



BasicNeeds

Better Mental Health, Better Lives

A summary report of our year 2021



Contents

Basic Needs Basic Rights Kenya at a Glance:

- Who we are
- Our Mission and Vision
- Our Values and Philosophy

Highlights and achievements in 2021

Our Strategic Priority Areas

- Preventive and Promotive Mental Health Services
- Integration and Inclusion through Socio-Economic Empowerment
- Influencing Policy and Practice through Research and Advocacy
- Institutional Excellence

Our Financials

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, improving policy and practice through 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 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 and that medical practitioners advise that prevention and treatment of mental disorders is likely to be successful if done within these ages. Currently, the youth also comprise the group that is most affected by mental health problems.

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.

6

Counties where we had interventions in mental health



32

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



17

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



42

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



1319

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



2402

Youth we empowered to participate in decision making within their communities



1788

Women we empowered to participate in decision making within their communities



2326

Service Users we assisted to access treatment and counselling services



Over 1.35M

Youth aged 18 – 35 yrs reached with mental health awareness and anti-stigma and discrimination messages



Highlights & Achievements in 2021

**Strategic Priority Area 1:
Preventive & Promotive
Mental Health Services**



Basic Needs Kenya's interventions in 2021 continued to support the aspirations of Sustainable Development Goal (SDG) 3 to reduce Non-Communicable Diseases in Kenya through prevention and treatment of mental illness and promoting wellbeing. As is our standard practice, our programs continued placing a strong emphasis on aiding early detection, diagnosis, and treatment of mental illnesses. This was reinforced by proactive efforts in our various project areas to work with service users and their caregivers to challenge stigma and prejudice against people who have or are at risk of developing mental illnesses, because stigma has been shown to have a negative impact on treatment seeking behavior.

Our interventions primarily adopted the Community Mental Health and Community Based Inclusive Development approaches.

Community Mental Health

Basic Needs Kenya views community mental health as a system of care that extends beyond psychiatric therapy. It refers to a comprehensive approach to care and support in which the community, rather than a facility such as a hospital, is the major source of assistance for people with psychosocial disorders. Community-based mental health services and supports help persons with psychosocial disabilities to preserve family relationships, friendships, and livelihoods while taking care of their mental health. Social inclusion, mental health awareness, early detection and access to treatments, and rehabilitation are all made easier because of this approach.

Community Based Inclusive Development

Basic Needs Kenya also subscribes to the disability inclusive development perspective, and we understand that this is enhanced by adopting the community based inclusive development approach in our interventions. We create opportunities for collaboration and synergy among community stakeholders, including individuals with various disabilities and their families and/or caregivers, to identify and address challenges that contribute to their community's inclusive growth. This way, we cultivate a foundation for collective action to create communities that are resilient, equitable, and inclusive.

COVID-19 continued to shape our programming

Situation analysis

For the second consecutive year, the global COVID-19 pandemic continued to negatively impact Kenya's health systems, especially, mental health. Whereas the government acknowledged the gaps and need for more investment in the sector, there still existed a growing unmet demand for mental healthcare and psychosocial support services during this period.

This was further exasperated by the fact that the country's limited resources were directed towards enhancing the country's COVID-19 emergency response initiatives which took precedence over many other healthcare demands such as mental health.

All this was happening in the backdrop of increasing rates of unemployment and loss of incomes, strained family and social relationships, increased cases of domestic violence, drugs and substance abuse, and suicides, which were attributed to poor coping mechanisms to the stresses brought about by the pandemic. This notwithstanding, households continued to prioritize their spending on basic necessities – food and shelter – over healthcare.

Our intervention

For a second year running, Basic Needs Kenya continued interventions in Kajiado and Bungoma Counties, aimed at assisting people with psychosocial and intellectual disabilities to access treatment, psychosocial support and livelihood opportunities.

Working in partnership with health centers in these counties and supported by Community Health Workers attached to these facilities, our interventions improved access to services by facilitating mental health outreach clinics for service users. Community Health Workers also received training on mental health, to enable them to increase their awareness of mental health, as well as identify potential mental health cases at community level and provide mental health first aid before referring such cases to the health center for proper diagnosis and treatment.

