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Basic Needs Basic Rights Kenya at a Glance:

Who we are

Basic Needs Basic Rights Kenya is a registered national Non-Governmental Organization (NGO) that intervenes in mental health. Our main purpose is to support people with mental disorders, those at risk, and their caregivers to live and work successfully in their communities. We strive to ensure that they access basic rights by empowering their communities to provide care, social support and avert adversity to those affected or at risk. Since our inception, we have distinguished ourselves as a leader in health and development, particularly mental health in Kenya. To this end, we are implementing a model for mental health and development which takes a holistic approach to mental health care comprising elements of psychosocial support, community development and livelihoods, research and advocacy, and system strengthening. This is informed by our belief that addressing mental wellbeing and illness goes beyond just health systems, given that mental wellbeing and illness themselves are not simply health issues, but have social and economic causes and effects. Our interventions thus focus on the clinical, economic, and social wellbeing of individuals, as well as the resilience and wellbeing of their communities, ultimately resulting in better outcomes for people with mental health problems.

Our Vision

An inclusive society where the basic needs and rights of all people with mental disorders are recognized and respected.

Our Mission

To support people with, survivors of, and people at increased risk of having mental disorders live successfully by facilitating access to mental health care and support services.
Our Values

As an organization, we believe in, and are guided by the following ideals:

**Inclusion:** We endeavour to facilitate inclusion at all levels without discrimination on the basis of religion, tribe, sex or any other basis.

**Respect:** Respect for and safeguarding of human rights and dignity is an overriding consideration in all our actions.

**Diversity:** We are sensitive to, respect and consciously draw from the diversity in peoples’ identities, cultures, knowledge, abilities and practices.

**Integrity:** We uphold ourselves to the highest levels of truthfulness, honesty, openness and uprightness, and commit to doing the right things as a matter of principle.

**Transparency and Accountability:** We uphold stakeholders’ trust through consistent open and prudent administration of fiscal and other resources entrusted to us.

Our Philosophy

Our work draws from universal human rights principles and protocols and is premised on the foundation that everyone deserves a dignified life. We thus dedicate resources and capabilities to protect, promote and actualize the basic needs and rights of persons with mental health challenges and their caregivers as a basis of addressing the inequalities, dehumanization and or discrimination that such people often face. We pursue social justice as an approach to enabling transformation in the spaces we seek to influence. We catalyse such change by supporting strategic initiatives and collaborating with complementary change agents.

We work with youth of 25 years and below as the primary target group, because most mental disorders start within this age bracket. It is for this reason that medical practitioners advise that prevention and treatment of mental disorders is likely to be successful if started within these ages. Currently, the youth also comprise the group that is most affected by mental health problems.
A word from our Board Chair

Most welcome to this 2020 Annual Report, sharing on the contributions that Basic Needs Basic Rights Kenya has made in trying to make lives better in Kenya.

For everyone all over the world, it was a year full of fires from all corners. But we have worked very hard to keep our focus on the mental wellness needs of our society. So, it is indeed our privilege and joy that you have taken the few moments to listen to the story of Basic Needs Kenya’s successes and challenges in 2020. A great deal remains to be done. We will therefore much appreciate the partnership and goodwill of everyone who truly cares about the increasingly important issue of individual and societal mental health. The Covid-19 global pandemic became a national crisis in 2020 and proved that mental health, which was already recognized in Kenya as an important matter, is a critical national priority.

Please feel welcome to read Basic Needs Kenya’s Year 2020 Annual Report and share your feedback, questions, or ideas to explore openly with us.

Mr. Peter Maina
A word from our Executive Director

This Report provides a summary of what in 2020 Basic Needs Basic Rights Kenya had set out to achieve, but also how Covid-19 impacted the organization. The Covid-19 national emergency forced us to adjust our programming, and the Report presents how we were able to do that. It also summarizes on our institutional growth, including addition of new Board members and staff, funding partners and opportunities, and our outlook of 2021.

As of 2020, Basic Needs Kenya had interventions in 7 Counties in Kenya, implementing 6 projects directly benefiting 3,704 people. This was achieved against the backdrop of the ongoing Covid-19 pandemic, which called for resilience and innovativeness in delivery, and the support from our partners, to whom we are most grateful. We adopted highly increased use of online platforms and social media in project delivery, as well as psychosocial support through tele-counseling which was delivered through partner institutions, and economic relief provided to the most vulnerable in our target communities.

