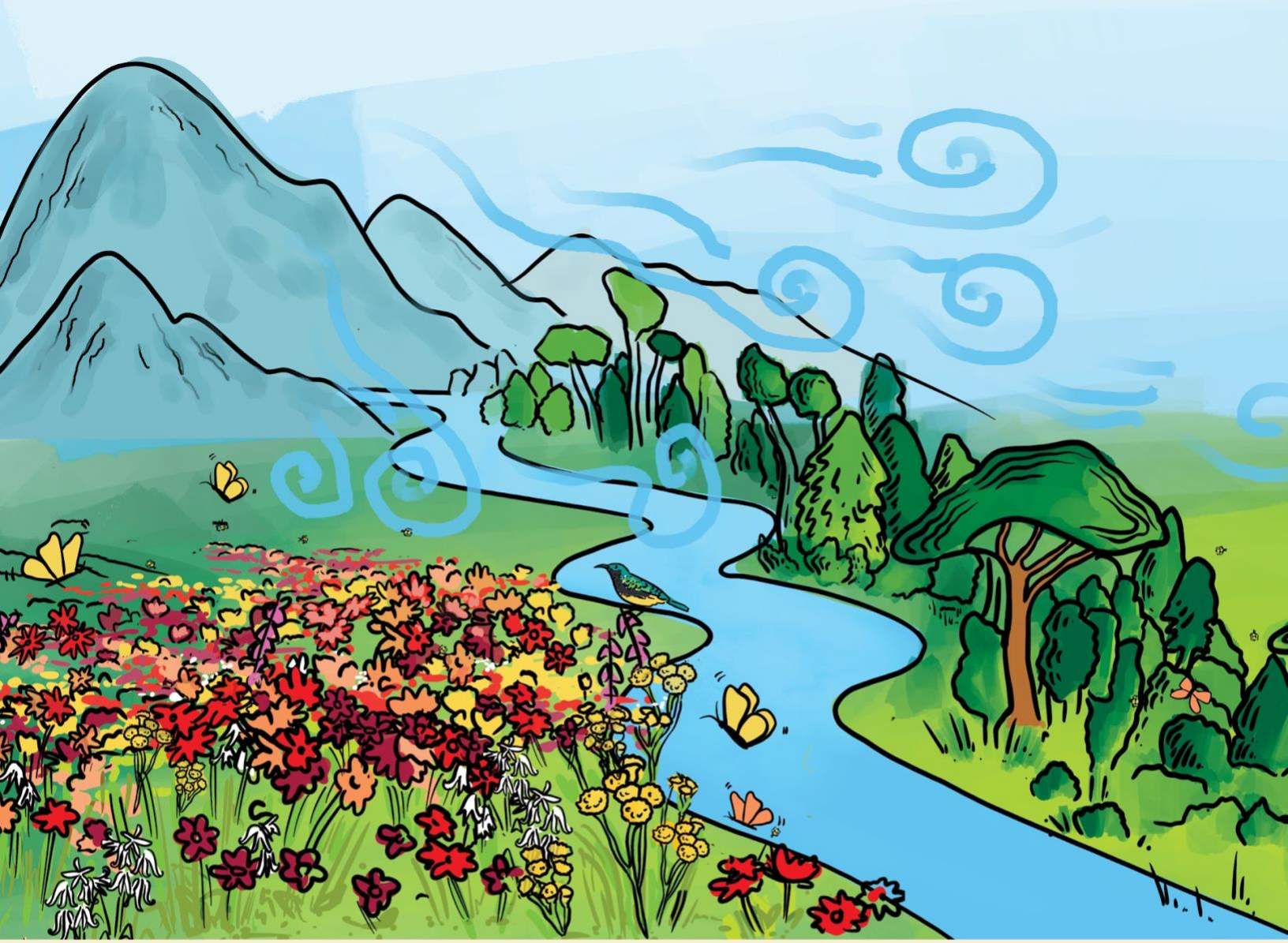

Final Evaluation Report

Improving Mental Health and Wellbeing in Kenya

Prepared by Picture Impact and Green String Network

Submitted on 13th December 2023

COMIC RELIEF

Foreign, Commonwealth & Development Office

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Acronyms

BNBR: Basic Needs Basic Rights

CHP: Community Health Promoters

CHV: Community Health Volunteer

CHW: Community Health Worker

CSO: Civil Society Organisation

FCDO: The Foreign, Commonwealth & Development Office

GSN: Green String Network

HERAF: Health Rights Advocacy Forum

HMIS: Health Management Information System

HRK: HealthRight Kenya

KAIH: Kenya Association for the Intellectually Handicapped

MEL: Monitoring, Evaluation, and Learning

mhGAP: Mental Health Gap Action Programme

MoU: Memorandum of Understanding

NACADA: National Authority for the Campaign Against Alcohol and Drug Abuse

NGO: Non-governmental organisation

PHR Kenya: Physicians for Human Rights Kenya

PM+: Problem Management Plus

PWLE: Persons With Lived Experience

SEM: Social-Ecological Model

TiYO: TINADA Youth Organisation

ToC: Theory of Change

TWG: Technical Working Group

VfM: Value for Money

WHO: World Health Organisation

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Executive Summary

Overview of the *Improving Mental Health and Wellbeing in Kenya* programme

Individuals with mental health conditions (e.g. depression, anxiety, schizophrenia) and psychosocial disabilities in Kenya often experience difficulty accessing quality mental health services and are at increased risk of human rights violations and exclusion as the result of existing stigma and discrimination. With the aim of improving access to quality mental healthcare and reducing stigma, Comic Relief and the UK's Foreign, Commonwealth & Development Office invested £4.7 million over four years (2019-2023) in the following eight civil society organisations across Kenya:

- Basic Needs Basic Rights Kenya: Nairobi
- Health Rights Advocacy Forum: Nyeri, Kilifi and Isiolo Counties
- HealthRight Kenya: Nairobi
- IsraAID Kenya: Turkana
- Kamili Organisation: Nairobi and Nakuru
- Kenya Association for the Intellectually Handicapped: Nairobi, Kilifi, Isiolo, and Siaya Counties
- Physicians for Human Rights Kenya: Nairobi and Nakuru
- TINADA Youth Organisation: Kisumu

Over the course of the programme, these organisations carried out a diverse body of work from direct service delivery for individuals with mental health conditions, to training of service providers, to sensitisation and advocacy among duty bearers and community members. Additionally, the programme priorities included real-time learning and iteration for both funded partners and Comic Relief as well as organisational strengthening grants to implement activities that strengthen organisational resilience and sustainability.

Evaluation at a Glance