As an emergency response to the COVID-19 pandemic, we provided food/nutrition relief to mental health service users and their primary caregivers and families, with special emphasis on women and children. These initiatives were complemented with COVID-19 awareness campaigns that promoted adherence to the Ministry of Health's safety protocols, basic understanding of variants and uptake of vaccination.

More investment needed in maternal and paternal mental health

In Nairobi County, Basic Needs Kenya partnered with Calmind Foundation and the Nairobi Metropolitan Services to pilot an initiative aimed at reducing stigma, increasing maternal mental health awareness, screening and treatment for young mothers and fathers in informal settlements. This pilot particularly targeted young mothers and fathers as well as Community Health Workers from informal settlements in Kawangware.

The project was informed by the realization that whereas there were a lot of investments in prenatal and postnatal clinics that addressed the physical well-being of mothers, unborn babies, and infants, most of the health care workers at these clinics as well as the young mothers, fathers and caregivers who sought for services from these clinics had limited or no information on mental health. This therefore created a gap in awareness and ability to adequately respond to incidences associated with maternal and paternal mental health.

Whereas this was a very short pilot project, the need for intervention in this space was clearly apparent as screening conducted on a sample of the community that is, drawn from teen and young mothers, revealed an urgent need for mental health intervention. Whereas the Nairobi Metropolitan Services has since set up psychiatric clinics with mental health specialists in some of the health centers in this locality, more investment is needed to create awareness on maternal and paternal mental health in informal settlements, making mental health part of primary care during prenatal and postnatal clinics, and in setting up of community mental health structures to sustainably address these problems.

Taking care of caregivers

Our initiatives in Nairobi, Kajiado and Bungoma Counties noted the important role that caregivers play in providing support and care during the treatment and recovery of persons with mental health conditions, as well as their own risk exposure to developing mental health conditions if they lack awareness on proper self-care. We therefore facilitated psychotherapy and occupational therapy group sessions to encourage cross learning, increase knowledge on mental health and how to provide appropriate care to the service user and oneself, as well as on how to overcome barriers to access to healthcare and other services. As a result of these initiatives, caregivers attested to having formed better and stronger relationships with those they cared for as they now had more empathy. Their increased knowledge on selfcare also helped them better cope with the stress and strain associated with caring for someone with a mental health condition and this also increase their ability to offer quality care. A number of caregivers have also been vocal through various media platforms, where they share their experiences to encourage other caregivers who may be in a similar situation, to know how to navigate.



Health workers conducting a mental health outreach exercise in Kimilili with support from Basic Needs Basic Rights Kenya.



Basic Needs Basic Rights Kenya Project Officer (r) assisting NCPWD officers to issue disability registration cards to Service Users at Entarara Health Center in Kajiado.

Key learnings from our interventions

- Decentralizing mental health services from the sub county hospitals and integrating these services in health centers increases uptake due to improved access.
- There is need to invest more resources in mental health including human resources, psychotropic medicines, and enhanced data and information systems.
- Increased access to mental health and social support services improves treatment seeking behavior for people with mental health conditions.
- Caregivers are very prone to developing mental health conditions due to the burden of care, stigma associated with mental health and lack of self-care skills. There is therefore a need to include interventions for caregivers as part of mental health programming.

- Service users are seldom involved in decision making during their treatment and care. This underscores the importance of the WHO QualityRights training for health workers and caregivers to promote informed consent.
- There is need for more mental health interventions as currently, most people resort to negative coping habits due to lack of knowledge on how to maintain good mental wellbeing. Emphasis should be on tailored initiatives for men, women, youth, mothers, entrepreneurs, people with pre-existing mental illnesses, and recovering addicts, to address their unique needs.
- Use of Community Health Workers complemented by community radio for COVID-19 awareness campaigns increased knowledge, adherence to safety protocols and vaccine uptake.

Improving mental health and wellbeing on campus

Basic Needs Kenya working in collaboration with Kenyatta and Chuka Universities entered the second year of implementing the Mental Health and Wellbeing on Campus program aimed at improving mental wellbeing within the campus' populations. The intervention was a response to the insufficiency of mental health services accorded to both students and staff in universities despite the increasing need for these services.

