



BasicNeeds

Better Mental Health, Better Lives

Basic Needs Basic Rights Kenya

2022 Annual Report



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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 health conditions, 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 conditions.

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 conditions 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 health conditions start within this age bracket and that medical practitioners advise that prevention and treatment of mental conditions is likely to be successful if done within these ages. Currently, the youth also comprise the group that is most affected by mental health conditions.

A word from our Board Chair



Dear Basic Needs Basic Rights Kenya stakeholders,

Greetings! It is my pleasure to share with you the Basic Needs Basic Rights (BNBR) Kenya 2022 Annual Report.

During the year, BNBR Kenya has made great strides in positively influencing mental health in Kenya as we implemented plans for the tail end years of our strategy 2019-2023. As the Country gradually recovered from the COVID-19 pandemic, and normal operations resumed, we consider 2022 a successful year, where we were able to achieve some significant milestones in organizational plans.

In particular, BNBR takes immense pride in playing a key role during the year in contributing to the drafting and in the efforts leading up to the signing into law of the Mental Health Amendment Act 2022.

BNBR worked closely with the Kenya Parliamentary Caucus on Sustainable Development Goals (SDGs) and Hon. Sylvia Kasanga who sponsored the Bill. H.E. President Uhuru Kenyatta appended his signature on June 21, 2022. The Amendment sought to align the country's mental health laws with the provisions of the Constitution of Kenya, 2010 and the Health Act, 2017. A great milestone for the Country!

During the last year, we had to sadly bid farewell to three retiring members who occupied leadership positions on the board and, were among the founding board members. On behalf of the current Board, thank you for your immense contribution to BNBR over the years. As a testament to our business continuity and seamless planning, we on-boarded three new members and smoothly transitioned a new board leadership team.

I would like to especially extend a special BNBR gratitude to our partners – all our funders and implementing organizations, and the various Government agencies in Kenya at both National and County level with whom we have successfully worked with in 2022.

I trust that you will find our 2022 Annual Report informative and insightful. Thank you all for a great year. We look forward to breaking new barriers in 2023.

Allan Oginga

A word from our Executive Director



Greetings and welcome to the 2022 annual report from our team at Basic Needs Basic Rights Kenya. I trust that you will find this to be an edifying read as it gives you an overall picture of our mental health interventions in our respective project sites over the past year, allowing you to journey with us through concise and captivating anecdotes and pictorials from key stakeholders from the communities we work with and directly impact through our work.

We started 2022 from a great place, excited to finally be able to fully implement our interventions free from the burden of the Covid-19 pandemic that had negatively impacted how we ran our interventions between early 2020 and late 2021 but at the same time challenged us to innovate around our programming.

In keeping with our philosophy that is premised on the idea that everyone deserves a dignified life, we continued to support strategic initiatives in collaboration with complementary change agents – government and non-governmental – to promote and actualize the basic needs and rights of persons with mental health conditions and their caregivers as a key approach to addressing the inequalities, stigma and/or discrimination that they often grapple with.

Our team was able to achieve this in the context of our key strategic priority areas as envisaged in our Strategic Plan i.e. Priority One: Preventive and Promotive Mental Health Services, Priority Two: Integration and Inclusion through Socio-Economic Empowerment, Priority Three: Influencing Policy and Practice through Research and Advocacy and, Priority Four: Institutional Excellence. Some of our key highlights were:

Preventive and Promotive Mental Health Services: Our team made significant strides in strengthening community mental health structures in our project sites in the four counties where we operate – Nairobi, Kajiado, Kilifi and Bungoma – by supporting expert movement, task-shifting, campaigns to challenge mental health stigma among other initiatives, while at the same time reinforcing our collaboration with duty bearers. This not only resulted in increasing access to services for people with mental health conditions and their caregivers but also ramping up public awareness campaigns on mental health and wellness in the communities we work with. As a team, we continue to be encouraged by the year-on-year increase in the number of people seeking the mental health services they need, which is a positive indicator of our success in tackling stigma which has always been a major hindrance to treatment seeking.

Integration and Inclusion through Socio-Economic Empowerment: Late 2021 going into 2022, we adopted the mantra of inclusive communities in our programming. This was meant to reinforce our quest for inclusivity where people with disabilities – psychosocial and/or physical – were accorded equal opportunities to participate in community life, employment, leadership and in decision making.

This saw us work with organizations of persons with disabilities (OPDs) whereby we facilitated their capacity development on various socioeconomic fronts, from matters of income generation to self-advocacy. Also important to us was sustainability through strengthening linkages between these OPDs and respective Government agencies as well as sensitizing duty bearers such as employers, educators, government officials among others to promote disability inclusion.