Our interventions were implemented across all our 4 strategic priority areas – Facilitating access; Integration and Inclusion; Research and Advocacy; and Increasing Institutional excellence.

Facilitating access to preventive and promotive mental health services: During the year ended December 2020, Basic Needs Kenya helped 708 people to access sustainable psychosocial services for their mental wellbeing by engaging with County health services, the State department for Social Protection, Wellness Departments in two universities and two alcohol and substance use rehabilitation centers for early recognition, diagnosis, and treatment of mental health problems. A robust anti-stigma campaign was also launched by mental health champions we trained, who are experts by lived experience.

Integration and Inclusion through socio-economic empowerment: We assisted 1,085 people to continue with education and wage employment, so as to promote better economic outcomes. These outcomes were pursued through training and seed grants to youth and women groups, resilience training and mental health literacy in 13 schools, and the mental health and wellbeing activities in two universities. We also provided support for livelihood necessities to 330 vulnerable households in our target sites, to immediately cushion them against the devastating effects of Covid-19, even as we helped them to register for government social protection services.
Contributing to research and advocacy: We continued collaborations with other stakeholders in ardently pursuing changes to Kenya’s Mental Health Act, for better protection of the rights of people with mental illness, their property and their treatment. The Mental Health (Amendment) Bill 2018 having been passed by Senate was by the close of 2020 progressing through the process of getting concurrence from the National Assembly. Basic Needs Kenya was also among the organisations invited by the national Mental Health Taskforce to present views which were captured in the Taskforce Report launched in July 2020.

We also provided technical expertise and experience in mental health beyond Kenya’s borders, to two partner organisations – TSURO Trust in Zimbabwe and CPSO in Uganda and South Sudan, as well as co-hosting two international workshops in January and February – the Act, Change, Inspire Anti-Stigma learning Event with participants from India, Nigeria, Ghana, Uganda, Liberia and the UK as well as the Community as Mental Health workshop and seminar to explore setting up of the Fountain House model for mental health recovery with participants from Zimbabwe, Uganda, South Sudan, Rwanda, Ghana and the US.

As a member of the Kenya Ministry of Health QualityRights Coordination Committee, we participated in the Assessment of the state of mental health services delivery, with a focus to integrating rights-based approaches that respect the rights, will and preference of service users. The Assessment entailed evaluation of 4 models of community mental health services, including Basic Needs Kenya’s approach, and thereafter we developed training modules to bridge gaps that had been identified. We were also part of the international review team for the WHO draft good practice service guidance aligned with human rights standards.

Institutional Excellence: One of the year’s agenda was to consolidate our organisation’s position as a dynamic, effective and sustainable organization in mental health programming. In 2020, courtesy of independent professional advice, we reviewed our organisation’s structure and a job evaluation together with staff compensation comparator benchmarking. The new structure had a new function to attend to better Communications and Advocacy. The organization also added 5 new Board members after an objectively rigorous process, to strengthen the administrative governance, accountability and diversifying of our resource base. We also broadened existing partnerships and established new ones with Comic Relief and CBM Ireland.

This report celebrates some of our success stories and endeavours in further detail. We thank you most sincerely for your support, partnership and shared commitment to improve the mental wellbeing of our communities. Looking forward to 2021, we will focus on the reduction of social stigma and discrimination in mental health, strengthening mental health and wellbeing in learning institutions, and collaborations with government departments for improvement of access to community mental health services and socioeconomic opportunities for people with mental health challenges. Please partner with us in any way you can; moral, financial, sharing our cause or support in kind.

Rosemary Gathara
Highlights and achievements in 2020

7 Number of Counties where we had interventions in mental health: Kajiado, Kisumu, Kilifi, Nairobi, Nyeri, Bungoma and Tharaka Nithi Counties

12 Number of Health Centers we worked with to provide preventive and promotive mental health services

54 Number of Health Care Workers we facilitated to provide treatment and counselling to individuals in need of mental health services

60 Number of Community Health Volunteers we worked with to provide preventive and promotive mental health services

708 Number of Service Users we assisted to access treatment and counselling services

601 Number of Beneficiaries we empowered socioeconomically to build resilience, attain improved quality of life, realize better economic outcomes and increase their participation in decision making within their communities

3535 Number of Youth we empowered to participate in decision making within their communities

2703 Number of Women we empowered to participate in decision making within their communities

Over 1.8 Million youth aged 18 – 35 years reached with mental health awareness and anti-stigma and discrimination messages
For a long time, many people in my community would hide their family members with mental health problems because they did not want the rest of the community members to see them. However, ever since Basic Needs Kenya brought mental health services closer to the community by establishing a clinic here at Kimana Health Center, we have noticed more and more people come out openly to seek services as they are now aware that mental illnesses can be treated.