This initiative was backed by a study conducted by Basic Needs Kenya in collaboration with the two universities in 2020 that sought to establish the social correlates associated with students' mental health and wellbeing. The study affirmed that both students and staff faced a variety of stressors which had a negative impact on their mental wellbeing. The lack of adequate mental health support services within the campus precincts would often increase probability of them developing mental health conditions.

Improved access to treatment, including clinical and low-intensity psychosocial therapies, was one of the aims of this initiative, which also included health promotion activities that improved students' and staff attitudes towards mental health and treatment seeking, as well as peer support. These activities were complemented with anti-stigma campaigns aimed at enhancing students' and staff's awareness and attitudes regarding mental health, to encourage the university community to openly discuss mental health without fear of stigma.

Some of the notable immediate positive impacts of this program have been a decrease in discipline cases among students. Alcohol, drugs and substance abuse, and truancy which formed the bulk of the discipline cases were found to be linked to mental health. Therefore, the availability of the various mental health services within the universities helped curb indiscipline as students were first referred to the universities' student counsellors and not the disciplinary committee as was the practice before the introduction of this program.

The same was noted among university staff who unlike in the past where they would struggle in silence with alcoholism and other mental health related issues, are now openly seeking for psychosocial support from the university counsellors.

The level of buy in from the university community has been commendable and this is seen in the resulting actions by university staff to bolster their mental health and support systems by forming support groups. There has also been an increase in student led initiatives such as establishment of a mental health radio station program, the mental health club and increased contributions to mental health discussions on social media.



Mental health advocates from Chuka University conducting a forum theater as part of mental health advocacy during a fresher's event.



Popular comedian MCA Tricky entertains students at Kenyatta University as part of mental health advocacy during a fresher's event.

Leveraging on technology to enhance mental wellbeing among university students

Better Mental Health
Better Lives

Whereas the mental health and wellbeing program in Kenyatta and Chuka Universities has been a success, there still exists a massive gap between the demand for these psychosocial support services and availability of interventions or the relevant service providers. For instance, the ratio of student counselors to the university student population in both universities is estimated at about one to seven thousand. This is a clear marker on the need to develop complementary approaches to address the massive deficiency in mental health and psychosocial care that is greatly needed by students during the course of their study.

This is where technology has proven to be an ideal solution to complement the human element in mental health service provision to students. Through adoption of Artificial Intelligence (AI) and Machine Learning, we have been able to develop what could become a game changer, and a solution to the problem of inadequate mental health service providers within the university community.

Basic Needs Kenya in partnership with CBM and Nous Cims developed and piloted an AI-enabled chatbot christened *ARIF* – Artificial Intelligence Friend, with the word “Arif” also being a popular slang amongst Kenyan youth to mean friend or companion. The bot was meant to offer low intensity psychosocial interventions addressing depression, suicide, alcohol, drugs, and substance abuse. Through machine learning technology, the bot is able to



Have you heard about **ARIF**?

“Artificial Intelligence Friend”

ARIF is a chatbot designed to offer you mental health support conveniently at the touch of a button.

Try out **ARIF** on Telegram today!

The coolest part is that you can access **ARIF** 24/7 through your smart phone.

@BasicNeedsArif_bot

learn from user input, and in turn provide empathetic feedback as it provides mental health first aid services to the user. Whereas the interactions between the bot and the user are anonymous to guarantee privacy for the user, ARIF has been programmed to facilitate early detection of mental illnesses in the four categories above, offer an immediate response to address the user's immediate problem through therapy guided steps, and identify severe cases which are subsequently referred to a student counselor to take up the case for further professional assistance.

It is however very important to emphasize that the chatbot is not meant to replace the human element in provision of psychotherapeutic services but will only supplement or act as an intermediary support system to better the existing human element of psychotherapy provision. It is thus pegged to be very effective and efficient if it works side by side with the human mental health service providers to improve on reach, convenience and alleviation of mental crisis cases amongst the university population.

The more students 'befriend' ARIF and use ARIF for mental health support, the more ARIF is expected to gather user sentiments, which will further strengthen the bot's ability to offer accurate and bespoke mental health first aid in response to the needs of the respective user.