Influencing Policy and Practice through Research and Advocacy: 2022 by far marked a most significant breakthrough in advocacy initiatives as, together with other stakeholders, we celebrated the President's Assenting to the Mental Health (Amendment) Act, 2022. This act not only aligned the country's mental health laws with the provisions of the Constitution of Kenya, 2010 and the Health Act, 2017, but also ensured that the Mental Health Policy 2015 – 2030 was finally anchored in law. In addition to this, we supported two counties – Kajiado and Kilifi – to be the premier counties to develop county specific costed mental health action plans to feed into the respective County Integrated Development Plans (CIDPs). We are also happy with our continued strengthened partnership with the Ministry of Health – Division of Mental Health that saw the development and launch of key policy documents such as the Suicide Prevention Strategy and the Kenya Mental Health Investment Case, which provide strong frameworks to guide investment in mental health initiatives. We also made significant strides, working in collaboration with the Media Council of Kenya, towards developing a mental health reporting curriculum to guide current and future media stakeholders on the right language and imagery to use when reporting on matters of mental health.

Institutional Excellence: As an organization, we pride ourselves in having a strong team at both board and secretariate levels. It is this strong team that has enabled us year on year to be able to professionally and effectively deliver on our mandate. We thus continued to strengthen our team in 2022 where we transitioned in three new leaders to our board following the retirement of three of the former office holders. At the 2022 AGM, we welcomed three additional members to our board and had new officials elected. At secretariate level, we continued to facilitate our staff capacity development, with 4 of our team attending professional courses to bolster their skills in various aspects of programming. We also made significant strides towards strengthening our organizational sustainability through establishing a social enterprise unit tasked with income generation to supplement funding from our donor base.

These are just brief highlights from our work in 2022 and I therefore welcome you to learn more about us by taking time to go through our annual report.

Do enjoy the read.

Rosemary Gathara

Highlights and Achievements in 2022

4

Counties where we had interventions in mental health



20

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



32

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



106

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



1223

Service Users we assisted to access treatment and counselling services



1148

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



209

Youth we empowered to participate in decision making within their communities



457

Women we empowered to participate in decision making within their communities



89

Number of organisations of persons with disabilities we empowered to participate equally in community life



Over 1.2M

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



Strategic Priority Area 1: Preventive and Promotive Mental Health Services



Basic Needs Basic Rights Kenya continued to show its commitment towards supporting the aspirations of Sustainable Development Goal (SDG) 3 that targets the reduction of Non-Communicable Diseases in Kenya through prevention and treatment of mental illness and promoting wellbeing. As an organization, we supported this by engaging in interventions that directly aided the early detection, diagnosis, and treatment of mental illnesses and Epilepsy in the communities we work with. These interventions were further strengthened by proactive activities within these communities to challenge stigma and prejudice against people who have or are at risk of developing mental illnesses and Epilepsy, noting that stigma has been shown to have a negative impact on treatment seeking behavior.

We continued to base our interventions on two proven models i.e., the **Community Mental Health** and **Community Based Inclusive Development** approaches.

Community Mental Health

BNBR Kenya views community mental health as a system of care that extends beyond psychiatric care. 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 the service user. Community-based mental health services and supports help persons with mental health conditions 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

BNBR 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.

Strengthening community mental health structures

As an organization, we continue to appreciate the fact that prevention and treatment of mental illness and, promoting wellbeing, begins and ends in the community. This is what drove our interventions in 2022 where we worked with various communities across Nairobi, Kajiado, Bungoma and Kilifi Counties to strengthen community mental health structures. These entailed interventions aimed at concurrently creating mental health literacy within these communities, running behaviour change campaigns to challenge the stigma around mental health and epilepsy, which is often the culprit to poor treatment seeking behaviour, while at the same time building the capacity of health care providers within these communities to be able to provide mental health first aid, treatment and referral support where necessary.

Our teams were able to achieve this in the respective counties through proactively engaging key stakeholders who make up the community health structure. Specifically, the interventions entailed building the mental health literacy of community and opinion leaders such as chiefs, village elders, religious leaders and traditional healers and, community health workers. This was aimed at leveraging on the influence these individuals have in shaping the attitudes, behaviours and perceptions of other individuals in their communities towards mental health and Epilepsy. Such interventions had a positive impact in promoting treatment seeking behaviour for mental health related cases in the community.



Increasing uptake of mental health services

Josephine Muheto, a Community Health Extension Worker attached to Gongoni Health Center engages community and opinion leaders during a community forum organised in Magarini Sub County, Kilifi County, to deliberate on matters mental health. From such discussions and by their own admission, it's apparent that many of these community leaders know so little about mental health. Most of the men in this forum for instance, reveal that they prefer not to speak up on issues bothering them. They contend that it's un-African for men to show weakness or emotions.

This notion is however quickly debunked by Josephine who highlights the fact that failure to adequately address seemingly small problems,

tends to lead to bigger problems which end up resulting in depression because of piling up of these unresolved problems. She therefore informs the men on the importance of overcoming the stigma associated with seeking for help and embracing positive health seeking behavior. This is just a part of what they are sensitized on during such forums and challenged to spread this newfound knowledge in their respective communities.

Concurrently, noting the gap in mental health practitioners available in health facilities within these communities, we capacity built frontline health workers using the World Health Organization's Mental Health Gap Action Programme (mhGAP), a tool designed to train non-specialists to be able to detect, diagnose and manage common mental health conditions thus enabling the scale up of services for mental, neurological and substance use disorders for countries especially those with low- and middle-incomes where resources allocated to the health sector budget were scarce. With these trainings, we were able to ensure that service users were able to access basic mental health services in health centers within their communities and/or referral to Level IV and V facilities in the county.