Benjamin Sialala – 45 years
Community Health Volunteer
Kajiado County
In keeping with the SDG ambitions to reduce Non-Communicable Diseases through prevention and treatment of mental health problems and promoting wellbeing, Basic Needs Basic Rights Kenya’s programs in 2020 had a significant focus on facilitating early recognition, diagnosis and treatment of mental disorders. This was complemented by proactive efforts towards ending stigma and discrimination against persons with or survivors of mental disorders among communities in our various project locations because stigma has proven to negatively impact treatment seeking behavior.

**Community Mental Health**

The Covid-19 global pandemic came with its fair share of challenges on Kenya’s health sector, with mental health not being spared. This was further compounded by the fact that at the onset of the pandemic – in early 2020 – the country did not have a formal mental health response plan, leading to an unmet need for psychological first aid, access to mental health care and psychosocial support during the pandemic period. Not to mention that this was occurring against a backdrop of an under-resourced mental health care system characterized by inaccessible services, an acute shortage of mental health care workers and limited funding.

This, coupled with the fact that many Kenyans experienced loss of income as a direct effect of the pandemic, resulting in competing priorities between spending on health care services and spending on basic needs such as food and shelter, in addition to rising incidents of domestic violence and alcohol and substance use.

**The problem**

**Our intervention**

The need for behavior change interventions to contain the pandemic necessitated a strong mental health response. In this regard, Basic Needs Kenya implemented programs in Nairobi (covering the Nairobi Metropolitan areas that stretch into Kiambu and Machakos Counties) Kajiado and Bungoma Counties, geared towards promoting access to treatment, psychosocial support and livelihood opportunities for people with intellectual and psychosocial disabilities.

To this end, Basic Needs Kenya worked with over 60 Community Health Volunteers (CHVs) attached to 4 health facilities across three counties to provide community mental health services and create awareness on Covid-19 which entailed, community mobilization, awareness creation and referrals to mental health clinics, as well as supporting mental health outreach clinics to improve access to services. Psychological first aid and crisis response through tele counselling was also provided.

These activities were complemented by a digital awareness campaign on Covid-19 and mental health, in addition to provision of water tanks at health facilities to facilitate handwashing.
A team from Basic Needs Kenya (center) hands over a hand washing station to a team (L&R) from the Loitokitok Sub-County hospital, Kajiado County.

Service users receiving treatment during one of the monthly psychiatric clinic visits at Kimana Health Center, Kajiado County.

**Key learnings**

- People with mental health problems accessing mental health services can articulate their needs and preferences.
- People with mental health problems have legal concerns that are often not addressed.
- It is service users, rather than institutions, who are leading the way in bringing conversations about mental health into public online spaces primarily through use of social media.
- Online platforms such as social media enable service users to bring personal experience into the public domain with the potential to affect public attitudes therefore reducing stigma associated with mental health problems.
- Psychotherapy and occupational therapy group meetings are very important to people with mental illness as they encourage cross learning on overcoming barriers to access.
- In rural areas, CHVs are focal persons for people living with mental illness within the community.
- Caregivers are not aware that they are sometimes a barrier in the recovery journey of people with mental health problems in their care.
- There is a need to build capacity of mental health workers especially psychiatric nurses and clinical officers to keep them up to date with changes in systems, structures, and new approaches in patient care.
- There is value in aligning national mental health interventions with global initiatives such as the WHO Quality Rights initiative which can help in improving quality of care by promoting a rights-based approach to service delivery.
- Tele-counselling services and psychological care has been embraced as an effective medium of service provision.
- There is a need for a forum for organizations involved in mental health to share experiences and good practice.
Before I started bringing my 49-year-old son to this clinic at Kimana, he was fully dependent on me for all his needs. Today, I am very happy because in the two years since he started receiving treatment, he has become fully independent. He brings himself to the monthly clinics, he ensures that he is taking his medication and he even tends after our livestock. I think now he is even ready for marriage.

