



MINISTRY  
OF HEALTH



# **IMPACT OF WORKING ON POLICY AND STRUCTURES TO DELIVER IMPROVED MENTAL HEALTH SERVICES**

CASE OF KISUMU COUNTY, KENYA



Kenya has a devolved system of governance in which county governments are fully responsible for health service delivery to residents in the county through health facilities and pharmacies. This is provided for under Schedule 4 of the Constitution of Kenya (2010). Kisumu County is one of the 47 counties of the Republic of Kenya. Its headquarters is Kisumu City which is the third largest city in Kenya after the capital Nairobi and the coastal city of Mombasa. The county has a population of 1,155,574 according to the 2019 National Census and covers an area of 2085.9 km<sup>2</sup>.

Health services in Kisumu County are delivered by several providers including public institutions, private entities, civil society organisations (CSOs) and faith-based organisations (FBOs). On mental health, the referral pathways are weak and there is limited collaboration between service providers. As in other counties, mental health issues are given low priority. The delivery of mental health services faces challenges such as inadequate funding, shortage of

personnel, lack of drugs and limited service delivery points. There are weak mental health policy and legal frameworks in place, in addition to the lack of or ineffectiveness of coordination structures to advocate for them.

It is worth noting that mental health is a key determinant of overall health and socio-economic development. It influences a variety of outcomes for individuals and communities such as healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher education attainment; greater productivity, employment, and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life (WHO: 2009). Indeed, mental health is defined as “a state of well-being whereby individuals recognise and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully and make a contribution to their communities.”