The cost of treating my daughter is no longer a burden to me

40-year-old Felister Njeri, a mother of six children, one of them being a four-year-old (daughter) with Epilepsy. Her daughter is a beneficiary of monthly mental health outreach clinics at Kimana Health Center, Kajiado County, that have been made possible courtesy of an initiative by Basic Needs Basic Rights Kenya to facilitate access to mental health services closer to the community.

Felister notes: *During the first three years of her treatment, things were tough and expensive for me, as my daughter and I had to travel to and from Machakos County (which is over 330 kms) from my home in Kimana town, Kajiado County on a monthly basis for her treatment. During this period, I had no idea that these services were available at the Health Centre in Kimana.*

I learnt about the existence of these services from a Community Health Volunteer, and this was a welcomed relief. I currently don't spend a single coin on my daughter's treatment as it is just a walking

distance from my home to the health center. In addition to this, medication at the center is free of charge. The fact that I no longer have to spend a coin on my daughter's treatment has relieved a lot of financial burden on me, as my motorbike spare parts business has been struggling due to tough economic times. I am happy with this program by Basic Needs Basic Rights Kenya and could not ask for more.



Challenging mental health stigma one conversation at a time



Mental Health Champions from Nairobi County demonstrating the emotional chart as part of an introduction to one of their social contact events. The chart is primarily used to help participants identify what they are feeling at a given moment or how they feel overall on a given day and is particularly useful for people who have a hard time verbalizing their emotions which is an important component in mental health. Photo by BNBR Kenya

In 2022, Basic Needs Basic Rights Kenya was in its fourth year of implementing an initiative aimed at challenging stigma and discrimination against people with mental health conditions through the proven social contact approach. This approach in a nutshell, entails having young brave individuals with a lived experience of having a mental health condition, sharing their stories publicly with other members of their community through one-on-one conversations. These individuals christened **Mental Health Champions** essentially use their personal stories to debunk myths and misconceptions around mental health with the aim of positively influencing the knowledge, attitudes and intended behaviors of people without a lived experience of having a mental health condition towards those who have a lived experience.

The first three years of this initiative were primarily implemented in Nairobi County, with community surveys revealing positive results notably, more people in the communities that were engaged by mental health champions demonstrating an increased willingness to have open conversations around mental health and an increase in treatment seeking

behavior, both of which were frowned upon prior to these communities engaging with this initiative.

The year 2022 saw our team run the initiative in two Counties – Nairobi and Kilifi, as we sought to use the learnings from the initiative in Nairobi to address similar challenges of stigma and discrimination against people with mental health conditions and other disabilities in a rural setting. In Kilifi County, the initiative was primarily implemented in three sub counties – Kaloleni, Ganze and Magarini, which had been identified as lagging behind in mental health literacy as well as access to services.

Similar to Nairobi, whereas it was noted that lack of mental health literacy was a significant contributor to the myths and misconceptions around mental health such as attribution to sorcery, witchcraft, curses, and demonic possession among others, which led to the stigma and discrimination of individuals with mental health conditions in these communities, a positive shift in attitude was noted once the community

received the right information on mental health. The fact that they were able to interact on a one-on-one basis with Mental Health Champions who openly shared their lived experiences further cemented this positive shift in attitudes.



I am more than my condition

I am Anita Changawa, 35 years old and a Mental Health Champion from Magarini Sub County, Kilifi County. Professionally, I am an ECD teacher and on the side, I tailor as well as braid hair for extra income. In addition to this, I am raising two adopted children.



I have had epilepsy for about 12 years, but only started taking medication about nine years ago after my family finally got to understand what was ailing me. I am happy that because of my adherence to my medication over the years, my doctor has gradually reduced the dosage of my medication. Today, I don't have to take my medication on a daily basis.

It is important that I help my community to understand that epilepsy and other mental health conditions are not the result of witchcraft or sorcery. I am a living testament that these conditions can be treated and/or managed, and just as I do on a daily basis, a person can live an ordinary life and be productive in spite of their condition.

Creating the right support structures for people with mental health conditions

Over the years, we have learnt the value of facilitating the creation of the right support structures within the communities we work with to provide the best environment for identification, treatment and recovery of people with mental health conditions. These are lessons we brought forward in our interventions across the four Counties – Nairobi, Kajiado, Kilifi and Bungoma, in 2022 where we worked with these communities to set up relevant support structures for service users and their caregivers.



Mental Health Champions from Nairobi County pose for a photo during one of their team building and peer support activities. Such activities give the champions an opportunity to let loose, check up on each other, share their challenges and experiences with the intention of assisting each other to comfortably navigate through their daily life stressors. Photo by BNBR Kenya

These support structures begin with the individuals with mental health conditions i.e. Mental Health Champions and Service Users, who we facilitated their training on various areas including how to take better care of their mental health, improving their overall wellbeing, safeguarding, QualityRights, as well as soft skills on how to make themselves marketable in the job market and hard skills for income generation, for those looking into self-employment. In addition to these, we facilitated peer support meetings and team building activities aimed at creating opportunities for these individuals to let loose, interact, learn, and share with each other, practical ways to incorporate these lessons in their daily lives.