In December 2022, Comic Relief sought an external evaluation team to conduct a final evaluation to assess outcomes and achievements of the *Improving Mental Health and Wellbeing in Kenya* programme. The purpose of the evaluation was to inform and improve both mental health provisioning and advocacy work in Kenya and strategic funding approaches to supporting this work. This evaluation was conducted from January to

December 2023 by a partnership consisting of US-based evaluation consultancy Picture Impact, LLC and Kenya-based civil society organisation Green String Network.

The result of this work, presented in this report, is a portfolio level evaluation, using the group of funded partners as the unit of analysis and synthesis, shaped around evaluating the programme's goal areas, specifically the first two[1]:

1) Improved access to quality mental healthcare and an improved service provision continuum.
2) Reduced stigma and discrimination

The evaluation took a participatory and utilisation focused approach, seeking to ensure that data collection was a meaningful and useful rather than extractive process, to answer the following questions:

1. What were the major and notable changes, actions, processes, or results that this programme contributed to for each of the following actors within the mental health ecosystem: Government, organisation, health facilities, community members, and individuals with lived experience of mental illness?
2. What are the primary barriers and challenges to pursuing the three programme goal areas (improved access to quality mental healthcare and an improved service provision continuum, reduced stigma and discrimination, and improved organisational capacity)?
3. In what ways did grantees collaborate and learn from one another, and what did that collaboration make possible?
4. How did the funded partners experience Comic Relief's role as a funder and how did Comic Relief's grant management approach contribute to or influence overall programme goals (if at all)?

The evaluation methodology included secondary data analysis, an adapted outcome harvest approach, key informant interviews with funded partners, group data collection events with partners and stakeholders, Theory of Change development, and collating twelve stories of change.

[1]The third goal area, improved organisational capacity, was not excluded from this scope of work, however Comic Relief commissioned another evaluation for the specific purpose of assessing how organisational capacity was strengthened.

Emerging Impact

The evaluation team categorised outcomes, or instances of behaviour change among social actors, across the funding portfolio according to a social-ecological model of the mental health ecosystem. The result was a robust outcomes database of 172 documented instances of change in social actors across the social-ecological levels. The following outlines key themes the evaluation team found from these outcomes (grouped by actor), illustrating areas of emerging impact.