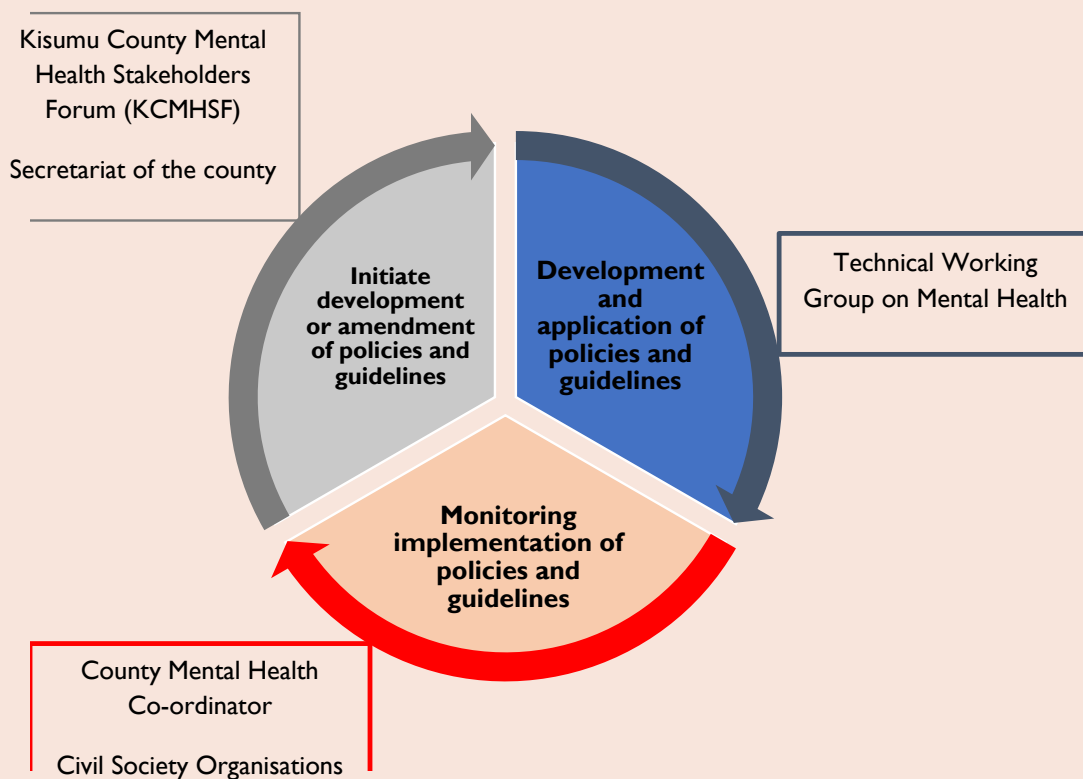


## TINADA'S INTERVENTIONS

Actors such as TINADA Youth Organisation have sought to address the challenges and some changes are being realized. TINADA is a youth-led non-governmental organisation (NGO) working on a mental health and wellbeing project in Kisumu County, dubbed *Imarisha Mental Health Integrated Initiative*. The project is to support young people with mental health challenges in Kisumu County. TINADA's project in collaboration with UKAID is funded by Comic Relief under its mental health and wellbeing programme in Kenya. Under its *Imarisha Mental Health Integrated Initiative* project, TINADA is addressing stigma and discrimination associated with mental health conditions and psychosocial disability, low priority accorded to mental health by the County and sub-county health facilities, and inadequate mental health systems characterised by policy gaps and weak guidelines. While focusing on policy and guidelines, it became apparent that it was necessary to have structures that would highlight the need for such policies and guidelines.

The development of new structures became necessary because the Kisumu County Health Management Team (CHMT) as then constituted did not provide space for mental health issues which were consolidated with other non-communicable diseases (NCDs). "In Kisumu communicable diseases such as malaria and HIV and AIDS are major issues. Non-communicable diseases are not a high priority. And even under non-communicable diseases the priority from national government to county level was on such diseases like diabetes and cancer. So mental health was not even getting a mention", noted a representative of civil society.

This pointed to the need to develop a forum that would bring together a broad spectrum of direct and indirect actors, service providers and regulators in mental health sector in the county.



**Figure 1: New mental health co-ordination structures linked to the CHMT**

## KISUMU COUNTY MENTAL HEALTH STAKEHOLDERS FORUM

TINADA initiated the formation of the Kisumu County Mental Health Stakeholders Forum (KCMHSF) in 2018 that brought together over 70 members. It brought together relevant government departments, NGOs, FBOs, community-based organisations (CBOs), traditional healers and other actors. Membership to the forum has since grown to over 180. Its purpose is to map mental health actors, flag mental health issues that require intervention and financing, identify gaps in policy and shortcomings in response to the issues. It was also formed because there was a need to synergise efforts to advocate for mental health. The Kisumu County Mental Health Stakeholders' Forum (KCMHSF) was also used to spearhead efforts to organize and successfully mark World Mental Health Day celebrations at county level. *'In 2018 there was nothing done by the county, in 2019 the World Mental Health Day was celebrated. The celebrations are used to raise awareness and sensitize community members on stigma and discrimination associated with mental health. The awareness events were even better in 2020'*, a representative from TINADA observed. In acknowledgement of these efforts and the strides made by the county in delivering mental health services, the 2021 National World Mental Health Day celebrations were held in Kisumu.

The stakeholders' forum was also instrumental in instituting a secretariat and in advancing the case for a County Mental Health Coordinator. A representative from TINADA noted that the organisation *'advocated for the formation of a mental health coordinator position. Then, the same year 2019, we also pushed for the establishment of a Secretariat whose role is to support the county in mental health programming'*. The secretariat comprises psychiatric officers, psychiatric nurses, clinical officers with psychiatry from each sub-county, CSOs, traditional healers and the mental health coordinator. The secretariat convenes meetings among partners and stakeholders. Additionally, the secretariat coordinated mental health activities in the county because of the absence of such structures in the county at the time of its formation.

---

### COMIC RELIEF FUNDING

The funding enabled TINADA to focus, re-energize and accelerate its mental health and wellbeing interventions.

---

## COUNTY MENTAL HEALTH CO-ORDINATOR

---

### COUNTY MENTAL HEALTH CO-ORDINATOR

The County Mental Health Co-ordinator functions as a focal point for county mental health interventions.