Caregivers also formed an important component in this support structure as they are the ones who are relied upon by Mental Health Champions and Service Users for day-to-day care. Through seminars and peer support activities, caregivers were sensitized on the important role they play in providing the right environment for treatment and recovery of those under their care, how to take better care of their own mental health and wellbeing owing to their susceptibility to developing mental health conditions as a result of the stresses associated with being a caregiver. The opportunity to interact with and learn from their peers also offered them comfort that they were not alone, and they could rely on each other for support and advise on how to provide better care not only to those they care for but also themselves. Through their own admission, caregivers revealed increased knowledge in their ability to care for their family members with mental health conditions.

Community Health Volunteers formed the final component of this support structure as they are the link between Mental Health Champions, service users, caregivers and their respective communities, to health services. These CHVs were therefore trained on basic mental health and mental health first aid, aimed at enabling them to be able to identify possible mental health conditions in their communities and refer to health facilities for diagnosis and treatment. The CHVs were also on standby to give any support to Mental Health Champions, service users and caregivers, anytime the need arose.

For sustainability, we partnered with various stakeholders in Nairobi County such as the Ministry of Health – Division of Mental Health, Nairobi County Government – Department of Health, Mental Health Champions, caregivers and Community Health Volunteers to develop a Guidebook for Caregivers and Community Health Volunteers, which they can make reference to as well as share with others. These guidebooks contain a summary of quick lessons on how to provide better care to themselves and those under their care.



Both of these guidebooks are available for download from the Basic Needs Basic Rights Kenya website: www.basicneedskenya.org/downloads

Nurturing a generation of resilient youth



Class 7 Pupils at Vishakani Primary School being taken through a resilience session by their facilitator. Sitting in a circle is deliberate as it is meant to serve the purpose of symbolizing equality of the group. A circle has no beginning nor end therefore, all pupils and their teacher are all linked and connected to each other. The environment creates room for all pupils to participate openly and equally. Photo by BNBR Kenya

In 2022, Basic Needs Basic Rights Kenya piloted a resilience program in six primary schools in Kaloleni Sub County, Kilifi County using the CorStone Youth First Kenya life skills complementary curriculum. This initiative sought to proactively address mental health of adolescents through building the resilience of these school going boys and girls while still at a young age. The program essentially sought to address some of the various predisposing factors to mental health conditions while at the same time giving these young ones the necessary tools to build their mental wellbeing. The program not only targeted the pupils but also the teachers, who were trained on the curriculum and its delivery.

With guidance from the teachers who were trained as facilitators of these sessions which were highly learner-centered, the pupils were able to acquire the skills necessary for building their resilience and how to utilize this resilience to overcome their individual challenges that could potentially negatively impact their ability to live to their full potential, if they went unaddressed.

The program deliberately planned sessions for male and female pupils separately to enable them to learn how to address their respective pre-adolescent and adolescent needs which were often unique for boys and girls.

In this part of the county, which was primarily rural, resilience was a much-needed quality that would help these pupils overcome the various hurdles they face in their day to day academic and social life. These lessons they learnt, were meant to give them the much-needed internal support in terms of abilities and skills such as communication, problem-solving, behavioral and emotional regulation, hope, and a positive view of oneself, which were meant to help them fight for their space in society and learn independence.

The program received plenty of support from the Ministry of Education – State Department of Early Learning & Basic Education, and the long-term plan over the next year is to roll out the program in all primary schools countrywide.

My goal in life is to become a doctor so that I can help people who are sickly

Meet 13-year-old Ajira Sidi, a class 7 pupil at Vishakani Primary School located in Kaloleni Sub County, Kilifi County. She is a beneficiary of the Youth First program, an initiative that aims at building the resilience of pupils who are about to transition from primary school into high school, to be able to develop positive coping mechanisms as they are faced with day to day societal and school related stressors. Studies have shown that roughly half of all lifetime mental health conditions start by the mid-teens, and this is what informed this program that focuses on assisting adolescents like Ajira to strengthen their mental and physical wellbeing through nurturing their resilience.

Ajira Notes: My goal in life is to become a doctor so that I can help people who are sickly. I look back at the struggles we recently faced as a family, as my parents grappled with medical bills for my younger brother who has been suffering from a heart condition since birth. We often went hungry and also lacked some essential items for school, as most of the family's resources were channeled towards my brother's treatment. It is for this reason that I want to be a doctor so that I can help people in similar situations.

Anytime things get tough for me, it's the lessons I have learnt from the Youth First program, that give me the push to move forward. With character strengths I have built such as love of learning and hope, I am able to keep up with my studies as I know that's the only way that I will achieve my goal of becoming a doctor. Often, it's challenging to complete my schoolwork at home because house chores at times are a lot, and it's my responsibility to complete them all if I get home before the rest of my siblings who sometimes get home from school very late.

Through this program, I have developed skills that enable me find practical solutions on how to balance my schoolwork and house chores. For instance, I have learnt benefit finding which is all about finding positives from challenging situations. Therefore, I don't spend a lot of time feeling sorry for myself when I have a lot of house chores as well as homework. I just take my time and complete both as I focus on my dream of becoming a doctor, which is my ultimate goal.



