meetings with law enforcement leadership for collaboration.	20	4	4	4	4	4
Strategic Action 2.2: Preventive intervention									
1	Preventive Interventions	Sensitize media houses annually on suicide reporting 1/10 (include media council)	Number of media houses sensitized on suicide reporting	50	10	10	10	10	10
		Sensitize the community on how to identify and refer people at risk of suicide through health dialogue days	Number of health dialogue days held to sensitize the community on suicide						
		Sensitize the community on drugs and substance use disorders through health dialogue days	Number of health dialogue days held to sensitize the community on drug and substance use						
		Outreach for Suicide screening, brief intervention and referral services during suicide prevention month in September annually	Number of outreaches held for suicide screening, intervention and referral	5	1	1	1	1	1
		Sensitizing HCWs on the maternal mental health integration guidelines* (get the correct title of the guidelines) 400 (both mother and child)	Number of HCW sensitized on maternal mental health guidelines	2000	400	400	400	400	400
Strategic Action 3.1: To ensure access to comprehensive, integrated, and high-quality mental health services at all levels.									
1.	Mental health services strengthened and expanded	Fully functional re-habilitation center.	# of functional re-habilitation centers completed.	1					
		Develop MH referral framework.	# of MH referral frameworks devel-oped.	1					

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
		Advocate for establishment of a fully functional safe home.	# of advocacy meetings held on establishment of a fully functional safe home.	1					
		Increase inpatient bed capacity for MH patients - 100 beds.	# of in-patient beds for MH patients set aside.	100%	20%	20%	20%	20%	20%
2	Mental Health and psychosocial support in humanitarian emergencies	Development of a costed, contingency plan for MH psychosocial support in emergencies.	# of costed contingency plan for MH psychosocial support in emergencies developed.	1					
		Train paramedics and HCWs on Psychological First Aid 7/20.	# of paramedics and HCWs trained in Psychological First Aid.	140	28	28	28	28	28
Strategic Objective 4: To strengthen mental health systems, including information systems and research in Kisumu County									
1	Strengthen MH systems and research	Functional MH information management system.	# of functional MH information management system developed.	1					
		Adopting standard screening tools for use in Primary Health Care (leverage on SMART DAPPER's presence in the MH space).	# of standard screening tools for use in PHC adopted.						
2	Evidence and Research	Conduct surveys in facilities on the MH services offered, and infrastructure (County Head of Mental Health).	# of surveys conducted in facilities on the MH services offered, and infrastructure.						
		Train Mental Health professionals on research and proposal writing in MH 20.	# of Mental Health professionals trained on research and proposal writing in MH.	20					
3	Establish a center of excellence in MH research at JOOTRH		# of centers of excellence trained in MH research at JOOTRH.	1					

No.	Strategy	Activities	Indicators	Total Target	Year1	Year 2	Year 3	Year 4	Year 5
4	MH Financing for Universal Health Care	Sensitize caregivers and the community on MH care financing (health insurance) and requirements for registration	# of caregivers and community members sensitized on MH care financing (health insurance) and requirements for registration.						
		Collaborate with local administrative officers to ensure people with MH conditions have Identification cards through meetings with the Ministry of Interior officials like County Commissioner.	# of collaborative meetings held with local administrative officers to ensure people with MH conditions have Identification cards.						
		CHPs to map out the community members without IDs and link with local administration.	# of community members without ID cards mapped and linked by the CHPs...						
5	Develop Infrastructure for MHC networks	Strengthen MH services in the Hubs and Sub Hubs.	# of Hubs and Spokes with strengthened MH services.	35	7	7	7	7	7
		Integration of telemedicine, collaborate to ensure MH is incorporated (County Head of Mental Health).	# of telemedicine sessions incorporated in MH service delivery # of clients receiving telemedicine mental health services in the county.						
6	MH Infrastructure developed at KCRH and JOOTRH as a referral facility.	Specification of equipment, model and quantity required, MRI, ECG, ECT, EEG.	# of MRI, ECG, ECT, and EEG equipment procured.	4		1	1	1	1

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Annex 1: List of Contributors

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Dr Iddah Kelly	Health Economist -Head of Grant and Resource Mobilization Kisumu County
Lilyan Dayo	Health Economist -Head of Malaria Control Programme
Mr. Tom Arunga	Head- Monitoring and Evaluation