Teresa Chege – 69 years
Has cared for a son with a mental illness for over 40 years
Mental Health and wellbeing on campus

The problem

Poor mental health among university students has been a cause of concern in Kenya. It is widely acknowledged that young people attending university often face a mix of stressors daily and lack positive coping mechanisms. The idea of leaving the family home to live independently for the first time at a very young age, forming new social connections and friendship groups, in addition to the demands of higher-level study, have proven to be hugely stressful events to these young adults.

This often results in them developing mental health problems and turning to negative coping habits such as drugs and substance abuse and irresponsible sexual behavior among other vices. As a result, limiting their potential and even forcing some to abandon their studies. This is further compounded by the fact that many learning institutions in Kenya lack adequate mental health support services.

All this happening in the backdrop of the Covid-19 global pandemic that disrupted the learning calendar in institutions of higher learning further acting as an additional stressor. The uncertainty about graduation, post-college life, loss of income, and disruption to their social life among other factors, necessitated an intervention that would help spur positive coping in the midst of these rising stressors.

Our intervention

Working in collaboration with two public universities i.e., Kenyatta University (Kiambu County) and Chuka University (Tharaka Nithi County) to improve mental wellbeing within the campus populations, Basic Needs Kenya was able to improve access to treatment including clinical and low intensity psychosocial therapies. This was further enhanced through health promotion that helped improve the attitudes of both students and faculty towards treatment seeking.

This was complemented by anti-stigma campaigns aimed at improving the knowledge and attitudes of both students and faculty around mental health, to encourage the university community to openly talk about mental health without the fear of stigma. These campaigns were conducted both in campus and through social media platforms to enhance the audience reach.

For sustainability, Basic Needs Kenya in collaboration with the campus fraternity introduced peer support services for both students and faculty. The idea is to ensure that there are strong mental health support services within the campus community that are readily accessible to both students and faculty. In addition, educationalists and other university staff were trained in health promotion and in brief psychological interventions such as motivational interviewing, and safe spaces created within each institution, specifically earmarked for mental health information and resources, as well as being staffed by trained peer volunteers who are able to offer drop-in guidance and support.
Students from Kenyatta University walk in Commemoration of the World Mental Health Day 2020

Themed: Greater Investment – Greater Access. Everyone, everywhere
Key learnings

Inclusivity and a client centered approach are key components in provision of quality psychosocial disability services. Inclusivity entails the active participation and accommodation of persons with disabilities in the planning and implementation of mental health programs. This approach helps increase the efficacy and success of the program since a sense of ownership is enhanced amongst the rights holders. A client centered approach in the delivery of psychosocial services has proven to increase treatment adherence amongst the service users due to the promoted sense of autonomy and human rights upholding.
Teen Mental Health

Basic Needs Kenya recognizes the value of instilling mental health literacy in young people from an early age. This is what informed the teen mental health literacy program that aimed at improving basic mental health understanding among high school students schooling in Nairobi County. The program utilised the Stan Kutcher Teen Mental Health & High School Curriculum to train teachers on mental health, with the teachers then delivering the same training to their students. The program also involved training parents/guardians on various aspects of teen mental health literacy.

The objectives of this initiative were to teach and promote mental health literacy among students, to improve interactions in the classroom and with other professionals, to identify potential problems early and to offer support and appropriate linkages within the school when referrals are needed.

Finding happiness during a pandemic: My Covid-19 story

One of the key successes of the teen mental health literacy program is that a significant number of the teenagers who had gone through the training sessions prior to school closures as a result of the Covid-19 global pandemic, demonstrated an ability to cope better with the stresses that resulted from the pandemic. This was evident when we ran an essay competition dubbed “Finding happiness during a pandemic: My Covid-19 story” where students were expected to demonstrate their understanding of their mental health and well-being as well as their coping mechanism when faced with stressful situations such as the nationwide curfew, restriction of movements and social interactions, uncertainty on when the schools would finally reopen and loss of income by their parents/guardians, among other stressors. Over 66 high school students participated in the essay competition and demonstrated a great level of understanding on various ways of coping with the psychological effects of Covid-19 and how it was linked to their mental health.

I play street soccer with neighborhood teenage boys though I frequently experience mood changes due to COVID-19 restrictions from my parents.

Chesney - Form 3

“I talk and share my problems with my teenage friends.”

Brian - Form 3

“I try to focus on daily routines such as exercising, family activities and reading books.”