---

Comic Relief came on board as a funder for TINADA in 2020. The funding focused, re-energized and accelerated mental health and wellbeing interventions by TINADA. The year 2020 coincided with the emergence of the COVID-19 pandemic which had devastating effects on people's mental health. This underlined the need for the county to prioritize and address mental health challenges in the county. TINADA seized the opportunity to emphasize to the county government the role and importance of the county mental health coordinator (CMHC) position and the efforts were fruitful. The position of coordinator was revisited, revitalized and tasked with overseeing mental health service in the quarantine centres and recovery centres for COVID-19 patients. The co-ordinator spearheads efforts to bring together partners providing psychosocial support to patients recuperating from COVID-19. The coordinator also facilitates counselling of patients and their families, and the process of reintegration back to the community upon exit from quarantine centers.

The mental health coordinator is the focal point for all mental health interventions by the county and is a co-opted member of the CHMT, employed and paid by the county. The county government further appointed Sub-county mental health coordinators, who report to the County mental health co-ordinator, to support mental health work at sub-county level. TINADA and other actors work in collaboration with the coordinator. In practice, they engage the coordinator who, in turn, shares their perspectives in CHMT meetings. Furthermore, the coordinator also carries out support visits to mental health facilities.

One of the main challenges facing mental health in Kisumu County is the tendency for mental health issues to be marginalized. As a representative from TINADA explained, *'Ordinary citizens, decision-makers and some*

*political leaders in the county assume that mental health illness affects the persons who are in the ward eight. Ward eight is our inpatient facility, at Kisumu County Referral hospital for persons who are at more advanced stages of psychosis and other mental health issues. So it is assumed that those are the only persons with mental health needs. Little attention is paid to the general public as they considered to be functioning well and therefore okay.”*

## TECHNICAL WORKING GROUP

---

### TECHNICAL WORKING GROUP

The Technical Working Group on mental health is used for co-ordination, planning and learning. It also informs resource allocation.

---

The Technical Working Group (TWG) was formed in 2020 as a result of advocacy by TINADA. It was established with the active contribution of the County department of health. TINADA in partnership with the county government continues to support and strengthen the TWG for effective delivery.