Strategic Priority Area 2:
Integration and Inclusion
through Socio-Economic
Empowerment



Building resilient and inclusive economies

Basic Needs Kenya recognizes that better incomes have a direct positive impact on community mental health and wellbeing, and this is based on 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. This is why our interventions in 2021 continued to focus on assisting people at risk of, or who have lived experience with mental health conditions, as well as their caregivers, to build resilience, improve their quality of life, achieve better economic outcomes, and increase their participation in community decision-making. We had a particular emphasis on ensuring that women and youth as well as persons with disabilities were included in decision making within their communities.

To this end, we continued to step up our efforts of building sustainable and inclusive economies in the backdrop of continued disruption to the socioeconomic wellbeing of communities where we intervene, due to a second year of grappling with the COVID-19 pandemic. An already difficult situation that had been characterized by disruption to business and markets, and massive loss of incomes was compounded by government health and safety protocols that made it near impossible to recover.

Whereas the populace appreciated the government's imposition of these protocols, the choice between safeguarding the health of the nation at the expense of the country's economy, to many, was a zero-sum game.

It was therefore important to implement community-led interventions that prioritized the immediate needs of these communities, and those that enabled them build resilience hence increase their chances of coping with the socioeconomic pressures resulting from the pandemic.

In Bungoma County, we continued to work with small holder coffee farmers, youth and women groups to take charge of their socioeconomic development and improve their resilience and social integration. Our interventions entailed supporting these groups with seed grants to enable them to diversify their income sources. We also offered trainings on various areas of community development and partnered with government agencies responsible for providing extension services. Vulnerable groups – person's living with disabilities, orphans and vulnerable children, and senior citizens – were supported to access Government safety net programs through linking them with the social services department.



Basic Needs Basic Rights Kenya administrative assistant taking community members in Bungoma through the process of soap making as part of an initiative to empower them with income generating skills.



An officer from NCPWD sensitizing service users and their caregivers from Entarara, Kajiado County on available government safety net programs that they can access as part of the government's initiatives to improve and enhance social protection delivery in the country.

**Strategic Priority Area 3:
Influencing Policy and
Practice through Research
and Advocacy**



Amplifying youth voices against stigma and discrimination

Evidence informed interventions have been a core consideration in our programming at Basic Needs Kenya as this has enabled us to strengthen our position as a thought and collaborative leader in the influencing of policy and practice in the mental health space. This has also enabled us to continue to grow our partnerships with stakeholders including the communities we work with, government and non-governmental agencies, and other Civil Society Organizations to advocate for as well as implement interventions that have long term sustainability.

A second year of the country grappling with the effects of the COVID-19 pandemic brought to the fore more attention and conversations around mental health. This was primarily triggered by the prevalent negative response to the pandemic by citizens from across the country, as there were widespread reports of domestic violence, suicides and homicides which were believed to be mental health related owing to the inability of individuals to cope with the various socioeconomic stressors brought about by the pandemic.

During this period, the significance of Basic Needs Kenya's interventions geared towards tackling stigma and discrimination of people with mental health conditions was apparent. Working with youth between the ages of 18 to 35, with lived experiences of having mental health conditions, to champion open conversations around mental health, could not have come at an opportune time.

Through the proven social contact approach that entails persons with lived experience of a mental health condition having one on one conversations with members of the public with no experience of having a mental health condition, and sharing their personal stories, encouraged more people to be open about discussing their mental health and seek for diagnosis and treatment. As a result, Community Health Workers supporting this initiative noting that they had made over 60 referrals to health facilities for diagnosis and treatment.

Working with media stakeholders to improve mental health reporting

In recognizing the central role that media in Kenya plays in shaping public perceptions and setting the agenda of public conversations, Basic Needs Kenya partnered with the Media Council of Kenya in an advocacy initiative aimed at working through the media to change the knowledge, attitude and intended behaviour of people without lived experience of a mental health condition not to stigmatize or discriminate against people with lived experience of mental health conditions.

This was to be achieved through nurturing mental health advocates within the media fraternity with enhanced knowledge and skills on ethical responsible reporting on matters mental health. This in turn was meant to culminate in the production and publishing of responsible, accurate and balanced media articles on mental health. This initiative was in line with the Media Council's constitutionally mandated role of setting and enforcing standards in media practice.