Felix - Form 1
Youth First Kenya

Pupils from marginalized areas in Kenya tend to experience a myriad of challenges as they transition from primary to secondary school and this has a negative impact on both their performance and their mental health. This is what informed the Youth First Kenya initiative, a resilience and health training program developed by Corstone US, targeted at building social and emotional assets to improve adolescent health. Basic Needs Kenya implemented the program in primary schools in Tharaka Nithi County while SOWED Kenya implemented in Kajiado County.

The initiative entailed building the resilience of 117 primary school pupils in class 7 and 8, to enable them cope better with the stress and challenges that come with transitioning into high school. This was done through training 15 teachers to facilitate 7 pupils’ peer groups on various areas such as coping skills, problem solving, assertive communication, conflict resolution, benefit finding, identifying and practicing character strengths and values, as well as adolescent health.

The Youth First initiative is a teacher facilitated, school-based program and focuses on teacher-on-pupil engagement and addresses issues of gender equality and gender relations. The program has been specially designed to ensure equal attention is paid to skills development for both girls and boys therefore giving them basic knowledge and skills to advance their education and lead productive and healthy lives.

So far, over 850 pupils and 45 teachers from 20 schools in Tharaka Nithi County have benefited from the initiative which showed evidence of increased school attendance, exam performance and transition rates.

Integrating Youth First into schools in Kenya

The ultimate goal is for the Youth First program to be fully integrated within Kenyan public schools as this will enhance student learning outcomes. The emphasis for Basic Needs Kenya is on piloting, evidence-building, and partnering with government and other stakeholders to roll out this program nationally.
STRATEGIC PRIORITY AREA 2: INTEGRATION AND INCLUSION THROUGH SOCIO-ECONOMIC EMPOWERMENT

We have greatly benefitted from being part of this youth group because it has brought us together to work towards a common purpose of uplifting ourselves economically. Previously, before such youth groups had been formed, many youths in my area were unemployed and idle, and this resulted in many of them being depressed and engaging in negative vices. Today, we are able to consolidate our income, save and even loan each other money which is in turn invested in projects such as coffee, tomato and vegetable farming and this gives us decent incomes.

Eric Watima – 32 years
Member of Titoboi Youth Group
Bungoma County

In appreciating that better incomes have a direct positive impact on mental health and wellbeing in the community, we focused our activities on facilitating persons with, at increased risk or with lived experience of mental disorders and their caregivers to build resilience, attain improved quality of life, realize better economic outcomes, and increase their participation in decision making within their communities.

4 Number of Counties where we implemented economic empowerment initiatives
601 Number of beneficiaries we empowered socioeconomically
3535 Number of youth we empowered to participate in decision making within their communities
2703 Number of women we empowered to participate in decision making within their communities
The problem

In Kenya, there is a direct correlation between socio-economic status of individuals and households, and access to quality healthcare, including mental health services. Of note is that persistent socio-economic inequities especially among peri-urban and rural communities has negatively impacted access to care by ensuring mental health services are not readily available to all those who need it because of prohibitive financial burdens.

In as much as Kenya has registered significant health gains over the past couple of years, including the introduction of the Universal Health Coverage programme, socio-economic inequalities continue to persist especially in rural and peri-urban communities to the detriment of access to quality mental health services. Essentially, individuals and households with a lower socio-economic status continue to face larger barriers to accessing much needed quality healthcare especially mental health services.

This situation was further compounded in 2020 by the Covid-19 global pandemic that resulted in loss of incomes among many primary breadwinners because of job losses and reduced pay. Tough measures that had been put in place by the Kenyan Government to stem the spread of Covid-19 in the country such as limiting movement, closure of public spaces, dusk-to-dawn curfews and enforcing social distancing, ended up resulting in unintended negative economic impacts on businesses and workers across various sectors of the economy.

The result of this was increased levels of stress and depression among many individuals and households, characterized by increased cases of domestic violence, increased alcohol and substance use, and increased debt, among other vices. This necessitated socio-economic interventions that would help individuals and communities cope better with the economic uncertainty.

Our intervention

In recognition that to achieve sustainable change, it was essential to utilize a multi-faceted approach and address mental health and socioeconomic issues concurrently, Basic Needs Kenya was involved in interventions aimed at improving social and economic, as well as mental wellbeing of individuals in the communities that we work with. This included working with small holder coffee farmers and their families as well as CHV’s in Bungoma County, and working with Service Users and their caregivers, as well as CHV’s in Kajiado County to develop strong community infrastructure and empower these individuals to take charge of their socioeconomic development.