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



Over the years, one of the key learnings from our interventions across the different Counties where we work is the fact that people with mental health conditions and other disabilities including psychosocial disabilities often face what is considered a double tragedy in that, not only do they have to contend with

their mental condition or disability but also a poor socioeconomic status. This is often because the society under which they exist does not accord them equal opportunities as everybody else out of commonly held misconceptions that they cannot participate on an equal basis and be productive like everybody else.

At household level, caregivers are often left with the burden of finding ways of using their meagre incomes to address household needs, with food for the family being the top priority. In most cases, providing food for the family is prioritized over other basic needs such as quality health and education for the family member with a mental illness, epilepsy or any other disability.

Strengthening organizations of persons with disabilities

To this end, Basic Needs Basic Rights Kenya in coordination with key stakeholders at both National and County Government level in the various counties we work, focused on building the capacity of organizations of persons with disabilities (OPDs), which are composed of people with mental health conditions, epilepsy and other disabilities, and their caregivers, to strengthen their capacity to develop sustainable livelihoods. We achieved this through facilitating sensitization workshops on available government safety net programs as well as offering linkages to the departments offering these programs, development and strengthening of VSLAs and self-help groups, facilitating trainings on various aspects of group development and record keeping, as well as guiding them on the identification of potential income generating opportunities, and supporting them to pursue such opportunities through seed grants.



Mathias Tsuma, County Disability Services Officer, National Council for Persons with Disabilities-Kilifi County, facilitating a session on the available government safety net programs for persons with disabilities. This was during a disability inclusion training for Organizations for Persons with Disabilities and Civil Society Organizations from Ganze, Kaloleni and Magarini Sub Counties, Kilifi County. This was done to empower and build the capacity of these groups to improve support and care for people with disabilities at community level and strengthen networks that enhance advocacy initiatives towards improving access to services, participation and rights of people with disabilities. Photo by BNBR Kenya

As part of measures to enhance sustainability, we facilitated various trainings aimed at enhancing the ability of these OPDs to be able to self-advocate on various issues affecting them, and actively participate in decision making or influencing decisions that affect them at community, county and national levels. The goal was to ensure that persons with psychosocial and other disabilities in our areas of intervention were able to participate on an equal basis with everybody else and fully access and enjoy their rights and entitlements.

Working in partnership with the National Council for Persons with Disabilities, the Department of Social Development, and Health Centers in our counties of intervention, we were able to support outreach activities that enabled the identification, assessments and registration of persons with various disabilities including psychosocial and epilepsy. We were also able support the registration of self-help groups. With the acquiring of legal registration, both the individuals and groups were able to access national safety net programs such as education bursaries, business grants and cash transfer.

Creating emphasis on inclusivity in workplaces

Based on available evidence, persons with disabilities were more likely to experience disadvantage, exclusion and discrimination in the labour market in comparison to persons without disabilities. A majority of people with disabilities were either not employed, under-employed or earned low wages. Women with disabilities had worse employment rates and wages in comparison to their male counterparts. People with intellectual disabilities, mental illnesses or multiple disabilities had been found to be less likely than people with other disabilities to access the labor market.



Members of a self-help group in Ganze Sub County, Kilifi County take an oath affirming their commitment to saving at least Ksh50 per week towards their VSLA scheme. This followed a training on record keeping that had been facilitated by Basic Needs Basic Rights Kenya. This is part of an initiative to instill a savings culture among members of organizations of persons with disabilities and encouraging them to normalize the practice of pooling of resources and utilizing these resources in venturing in sustainable income generating activities. As part of this initiative, Basic Needs Basic Rights Kenya was matching the amounts saved by each individual group at the end of the first year of saving and working with these groups to identify and venture into income generating ventures. Photo by BNBR Kenya

In noting so, disability and poverty also increased the likelihood of individuals turning to begging, to earn all or part of their living. They also tended to work in the informal sector rather than the formal sector. The extent of access to employment also varied with the type of disability, the severity of the disability, and level of education attained by the person with a disability. People with disabilities who were able to find work were found to experience poor remuneration and discrimination in the workplace.

It was this evidence that informed our intervention to facilitate a sensitization workshop for employers in Kilifi County, on disability inclusion in the workplace. These employers were drawn from



Consolata Machuko, Kilifi County Coordinator, Department of Social Development conducting a disability inclusion sensitization for employers in Kilifi County, aimed at emphasizing on the need for equal employment opportunities to be extended to persons with disabilities, as well as creating a disability inclusive environment at workplaces, where workers feel welcome, comfortable, valued, appreciated, visible and well accommodated. Based on feedback from the employers, the workshop was an eye opener that provided vital information that they had no access to before, and they proposed formation of disability mainstreaming committees in workplaces, to aid in coordinating inclusion initiatives. Photo by BNBR Kenya

religious institutions, Community Based Organisations, Civil Society Organizations, private and mission hospitals, local factories, the hospitality industry, private schools, and privately run business enterprises. The workshop focused on bringing to the attention of employers, the existing international and national legal frameworks on disability inclusion, and to discuss work related requirements to make the workplace accommodative and habitable for persons with disabilities.