Some of the initial activities entailed sensitization workshops for editors and journalists drawn from various media houses in Kenya, as well as media influencers who were very active particularly on social media. These were highly successful exercises as the editors, journalists and media influencers all concurred that there was a need to sensitize media stakeholders on mental health reporting as well as develop programs to look into their

mental wellbeing. The participants also expressed their interest in actively working with Basic Needs Kenya and the Media Council to improve reporting on matters mental health.

Following these initial mental health sensitization initiatives there has been an observable positive change in language used when publishing stories touching on mental health. Several media advocates have on a number of occasions taken the initiative to seek clarification on language and even requested assistance from Basic Needs Kenya to identify people with lived experience and even mental health professionals to provide commentary during production of mental health related content. There have also been occasions where the media advocates have pushed for editing of stories after Basic Needs Kenya has raised concerns over negative images or language used.

This is a long-term partnership that will see Basic Needs Kenya, the Media Council and other media stakeholders working on a mental health reporting curriculum that will be incorporated in the journalism training manual. A category will also be introduced in the annual journalism awards conducted by the Media Council, for rewarding the best reporting on mental health. This is meant to motivate media stakeholders to inculcate best practice in their daily work.

Amplifying political voices on mental health

Whereas the clamor for reforms in the mental health sector has been rife, one of the key missing ingredients in this process was the political will from legislators and other key policy makers and gatekeepers in the country. Whereas it was evident that the country needed to pay more attention to mental health, this issue for a long time had simply not gained enough attention among the political elite, to make it a priority national issue. This is part of what informed the initiative to have a mental health campaign aimed at amplifying political voices for better mental Health Care in Kenya, and East Africa by extension.

This program was a partnership between the Kenya Parliamentary Caucus on SDGs and Business, Basic Needs Kenya and other Civil Society Organizations, that sought to fast track efforts to reform legislation around mental health through actively engaging and lobbying members of parliament to champion this process. The result was the Mental Health (Amendment) Bill 2021, sponsored by Senator Sylvia Kasanga who was also a member of the Parliamentary Caucus.

One of the key highlights of this initiative was the passing of this Bill in the Senate on 15th September 2021. The year, ended with the Bill having further progressed to the Third Reading at the National Assembly. The Parliamentary Caucus exuded confidence in this Bill sailing through parliament, as it had lobbied all its members to support the Bill when debate commenced in early 2022.



Strengthening our partnership with the Ministry of Health

Domesticating the Mental Health Action Plan

Over the years, Basic Needs Kenya has been a strong partner to the Ministry of Health's Division of Mental Health. This has been demonstrated in our active support of various initiatives such as the development of the Kenya Mental Health Policy 2015 – 2030 and the Mental Health Taskforce Report (2020), which culminated in the development and launch of the Kenya Mental Health Action Plan 2021 – 2025. This action plan provides a framework for both National and County Governments and stakeholders to implement the Mental Health Policy through strategic objectives with specified priority targets and indicators.

To this end, Basic Needs Kenya committed to supporting Kajiado and Kilifi Counties where we are already intervening with mental health initiatives, to begin the process of domesticating this action plan. This will entail working with stakeholders from these counties to develop county specific mental health action plans which are synergized with the national plans to ensure greater impact and sustainability of the initiatives.



Adopting the WHO QualityRights initiative

The Ministry of Health's Division of Mental Health has been a strong proponent of adopting rights-based approaches to treatment and care for persons with psychosocial, intellectual and cognitive disabilities. This is a principle that is also shared by Basic Needs Kenya. To this effect, we have partnered with the Ministry of Health to promote the adoption of the World Health Organization (WHO) QualityRights initiative.

This is a global initiative aimed at improving the quality of mental health care and promoting the human rights of persons with psychosocial, cognitive, and intellectual disabilities. It proposes a new, rights-based, recovery-oriented approach to mental health care.