Our interventions entailed formation and development of support groups within the community, with a special emphasis on youth and women’s groups, conducting needs-based capacity building trainings to these groups, supporting farmer groups with seed grants, offering linkages to vulnerable groups – person’s living with disabilities, orphans and vulnerable children, and senior citizens – with Government safety net programs, and building partnerships with other key players such as government social support institutions and linking them with individuals and groups in the community.

Our goal was to ensure that we work with community members to create income generating opportunities, with the knock-on effect being improving mental wellbeing, as well as working to ensure that our beneficiaries accept themselves, are accepted by society and sustainably access their basic necessities of life. One of our key areas of emphasis was inclusion of not only women and youth but also persons living with physical, intellectual, and psychosocial disabilities. To this end, working in collaboration with health facilities and CHV’s, we facilitated a Disability Registration drive for people with intellectual and psychosocial disabilities to be registered with the National Council for Persons with Disabilities.

Overall, we noted an increase in quality yields of coffee productions, youth and women groups engaging in alternative income generating activities, and increased uptake of social protection opportunities by people with intellectual and psychosocial disabilities.
Key learnings

- Empowering communities through well-established Community Based Organizations in rural areas has a significant positive socioeconomic impact because such groups have stronger collective bargaining power hence can negotiate for better outcomes with both the business and political classes.

- Lack of learning opportunities is both a cause and effect of rural poverty hence the need for integrating community empowerment strategies within all programs especially mental health.
At Basic Needs Kenya, we always strive to infuse research in our programming in a quest to have evidence-based interventions. This we do as a deliberate measure to position our organization as a thought and collaborative leader towards (re)formulation and or enforcement of appropriate mental health policies, laws, institutions, and cultural norms.

**Our research initiatives in 2020**

A study to establish the social correlates associated with students’ mental health and wellbeing at Kenyatta and Chuka Universities in Kenya

Study area: **Kenyatta University** and **Chuka University** Main Campuses

No. of students sampled: **521** and **799** first year students from Chuka and Kenyatta Universities respectively

**Key findings**

- Sociodemographic factors such as students’ gender, marital status, degree program, residence, and parents’ marital status, among others, significantly contribute to occurrence of psychiatric problems among university students.

- Choice of degree program is a factor in the students’ wellbeing in the sense that most of the students are forced to take courses they do not like, some courses are very challenging, and some do not guarantee employment upon completion. This leads to high levels of distress amongst the students as they reluctantly struggle to complete their studies.
Whether parents are alive or deceased, or married, separated or divorced, is a key factor in the students’ mental health as it has a direct bearing on their social support system and livelihoods.

Drugs and substance use by university students is negatively impacting their mental health as it mostly results in addiction and disruption to their academic pursuits. A significant number of students turn to this habit either as a coping mechanism to the academic and life stressors or due to peer influence.

Gender is a significant factor in the wellbeing of students as cultural practices dictate how different genders respond to different psycho-social stressors for instance males expected to show strength and females expected to cry when faced with adversities.

Students’ place of residence correlates with their mental wellbeing as it directly influences ready access to social support systems. Those who stay in hostels within the campus or communally off-campus are able to socialize and network with their peers and this is good for their mental wellbeing.

Students not living with their parents or guardians proved to be both positive and negative in that whereas it promoted wellbeing in terms of them gaining independence, a show of maturity and instilling a sense of responsibility, it was also very stressful as the students faced difficulty transitioning to full independence having come from a setting of care and supervision.

Most students are not aware if they have any psychiatric problem therefore, the huge number of students not knowing their mental health status is an indication of the scarce psycho-social services available to students during their learning endeavors.

Key recommendations from this study

- More resilience-based interventions to help students thrive amidst challenges of uncertainty in their lives.
- More mental health awareness interventions to enable students identify and seek help when in need.
- Training of university health workers and counselors on low intensity therapies, identification and referrals for various mental health problems amongst the students.
- To advocate for inclusion of mental health workers in the staffing criteria of universities.
- Introduction of peer-to-peer counseling to intensify the reach to the high number of the students in need of services.
- Campaigns against drugs and substance use intensified to reduce number of students falling victim to these vices.
- Introducing detoxification programs for students who are already into drugs and substances.
An assessment of four **Community Mental Health Models** in four Counties in Kenya using the **WHO Quality Rights Assessment Toolkit** with a focus on integrating rights-based approaches that respect the rights, will and preference of service users.