From the workshop, it was evident that this was a timely intervention as by their own admission, majority of these employers had little or no information about disability inclusion and did not consider it a priority. In addition, most of these employers feared employing persons with disabilities for fear of additional costs for instance sign language interpreters. Employers also had negative misconceptions regarding the abilities of persons with disability to effectively perform employment duties. Topping it off, most of these employers were not aware of laws and other legal frameworks that governed disability inclusion at the workplace.

On a positive note, majority of these employers found this workshop to be an eyeopener and proposed more workshops of this nature to be organized not only to sensitize more employers but also employees. It was also proposed that more civic education should be conducted for persons with disabilities not only to make them aware of their rights but also to encourage them to actively apply for job opportunities whenever they are advertised.

You reap what you sow



Members of Tumaini Ngwenzeni Self-help group in Kaloleni Sub County, Kilifi County, verifying members' savings records during one of their weekly group meetings. The group's Coordinator, Stephen Makau notes: *We have a motto on our savings book that says, "you reap what you sow." This is meant to emphasize to the members, the value of keeping up with their weekly contributions as we are allocated shares based on our contributions. We are currently saving towards investing in dairy farming, and we want each of our members to have at least one dairy cow. In addition to this, each of our members has at least two acres of land most of which we inherited from our parents. We want each one to utilize the money we are saving, in engaging in farming on their land. Whereas we are already engaging in subsistence farming, the goal is to venture into commercial farming. We hope to generate sufficient income to cater for our basic necessities including education for our children.*

With improved livelihoods and opportunities to participate in societal affairs on an equal basis with everybody else, it is anticipated that people with mental health conditions, epilepsy and other disabilities, and their caregivers, will be able to cater for their priority needs without having to face the pressure to compromise any.



Erick Ochieng (centre), Basic Needs Basic Rights Kenya Project Officer in charge of livelihoods, conducting a sensitization exercise for service users and their caregivers at Namanga Health Centre, Kajiado County. The sensitization is on the value of being organized in registered self-help groups as these not only enable them access government safety net programs but also enable them to pool their resources towards venturing into income generating and other socioeconomic activities. Photo by BNBR Kenya

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



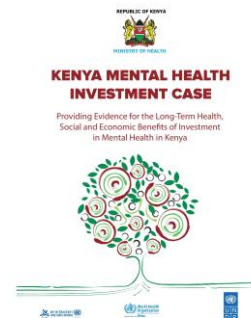
Year on year, we continue to strengthen our programming and our position as a thought and collaborative leader in the influencing of policy and practice in the mental health space in Kenya through evidence informed interventions. This has enabled us to continually grow our partnerships with stakeholders 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.

Strengthening commitment to mental health investment at National level

Basic Needs Basic Rights Kenya continued to be a strong partner to the Ministry of Health’s Division of Mental Health through supporting two milestone initiatives that provided a framework for investment in mental health. These initiatives included the launch of the Suicide Prevention Strategy 2021 – 2026 and the Kenya Mental Health Investment Case 2021.



This is a national strategy for implementation by all stakeholders to prevent suicide and promote mental wellbeing. Its goal is to attain a 10% reduction in suicide mortality by the year 2026 by: Establishing and operationalizing a suicide prevention program at national and county level, strengthening supportive policy, legal and financing environment for effective implementation of suicide prevention programs, improving access to comprehensive, integrated, and quality services for suicide interventions at all levels of care, increasing awareness on suicide and suicide prevention, and addressing stigma, and strengthening systems for surveillance and research on suicide.



This document provides evidence for the long-term health, social and economic benefits of investment in mental health in Kenya. This evidence clearly demonstrates the multidimensional impact of mental health on the Kenyan population through indicating that investing in mental health will accrue productivity gains and social value of health worth KES 161.6 billion over a ten-year period. Scaled up Intervention packages for Epilepsy, Depression and Anxiety disorders have the highest return on investment at 5.5, 4 and 2.3 KES, respectively, for every 1 KES invested.

Strengthening commitment to mental health investment at County level



Basic Needs Basic Rights Kenya continued to demonstrate its strong commitment to supporting County Government initiatives geared towards strengthening investments in mental health particularly in the counties where we had ongoing interventions in 2022. To this effect, we supported Kajiado and Kilifi Counties to develop and launch Costed Mental Health and Disability Action Plans for their respective contexts. This was done in collaboration with all stakeholders from these counties, who have a direct or indirect role in mental health, as well as with support from the Ministry of Health – Division of Mental Health, to ensure these action plans were synergized with the Kenya Mental Health Action Plan 2021 - 2025 to ensure greater impact and sustainability of the initiatives. It is noteworthy that Kajiado and Kilifi were the first and second counties in Kenya respectively, to domesticate and launch mental health action plans, a significant milestone for both counties.