Over the past year, we have run people-centered advocacy campaigns aimed at not only creating awareness on the WHO QualityRights initiative but also encouraging members of the public to take up the WHO QualityRights course. This is an e-training that aims to increase understanding about issues related to mental health, human rights, and recovery, and to improve the way in which services and supports are provided to people with mental health conditions or psychosocial, intellectual and cognitive disabilities. The MoH QualityRights team notes that there has been an increase in the number of people taking up the QualityRights e-training. For instance, as at the end of 2020, 3535 people registered for the e-training, with 771 completing and getting their certificates. Whereas as at the end of 2021, 5521 people registered for the e-training, with 1220 completing and receiving their certificates. This increased numbers are a testament to the effectiveness of our joint efforts.



Strategic Priority Area 4: Institutional Excellence



Our management team subscribes to the principle that quality is never an accident but rather the result of high intention, sincere effort, intelligent direction, and skillful execution. This therefore underscores our organization's commitment to invest on people development and process improvement, by continually building the capacity of our staff and board members through facilitating opportunities for skills development informed by organizational capacity assessments. This is meant to ensure that we have a strong team that delivers value to our donors, partners, beneficiaries and other stakeholders.

In 2021, we conducted an organizational assessment facilitated by Tamarind Tree Associates. This exercise that involved both staff and board members was meant to guide us in identifying our organisational strengthening needs and priority areas, and in developing a plan to address them.

One of the key priority areas identified was in resource mobilization as it was determined that we needed to diversify our income by moving beyond donor funding by establishing a social enterprise hub to complement our present funds. This will not only contribute towards sustainability of our programs but also give us flexibility to implement aspects of our Strategic Plan which are not currently donor funded. Some of the initial services that our social enterprise hub will be providing are workplace and school/university mental health programs.



From L to R, Basic Needs Basic Rights Kenya Executive Director Rosemary Gathara, Basic Needs Basic Rights Kenya Board Chair (former) Peter Maina, Pwani University Vice Chancellor Prof. Mohammed S. Rajab and DEAN - School of Humanities and Social Sciences Prof. Dr. Halimu Shauri during the signing of an MoU between the two organizations.

Funding Our Work in 2021

A. INCOME

Funding

Donations from International Partners

Local Fundraising and Donations

Total Income

B. EXPENSES

Strategic Areas and Activities Funded

Integration and Inclusion through Socio-Economic Empowerment -Build resilience of PWMH, attain improved quality of life, realize better economic outcomes and increase their participation in decision making.

Promotive and Preventive Mental Health Services - Enabling/ facilitating early recognition, diagnosis and treatment of mental disorders and ending Stigma.

Institutional Excellence - Strengthening and diversifying our resource base, human resource and leadership capabilities, internal systems, policies and structures.

Influencing Laws, Policies, Norms and Practice - Formulation and or enforcement of appropriate mental health policies, laws, institutions and cultural norms.

Project Monitoring and Evaluation Costs

Professional Costs - External Audit and Legal Expenses

Office costs

General Travel Costs

Total Income

C. NET ASSETS

Net Assets as at 31st January 2021

Change in Net Assets

Net Assets as at 31st December 2021

C. RESERVES

Reserves as at 31st January 2021

Change in Reserves

Reserves as at 31st December 2021

Income (KES)

%

78,082,059.00

83.7%

15,186,268.00

16.3%

93,268,327.00

100.0%

Expenses (KES)

%

4,936,006.87

5.3%

36,143,467.14

38.8%

26,153,067.19

28.0%

15,412,688.54

16.5%

4,073,872.91

4.4%

646,660.00

0.7%

4,504,388.00

4.8%

1,398,175.30

1.5%

93,268,325.94

100.0%

AMOUNT (KES)

3,014,214.61

(637,499.67)

2,376,714.94

AMOUNT (KES)

7,200,322.40

(304,968.40)

6,895,354.00

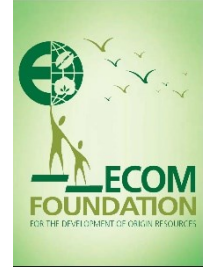
Better Mental Health
Better Lives

Our partners

REPUBLIC OF KENYA



MINISTRY OF HEALTH



ember





Basic Needs Basic Rights Kenya

Mai Mahiu Road, Hse No. 21, Nairobi West,

P.O. Box 14590-00100, Nairobi, Kenya

TEL: +254 20 2426606 / 0725 814 928

www.basicneedskenya.org



@BasicNeedsKenya