Annex 2: Cost of Implementation of this Action Plan

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
Development of MH Work plans										1	
	Transport	30	1000	2	60000						
	Con-ference package	30	3000	3	270000						
	SUB TOTAL				**330000**		**5**	**1650000**			
TOTAL					**0**			**0**			
Annual meet-ing with County Assembly (sen-sitize on MH – 1	Con-ference package	30	3500	3	315000			0			
	Transport reimburse-ment for CHMT	30	1500	2	90000			0			
	Airtime for coordina-tion	2	1000	1	2000			0			
	DSA for county partici-pants: JG K-s	10	9000	3	270000			0			
	DSA for county assembly partici-pants:	20	9000	3	540000			0			
	Transport refund for County assembly staff	20	1500	2	60000			0			
	SUB TOTAL				**1E+06**		**4**	**5108000**			
					0			0			
Proposal Writ-ing					0			0			
	Transport	6	1000	2	12000			0			
	Con-ference package	6	3000	3	54000			0			
	Airtime for coordina-tion	1	500	1	500						
	SUB TOTAL				**66500**		**10**	**665000**			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
Meetings of Sub County MH Techni-cal Working Groups					0			0			
	Transport	15	1000	7	105000			0			
	Con-ference package	15	3000	7	315000			0			
	Airtime for coordina-tion	1	500	7	3500						
	SUB TOTAL				**423500**		**20**	**8470000**			
					0			0			
					0			0			
					0			0			
Meetings with Departments and Agencies on MH integra-tion					0			0			
	Transport	40	1000	1	40000			0			
	Con-ference package	40	3000	1	120000			0			
	Airtime for coordina-tion	40	1000	1	40000			0			
	SUB TOTAL				**200000**		**4**	**800000**			
					0			0			
					0			0			
MH Stakeholder engagement					0		5	0			
	Transport	30	1000	1	30000			0			
	Con-ference package	30	3000	1	90000			0			
	Airtime for coordina-tion	30	1000	1	30000			0			
	SUB TOTAL				**150000**		**5**	**750000**			
					0			0			
					0			0			
					0			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
Dissemination of MH policies and legislation to HMTs, CHMTs, SCHMTs, HCWs					0		5	0			
	Transport	30	1000	1	30000			0			
	Con-ference package	30	3000	1	90000			0			
	Airtime for coordina-tion	30	1000	1	30000			0			
	SUB TOTAL				**150000**		**3**	**450000**			
					0			0			
					0			0			
					0			0			
					0			0			
					0			0			
Development of printed ma-terial (booklets/ brochures) on MH policies and legislation for dissemination		##			0		##	0			
	Booklets	##	1000	1	1E+08			0			
	Brochures	##	15	1	2E+06			0			
					1E+08		1	101500000			
					0			0			
MH Coun-cil Meeting with CEC, HMTs, CHMTs, SCHMTS, Stake-holders					0		9	0			
	Transport	60	1000	1	60000			0			
	Con-ference package	60	3000	1	180000			0			
	Airtime for coordina-tion	60	1000	1	60000			0			
	SUB TOTAL				**300000**		**5**	**1500000**			
Consultancy meetings for development of IEC materials on MH condi-tions					0		2	0			
	Transport	15	1000	3	45000			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
	Con-ference package	15	3000	3	135000			0			
	Airtime for coordina-tion	15	1000	3	45000			0			
	SUB TOTAL				**225000**		**4**	**900000**			
Sensitization of CHPs and CHAs (ToTs) 5/					0			0			
	Transport	3500	500	1	2E+06			0			
	Hall hire	1	7000	35	245000			0			
	Refresh-ments for partici-pants	3500	500	1	2E+06						
	Airtime for coordina-tion	1	1000	35	35000			0			
	Transport for coordi-nators	2	2000	35	140000			0			
	Lunch for facilitators	2	2000	35	140000			0			
	SUB TOTAL				**4E+06**		**5**	**20300000**			
Follow up visits by social work-ers before, dur-ing and after re-integration 3 visits per client					0			0			
	Transport for men-tors	1000	2000	3	6E+06			0			
	Lunch for mentors	1000	1000	3	3E+06			0			
					9E+06		5	45000000			
					0			0			
					0			0			
Sensitization of HRs, Trade Un-ion Leaders on Workplace MH Guidelines					0			0			
	Transport	30	1000	2	60000			0			
	Con-ference package	30	3000	5	450000			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
	Facilitation	2	5000	5	50000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**561000**		**3**	**1683000**			
					0			0			
					0			0			
Print Posters on Workplace MH Guidelines		200	100	1	20000		1	20000			
					0			0			
					0			0			
					0			0			