**Study area:** Kisumu, Kajiado, Kilifi and Nyeri Counties

**Partners we worked with:** Foundation for People with Epilepsy (Kilifi County), TINADA Youth Organization (Kisumu County) and CARITAS (Nyeri County)

### Key findings

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<th>Human rights of Service Users are regularly violated by their families and community in general, and this is partly attributed to strong cultural beliefs coupled with lack of mental health awareness.</th>
<th>Generally, service users were well cared for by their communities despite poverty and capacity challenges. The exception was in violent cases due to inadequate knowledge of de-escalation techniques. In such cases, service users were forcefully restrained or subjected to treatment without personal consent.</th>
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<td>Some Service Users have inadequate living conditions at home, but other users enjoy fulfilling social and personal lives and remain engaged in the community life and activities.</td>
<td>Many people living with mental disorders are not accessing treatment, with some locked up and kept away from medical and public view.</td>
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<td>Mental health services are only available at level 4 and 5 hospitals limiting access to service for most service users.</td>
<td>Community mental health delivery is affected by endemic poverty, but users can benefit from education on basic hygiene in their homes such as segregation of living, kitchen and sleeping spaces.</td>
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<td>Service users are not always given freedom to live normal lives and face many restrictions including physical restraints for some.</td>
<td>Many lower-level facilities lack psychiatric staff and community health volunteers are not adequately trained on mental health.</td>
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<td>It may be necessary to provide food subsidies to poor families to enable them care for persons with mental health disorders. This is because time spent on care may reduce time spent on productive engagement leading to a poverty spiral.</td>
<td>Some facilities cannot provide psychotropic prescription drugs as they do not have adequately trained mental health service providers to prescribe them.</td>
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<td>There is a need to train caregivers on user safety in the homes such as fire risks for persons with epilepsy.</td>
<td>Some family members are very supportive and take efforts to assist Service Users to gradually become independent.</td>
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<td>People with mental health disorders find it difficult to find employment and be self-sufficient as they have to compete for scarce jobs with others who are often deemed more able by society.</td>
<td>Physical restraints are sometimes used to protect other family members from harm by violent Service Users. Some CHVs and carers have received some training on de-escalation and handle such situations in a better way.</td>
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Key recommendations from this study

• Due to the scale of mental health problems and scarcity of resources at both national and county level, a community mental health model is ideal for meeting the needs of Service Users. However, sustainability of the community mental health model requires use of existing (mixed) systems because it shares responsibility for care with the community, thus reducing the need for institutional facilities.

• Home based care should be encouraged as there is evidence of better recovery rates due to availability of family support and social integration which are minimal in an institutional setting, where neglect and abuse have often been recorded.

• To promote community mental health models, there is a need for a structured approach to support delivery of quality, rights based and sustainable services.
OUR ADVOCACY INITIATIVES IN 2020

Charlie – Mental Health Champion

Gathering the courage to Speak Up about my mental health problem is where my healing process began.

#MoveForMentalHealth
Youth with mental health problems in Kenya continue to get exposed to a wide range of human rights violations that negatively affect their access to care, education, employment, and general inclusion in society. To this end, Basic Needs Kenya worked with young people between the ages of 18 and 24 years with a lived experience of a mental health problem, building their confidence and capacity to champion mental health and challenge stigma and discrimination of people with mental health problems within their communities.

The idea was to have young people with a lived experience of having a mental health problem taking the lead in advocating for a change in the language used around mental health and media sensationalism that promotes stigma in the choice of words and expressions which are often negative and condescending, depicting people with mental health problems as dangerous and violent or helpless. Through a mass public campaign, we were able to enhance the reach of these messages that were ultimately aimed at shifting the knowledge, attitudes and intended behaviors of individuals within our communities around mental health.

### Key learnings

- Empowering young people with a lived experience of a mental health problem to plan and run advocacy activities is empowering and ensures sustainability.

- Public awareness campaigns are more effective when they are complemented with other approaches such as social contact events to realize better outcomes.

- It is important to partner with the mainstream media in mental health advocacy initiatives as it is the media that sets the public discourse agenda.

- It is necessary to continuously build the capacity if mental health champions to improve their confidence in tackling stigma and discrimination in their communities.
"Anyone who has the courage to speak up about their mental health problem is a Shujaa!"

Sandra - Mental Health Champion
As a thought leader in mental health programming, we continually seek to consolidate our position as a dynamic, effective, and sustainable organization. To this end, in the year ended December 2020, we added 5 new members to our Board, and this was after an objectively rigorous process. Our goal was to strengthen the administrative governance, accountabili-
yty, and diversify our resource base.