Allan Ochieng, Basic Needs Basic Rights Kenya Board Chair addressing stakeholders during the launch of the Kilifi County Costed Mental Health and Disability Action Plan on 22/6/2022. Photo by BNBR Kenya



Stakeholders working on the Kajiado County Costed Mental Health and Disability Action Plan pose for a group photo after the conclusion of a validation workshop for the action plan on 3/3/2022. Photo by BNBR Kenya

There is now a clear roadmap for investment in mental health initiatives



Dr. Hadji Musuko, Kilifi County Head of Division Curative and Rehabilitative Services notes: *It is important to appreciate the fact that before we launched the Kilifi County Costed Mental Health and Disability Action Plan 2022 – 2026, there were no structures for mental health in Kilifi County. Now, there is a clear roadmap. Our main focus is on community mental health, and this is very doable as outlined in the action plan, we will be able to measure the investment made to mental health by partners and the department of health.*

Initially, our primary focus was on mental illness rather than mental health. This was worsening stigma not only to patients but also to mental health service providers. We now have four strategic objectives, and we are glad objective number two – promotion of mental health and prevention of mental disorders – has the highest budget (more than 40%). This will increase mental literacy as well as lower stigma.

Since the launch of the plan, we have already registered a number of quick wins. For instance, we have had debriefing sessions with about 210 health care providers from all the seven sub counties. We have also hosted a mental health clinic day at the modern Kilifi County Medical Complex as part of the special clinics which is a plus for integration. In the same medical complex, we have a model counseling room. At the county hospital, renovation is underway to have two consultation rooms, three model counseling rooms, one observation room with very comfortable hospital beds and a spacious waiting area. To enhance integration, we will have the nutrition clinic in this same building.

Our leadership is very passionate about mental health from the CEC Health, the head of planning, and the entire County Health Management Team. We are therefore keen on ensuring sustainability in investment in mental health by ensuring that this action plan is included in the 2022 – 2027 County Integrated Development Plan.

Leveraging on the power of the media to shape attitudes on mental health



Mental Health Champion, Brian Emmanuel, makes a presentation during the inception workshop to kick off the development of a mental health reporting curriculum for media stakeholders in Kenya. Photo by BNBR Kenya

As part of our strategic efforts to leverage on our ongoing partnership with the Media Council of Kenya, to work with Kenyan media stakeholders on advocacy initiatives aimed at influencing a change in knowledge, attitudes 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, we made significant strides towards the completion of a mental health reporting curriculum that will be utilized by both practicing and future journalists, to guide reporting on matters mental health.

It is noteworthy that there is a genuine interest among media stakeholders to learn and improve on the way they report on issues of mental health, as prior to this initiative, they neither had access to information on best practices on mental health reporting nor did they have an appreciation of how media reporting on mental health influenced society's perceptions and attitudes on mental health.



In the photo: Basic Needs Basic Rights Board Chair (former), Peter Maina (center) poses for a photo with two journalists after presenting them with awards on mental health and wellness reporting during the 10th Annual Journalism Excellence Awards on 6 May 2022. Photo by BNBR Kenya

As a way of incentivizing journalists to embrace best practices on how to report on mental health related matters, Basic Needs Basic Rights Kenya lobbied for the introduction of a category to reward the best reporting on mental health during the 10th Annual Journalism Excellence Awards conducted by the Media Council in 2022. This was meant to motivate media stakeholders to inculcate global best practices in mental health reporting, in their daily work.

Turning the Nairobi skyline Green to create mental health awareness



Did you notice green lights on the UAP Old Mutual tower on the night of October 14th, 2022? Well! That was us!

Our team at Basic Needs Basic Rights Kenya sought to find a creative way to spark open and honest conversations around mental health during the week in which the World Mental Health Day was being commemorated globally. Green being the colour for mental health, we partnered with UAP Old Mutual to light up their building, which is one of the tallest buildings in Nairobi and helps complete the scenic Nairobi skyline.

Peter Maina commented online – *Mental Health should be a global health priority for all and should be taken seriously like any other illness. Let's create safe spaces for people who are having any form of mental illness. Let's end the stigma and discrimination against people with mental health conditions.*

The Mental Health Bill signed into law

Tuesday 21 June 2022 marked a significant milestone in mental health advocacy as President Uhuru Kenyatta assented to the Mental Health (Amendment) Act, 2022 that sought to align the country's mental health laws with the provisions of the Constitution of Kenya, 2010 and the Health Act, 2017.

The Bill, which was sponsored by Nominated Senator Sylvia Kasanga, with support from Basic Needs Basic Rights Kenya through the Kenya Parliamentary Caucus on SDGs and Business, in collaboration with other Civil Society Organizations, was unanimously passed by senators after going through the parliamentary process for more than four years. The Act's overarching interest is to ensure that all persons with mental health needs receive the highest attainable standard of care by obliging both the national and county governments to provide the necessary resources for the provision of the mental health care and treatment.



President (retired) Uhuru Kenyatta signs into law 110 bills including the Mental Health Bill on Tuesday, June 21, 2022.