					0			0			
Sensitize employees on Workplace MH Guidelines using digital media like Government social media pages, com-munication					0			0			
	Content develop-ment	10	##	1	100000		1	100000			
					0			0			
					0			0			
					0			0			
					0			0			
Awareness campaign and voluntary MH screening and assessment, brief inter-vention and linkages/refer-ral outreaches 1/4 Psychiatrist, Social Worker, Psychologist, Screening Team, Trans-port					0			0			
	Public ad-dress	1	##	7	350000			0			
	Truck	1	##	7	140000			0			
	Lunch	10	1000	7	70000			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
	Airtime for coordina-tion	1	1500	7	10500			0			
	SUBTOTAL				**570500**		**5**	**2852500**			
Sensitize Edu-cation Officers					0		150	0			
	Transport for partici-pants	30	1000	2	60000			0			
	Con-ference package	30	3000	3	270000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**361000**		**3**	**1083000**			
					0			0			
Sensitize Ward Based Officers					0			0			
	Transport for partici-pants	30	1000	2	30000			0			
	Con-ference package	30	3000	3	90000						
	Facilitation	2	5000	3	10000						
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**131000**		**2**	**262000**			
Sensitization of teachers on MH (Head teachers, G&C Teachers/Club Patrons rele-vant to MH					1000			0			
	Transport for partici-pants	30	1000	2	60000			0			
	Con-ference package	30	3000	3	270000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
	SUB TOTAL				**362000**		**2**	**724000**			
					0			0			
					0			0			
Meetings with law enforce-ment leader-ship to collab-orate with the law enforce-ment on MH					0			0			
	Transport for partici-pants	30	1000	2	60000			0			
	Con-ference package	30	3000	3	270000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**331000**		**2**	**662000**			
					0			0			
Sensitize media houses annu-ally on suicide reporting 1/10 (include media council)					0			0			
	Transport for partici-pants	30	1000	2	60000			0			
	Con-ference package	30	3000	3	270000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**361000**		**5**	**1805000**			
					0			0			
Outreach for Suicide screening, brief intervention and referral services during suicide					0		5	0			
	Transport	3	2000	50	300000			0			
	Lunch	3	1000	50	150000			0			
	SUB TOTAL				**450000**		**5**	**2250000**			
					0			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
			1		0			0			
					0			0			
					0			0			
					0			0			
					0			0			
Sensitizing HCWs on the maternal mental health integration guidelines					0			0			
	Transport for partici-pants	30	1000	2	60000		5	300000			
	Con-ference package	30	3000	3	270000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**361000**		**2**	**722000**			
					0			0			
Increase inpatient bed capacity for MH patients		400	##	1	1E+07			0			
					0			0			
Meetings to-wards devel-opment of a costed, contin-gency plan for MH psychoso-cial support in emergencies.					0			0			
	Transport for partici-pants	20	1000	2	40000			0			
	Con-ference package	20	3000	3	180000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**251000**		**6**	**1506000**			
					0			0			
					0			0			

ACTIVITY	DESCRIP-TION	QTTY/ PAX	UNIT COST	DAYS/ UITS	AMOUNT	TOTAL BUDGET NOTES	FRE-QUEN-CY	GRAND TO-TAL	BUDGET NOTES	YEAR 1	TOTAL COST
Train para-medics and HCWs on Psy-chological First Aid					0			0			
	Transport for partici-pants	30	1000	2	60000			0			
	Con-ference package	30	3000	3	270000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**361000**		**1**	**361000**			
					0			0			
					0			0			
Train Mental Health pro-fessionals on research and proposal writ-ing in MH					0			0			
	Transport for partici-pants	20	1000	2	40000			0			
	Con-ference package	20	3000	3	180000			0			
	Facilitation	2	5000	3	30000			0			
	Airtime for coordina-tion	1	1000	1	1000			0			
	SUB TOTAL				**251000**		**1**	**251000**			
					0			0			
					0			0			
								201,674,500			

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and Layout By:
Brian Alili

KISUMU COUNTY DEPARTMENT OF MEDICAL SERVICES, PUBLIC HEALTH AND SANITATION

Towards universal access to Mental Health and Wellness