Having developed a five-year strategic plan (2019 – 2023) to guide our work, the new strategy necessitated the development and adoption of a new organizational structure. In order to complete the transitioning into the new structure, we recognized the need to realign job descriptions and the remuneration structure. We thus commissioned an independent consultant to undertake a HR Review including job evaluation, grading, salary and benefits survey. The key objective of the review was to enable us align our Human Resource Management to our strategy for greater internal efficiency and equity while ensuring compliance to Kenya labour laws and adoption of best practices in the sector. The review entailed analysis of current staff job profiles and descriptions; employment contracts; Basic Needs Kenya HRM policies and procedures manual; and the staff benefits structure. In addition, the review referred to a number of external documents that informed the process. These included the Labour Laws (especially Employment Act, Work Injury Benefits Act, and Occupational Safety and Health Act). Consultations with staff, a survey of 7 peer organizations and deliberations with Basic Needs Kenya Board provided further insights. We have used the review outcomes to further refine our HRM systems and strategies to attract, reward, develop and retain the best talent so as to achieve our Strategic goals and objectives.

In addition to this, we broadened existing partnerships with our funding partners and established new relationships with donor institutions such as Comic Relief and CBM Ireland who have invested significantly in programs geared towards improving the mental wellbeing of individuals around the globe.

With our focus on strengthening as well as diversifying our resource base, human resource, and leadership capabilities, as well as our internal systems, policies and structures, we were able to ensure that our organization is primed to continue delivering evidence-based and sustainable interventions that are responsive to the needs of persons with, survivors of, and persons at increased risk of having mental disorders to enable them to live successfully and to claim their rights.
OUR FINANCIALS

Basic Needs Basic Rights Kenya
Funding Our Work

### Income (KES)

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Income (KES)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations from international partners</td>
<td>46,272,095.00</td>
<td>93.6%</td>
</tr>
<tr>
<td>Local fundraising and donations</td>
<td>3,165,860.00</td>
<td>6.4%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities funded</th>
<th>Expenses (KES)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Grants to Partners (20.6%)</td>
<td>10,205,859.00</td>
<td>20.6%</td>
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<tr>
<td>Preventive and Promotive Mental Health Services</td>
<td>24,789,495.00</td>
<td>50.1%</td>
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<tr>
<td>Integration and Inclusion through Socio-Economic Empowerment</td>
<td>836,358.00</td>
<td>1.7%</td>
</tr>
<tr>
<td>Influencing Policy and Practice through Research and Advocacy</td>
<td>7,608,667.00</td>
<td>15.4%</td>
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<tr>
<td>Institutional Excellence</td>
<td>1,477,000.00</td>
<td>3.0%</td>
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<tr>
<td>Office Running and Management(9.1%)</td>
<td>4,520,575.79</td>
<td>9.1%</td>
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<tr>
<td>Travel Related Costs (0.4%)</td>
<td>203,146.00</td>
<td>0.4%</td>
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<table>
<thead>
<tr>
<th>NET ASSETS</th>
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<tbody>
<tr>
<td>NET ASSETS AS AT 1ST JANUARY 2020</td>
<td>3,492,362.00</td>
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<tr>
<td>CHANGE IN NET ASSETS</td>
<td>(478,147.39)</td>
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<tr>
<td>NET ASSETS AS AT 31/12/2020 (KES)</td>
<td>3,014,214.61</td>
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<table>
<thead>
<tr>
<th>RESERVES</th>
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<tbody>
<tr>
<td>RESERVES AS AT 1ST JANUARY 2020</td>
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<tr>
<td>CHANGE IN RESERVES</td>
<td>5,481,367.40</td>
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<tr>
<td>RESERVES AS AT 31/12/2020 (KES)</td>
<td>7,200,322.40</td>
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</tbody>
</table>
Thank you!

2020 was a challenging yet exciting year for Basic Needs Basic Rights Kenya. Without the support of our stakeholders who believed in our cause to champion for mental health through empowering communities to provide care, social support and avert adversity to those affected or at risk, we would not be able to push for an inclusive society where the basic needs and rights of all people with mental disorders are recognized and respected.

We therefore take this opportunity to recognise and appreciate our funders and partners for their vital support in form of both resources and technical guidance. We also thank our staff for their dedication in the midst of a global pandemic to deliver on our program objectives, and everyone who gave their time and commitment in helping us champion for mental health.