Image: PSCU

Strategic Priority Area 4: Institutional Excellence



From right to left: Allan Oginga, Peter Maina, Dr. Douglas Lackey and Dr. Rogers Kinoti, pose for a photo on 27/5/2022 while symbolically handing over leadership of the Board, following the conclusion of the Board AGM. Photo by BNBR Kenya

Basic Needs Basic Rights Kenya ushers in new leadership to its Board

The Basic Needs Basic Rights Kenya Board elected new office holders to the positions of Chairperson, Vice Chairperson and Treasurer to the Board during its AGM held on Friday May 27, 2022.

The election of new office holders was necessitated by the retirement of the three previous holders to these positions, who had also attained the maximum term limit of two terms, with each term consisting of three years, as mandated by the Board's constitution.

Allan Oginga takes up the position of Chairperson to the Board from Peter Maina who had served in this capacity from 2016 to 2022. Allan previously served as a Board Member at Basic Needs Basic Rights Kenya, chairing the Organizational Development Committee. He is currently the Health Financing Lead at Living Goods, and has previously worked as the Technical Advisor, Health Systems Strengthening at the Fred Hollows Foundation, Regional Manager at IntraHealth International and the CEO of the Community Health Financing Association for Eastern Africa based in Arusha, Tanzania. He has also worked for AMREF Health Africa and the Health NGOs Network.

Dr. Florence Jaguga takes up the position of Vice Chairperson to the Board from Dr. Douglas Lackey who had served in this capacity from 2019 to 2022. Dr. Florence Jaguga is a consultant psychiatrist working at the Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya. She heads the Alcohol and Drug Abuse Rehabilitation Unit at MTRH. She is a trained Quality Rights assessor and is involved in evaluating mental health facilities in Kenya for their compliance with the United Nations Convention on the Rights of Persons with Disabilities. She is a National Executive Council member of the Kenya Psychiatric Association and previously served as a Board Member at Basic Needs Basic Rights Kenya.

Dr. Rogers Kinoti takes up the position of Treasurer to the Board from Duncan Ngari who had served in this capacity from 2016 to 2022. Rogers is a Certified Public Accountants (CPA (K)), Certified Investment and Financial Analyst and Certified Public Secretaries CPS (K). He is also a member of the Institute of the Certified Public Accountants of Kenya (ICPAK), Institute of the Certified Investment and Financial Analysts (ICIFA) and Institute of the Certified Public Secretaries of Kenya (ICPSK). He is the current Chairperson of the Audit Committee of TSC and serves in the Board of CIC Insurance Group, and previously served as a Board Member at Basic Needs Basic Rights Kenya.

Three new members were also inducted into the Board – Dr. Boniface Chitayi, Dr. Susan Magada and Charles Muhia, bringing the total number of Board members to eight.

Funding Our Work in 2022

A. INCOME	CY (2022)	
Funding	Income (KES)	%
Donations from International Partners	80,966,604	97.0%
Local Fundraising and Donations	2,523,086	3.0%
Total Income	83,489,690	100.0%

PY (2021)	
Income (KES)	%
78,082,059	83.7%
15,186,268	16.3%
93,268,327	100.0%

B. EXPENSES	CY (2022)	
Strategic Areas and Activities Funded	Expenses (KES)	%
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	6,799,098	8.1%
Promotive and Preventive Mental Health Services - Enabling/ facilitating early recognition, diagnosis and treatment of mental disorders and ending Stigma.	40,343,228	48.3%
Institutional Excellence - Strengthening and diversifying our resource base, human resource and leadership capabilities, internal systems, policies and structures.	4,761,081	5.7%
Influencing Laws, Policies, Norms and Practice - Formulation and or enforcement of appropriate mental health policies, laws, institutions and cultural norms.	18,427,232	22.1%
Project Monitoring and Evaluation Costs	4,772,082	5.7%
Professional Costs - External Audit and Legal Expenses	578,413	0.7%
Office costs	7,649,836	9.2%
General Travel Costs	124,467	0.1%
Total expenses	83,455,438	100.0%

PY (2021)	
Expenses (KES)	%
4,936,007	5.3%
36,143,467	38.8%
26,153,067	28.0%
15,412,689	16.5%
4,073,873	4.4%
646,660	0.7%
4,504,388	4.8%
1,398,175	1.5%
93,268,326	100.0%

C. NON-CURRENT ASSETS	CY (2022)
	AMOUNT (KES)
Assets as at the start of the year	2,376,715
Change in assets	3,863,135
Non-current assets as at end of the year	6,239,850

PY (2021)
AMOUNT (KES)
3,014,215
(637,500)
2,376,715

D. RESERVES	CY (2022)
	AMOUNT (KES)
Reserves as at start of the year	6,895,354
Change in Reserves	2,366,276
Reserves as at end of the year	9,261,630

PY (2021)
AMOUNT (KES)
7,200,322
(304,968)
6,895,354

Appreciation to our Partners!

Our transformative work in 2022 was made possible with support from our partners who continue to maintain their belief in our cause to champion for mental health and wellbeing through empowering communities to provide care, social support and avert adversity to those affected or at risk. We therefore take this opportunity to recognize and appreciate our funders and partners for their essential support in form of both resources and technical guidance. We also thank our staff for their dedication in delivering on our program objectives, and everyone who gave their time and commitment in helping us champion for better mental health.





BasicNeeds

Better Mental Health, Better Lives

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