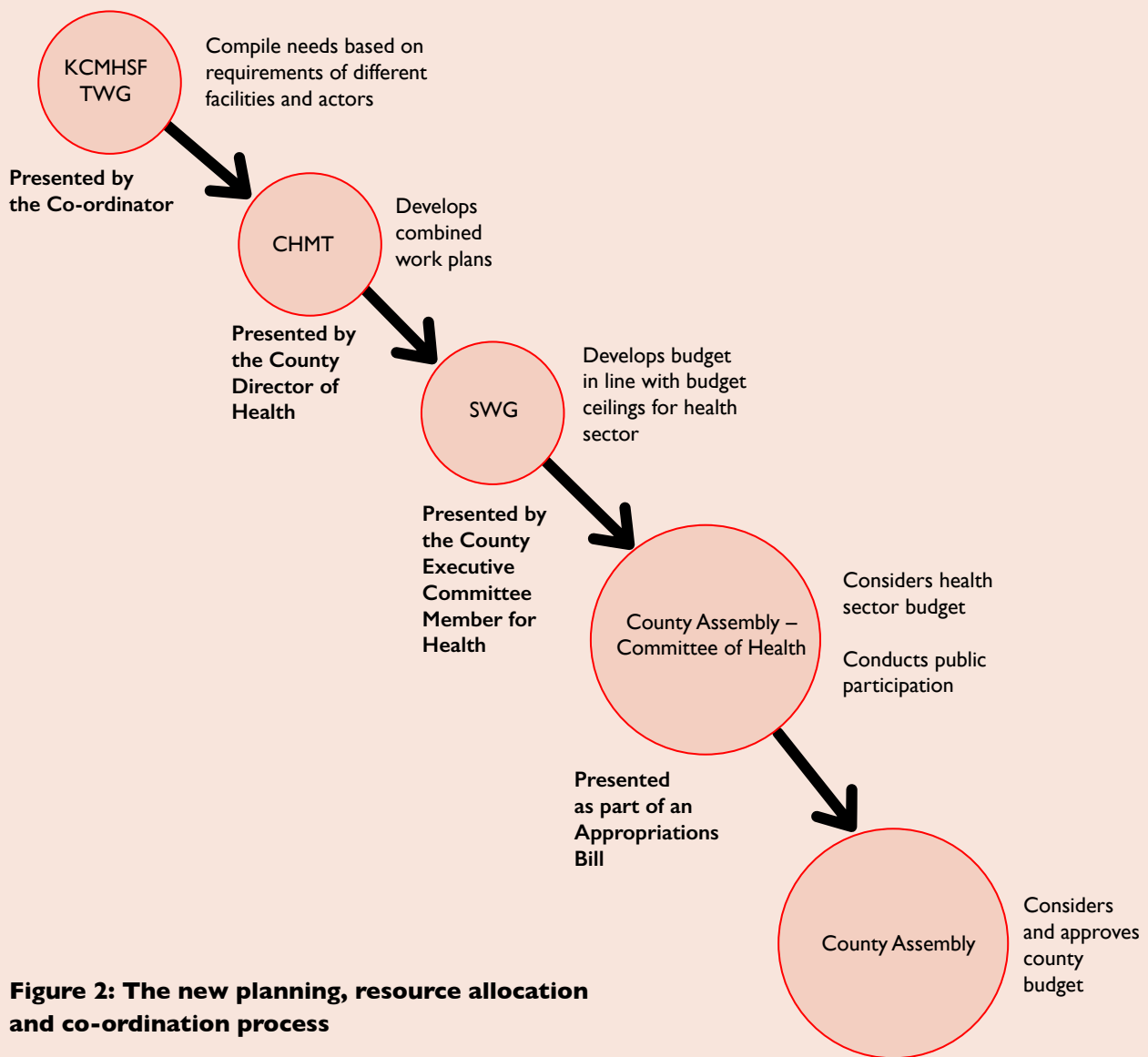
The TWG brings together all stakeholders in mental health. Its meetings are facilitated by TINADA which is a co-convenor with the county government of Kisumu. Although, the county government also convenes meetings it does not allocate financial resources to facilitate TWG meetings. In efforts to enhance sustainability, TINADA is seeking the support of other funders including getting the county to budget for TWG meetings.

The TWG meets quarterly and also plays a crucial role in advocacy for resource allocation. It provides a forum for the consolidation of needs and priorities from the sub-county health management teams which the sub-county

mental health coordinators sit in. It is used for planning and co-ordination of interventions undertaken by different actors and stakeholders. It is also a learning forum which enables sharing of knowledge and information between mental health stakeholders in the county.

The TWG is used to compile needs from different mental health facilities, actors and stakeholders. These are then presented by the mental health co-ordinator to the CHMT. The CHMT then develops combined work plans for mental health interventions and service provision. The County Director of Health, who is a member of CHMT, presents the work plans to the Sector Working Group (SWG). The SWG includes the Chief Officers and the County Executive Committee (CEC) members of county government. It is part of the established budgeting process. The SWG develops a budget for mental health interventions and services in line with budget ceilings provided by CEC Finance. The ceilings are developed by the County Department of Finance based on estimates of resources available from the national government and local revenue collection.

The budget is presented to the Committee of Health of the County Assembly for scrutiny and necessary amendments. As required by the Kisumu County Public Participation Act, TINADA also engages grassroot CSOs and the community members so that they can participate in the budget process and ensure mental health financing is prioritised. The budget, amended as necessary, is then presented to the County Assembly when it holds a sitting on the budget for the county. The approved county budget is passed as an appropriations bill and presented to the County Governor for assent. The assented budget is, thereafter, implemented by the county government over the course of the fiscal year.



**Figure 2: The new planning, resource allocation and co-ordination process**

## RESOURCE ALLOCATION AND PLANNING

TINADA worked collaboratively with the KCMHSF, the County Assemblies Forum, Parliamentary Caucus on Sustainable Development Goals (SDGs), Kenya Human Rights Commission (KHRC) and other partners for enhancement of mental health advocacy at county and national Levels.

As a result of the success of the advocacy by TINADA to develop structures directly responsive to mental health issues and supportive of mental health response and

services, the resource allocation and planning process in the county now takes cognizance of mental health services requirements. The direct and specific budgetary allocation for mental health co-ordination has grown from zero in the period before 2020 to KES1 million (STG6,700) in the financial year 2020-2021 and KES1.18 million (STG7,900) in the financial year 2021-2022. Discussions are at an advanced stage to raise the allocation to KES 2.0 million (STG13,400) for the 2022-2023 financial year. The average year-on-year budget allocation annual increment of 50 per cent reflects the responsiveness and effectiveness of the new structures in mental sector in the county.

## BUDGET ALLOCATION

The average year-on-year budget allocation annual increment of 50% reflects the responsiveness of and effectiveness of the new structures in mental sector in the county.

In addition, the structures provided a platform for advocacy around other aspects of mental health service provision, including the development and refurbishment of necessary infrastructure. The TINADA representative noted, 'The county set aside around [Kenya shillings] 10 million (STG66,700) for refurbishment of ward eight at the Kisumu County Referral Hospital. The county also allocated around [Kenya shillings] 20 million (STG133,400) for Jaramogi Oginga Odinga Teaching and Referral hospital to construct a mental health unit.' As an indication of the progress being made on mental health in the county, it was announced during 2021 World Mental Health Day celebration in Kisumu by the Presidential Adviser on Mental Health that JOOTRH is considered a centre of excellence and is likely to be designated as one of the six leading centres for provision of mental health services in the country<sup>1</sup>.

<sup>1</sup> <https://www.kisumu.go.ke/world-mental-health-day-to-be-marked-in-kisumu/>

The allocation of budget for mental health co-ordination and other aspects was facilitated by the establishment of a mental health budget code in the Kisumu county budgeting process in 2020. This was the result of advocacy efforts by TINADA.

As a representative of TINADA noted, 'We spoke to the co-ordinator, we engaged the Chief Officer and the Director of Health on the need to have a budget code for mental health. We used facts and figures from research we had done on mental health challenges in the county. The request was considered and eventually approved by the county government.' From a policy standpoint this meant that mental health interventions were no longer just a part of those undertaken by the county to address NCDs. It also signaled the beginning of a formal budgeting process that requires the allocation of budgetary resources to mental health interventions by the county government every year.

Kisumu County is the first county to achieve such milestones on instituting mechanisms for sustainable and targeted funding of mental health services. It is a blueprint that can inform similar efforts by other counties.

Main areas of change	2018	2019	2020	2021	2022
<b>Planning and co-ordination structures</b>	KCMHSF formed	CMHC position established	TWG established CMHC strengthened		
<b>Budget policy and codes</b>	Mental health interventions falling under NCDs		Budget code for mental health interventions instituted		
<b>Resource allocation for mental health co-ordination</b>	NIL		KES 1 million	KES 1.18 million	KES 2 million
<b>Funding for TINADA mental health interventions</b>	TINADA resources		TINADA resources + Comic Relief funding		

**Figure 3: Summary of changes 2018-2021**

TINADA Youth Organisation is one of nine civil society organisations (CSOs) funded by United Kingdom's Foreign, Commonwealth and Development Office (FCDO) and Comic Relief to deliver a mental health and wellbeing programme in Kenya from 2020 to 2024. The programme is to reduce stigma and discrimination associated with mental health, build capacity of mental health workers, service providers, communities, parents and guardians to handle people with mental health conditions and psychosocial disabilities, create awareness of mental health conditions and psychosocial disabilities, inclusion of persons with mental health conditions, champion for the rights of persons with mental health and psychosocial disabilities, strengthen policies and guidelines on mental health service provision and budget allocation, and strengthen the capacities of the implementing CSOs.

TINADA is implementing Imarisha Mental Health Integrated Initiative in collaboration with the Kisumu County Government.

In addition to achieving the objectives of the programme, Comic Relief is also keen on learning from the implementation of the program, to ensure knowledge is shared and utilized within and outside the organisation.

This story of change was compiled in December 2021 by Upward Bound Company Limited, based in Nairobi, which is the learning co-ordinator of the programme.