National and county governments

- Funded partners involved key government actors, using stories and data to increase awareness to influence action.
- Technical Working Groups effectively brought together community and government actors to spread rights-based approaches to mental health policy and implementation.
- Funded partners were largely effective in advocating for key policies to be passed and repealed, including the passing and signing of the Mental Health Amendment Bill[2] and the launch of a national suicide prevention strategy.[3]
- National policy advances were made with other bodies in addition to government, such as the Media Council of Kenya.

Healthcare facilities and NGOs

- Developing partnerships and training drove positive change among healthcare and NGO actors, including increased quality of and access to mental healthcare.
- Providers increased demand for training and resources to provide improved care.
- Funded partners and other NGOs improved internal mental healthcare practices.

[2] Kenya's Mental Health Amendment Bill was passed by the Senate on 21 June 2022 and signed into law on 1 July 2022. The Bill's overarching interest is to ensure that all people with mental health needs receive the highest attainable standard of care. It also obliges both national and county governments to provide the necessary resources for the provision of mental health care and treatment.

[3] Kenya launched a national suicide prevention strategy in August 2022, with the goal of reducing suicides by 10% by 2026. The strategy includes amendments of relevant legislative frameworks and policies, implementation of a data system on suicide risk surveillance, the establishment of suicide prevention helplines, and integration of mental health care at community and primary health levels. It also guides public education on suicide prevention and combatting stigma related to suicide.

Community members

- Representation of mental health conditions in the media improved.
- Community care networks grew and were strengthened.
- Overall community awareness increased, and stigma decreased around mental health issues and services.

Individuals with lived experience of mental illness

- Service delivery led to better quality of life.
- Individuals had improved confidence and skills in self-advocacy.
- Demand among individuals for mental health services increased.

Barriers, Opportunities, and Challenges

Barriers

Lack of data

Increasing capacity for monitoring and evaluation, data capture, and tracking are necessary for creating an evidence base and case-making to increase redirection and allocation of funding towards mental health services. Particularly at a policy and institutional level, data-based arguments are needed to advocate for and craft needed system changes.

Example ideas of what is needed:

- Create, coordinate, and implement data collection processes.
- Strengthen data entry to national health database.

Lack of local and national prioritisation, motivation and therefore funding

Mental health is not prioritised by decision-makers and/or not well understood by those in power. The urgency funded partners feel and experience is not generally shared by those making budget allocations, writing policies, and running health facilities. This disconnect is felt by inadequate and misdirected resource allocation, limiting actors' ability to take action.

Example ideas of what is needed:

- Continued work to attract the attention of policymakers to make effective policies.
- Use public sensitisation tactics to lessen stigma and discrimination and pressure public figures to use their leadership positions to prioritise mental health and enact policies.

Opportunities

Instituting new policies

Multiple funded partners brought up that Kenya has several specific policies and laws that criminalise, undermine the rights of, or use derogatory language toward persons living with mental health and psychosocial conditions. Changing existing policies and language held within policy documents holds important potential for impacting care systems.

Example ideas of what is needed:

- Undo/repeal harmful policies.
- Include persons with lived experience in policy formation so that policies are responsive to their needs.
- Communicate about the existence of good policies so people can take action.
- Create accountability for implementing good policies.

Challenges

Balancing supply and demand

A common pain point in service delivery systems as they grow or change can be the mismatch between supply and demand. As funded partners worked to increase awareness of mental health treatment options, demand for these services increased and, at times, outpaced funded partner capacity.

Example ideas of what is needed:

- Provide unrestricted funds over longer time periods to assist in mitigating imbalances between supply and demand.
- Continue advocacy efforts for increased mental health budget allocations to ensure resources are available to implement policies.

Change takes time and resourcing

The nature of systems-change work is long-term and relationship-based. Engaging the right actors, enough actors, reaching consensus, and taking action is a long game, taking sustained effort and often external resources—both for capital investments and retaining talented personnel to do this important work.

Example ideas of what is needed:

- Consistent resourcing of change efforts across time.

Lessons Learned

The role and impact of learning and collaboration

Learning events were well received and valued by funded partners, useful in shaping collective advocacy efforts, sharpening the quality of service delivery, and in providing a forum for collective learning among peers. The following four themes emerged as being critical in strengthening future implementation of a learning initiative:

- **Coordination**: As a cohort, funded partners should know what each organisation is doing, minimising the duplication of effort and creating efficiency.
- **Learning**: An engaging cohort model offers pauses to reflect, generate new knowledge, share tips and tricks, and build capacity.
- **Collaboration:** An engaged cohort co-creates and works on shared projects.
- **Network building:** Cohorts can extend visibility and networking for the long term.

Comic Relief's role as a funder

Overall, funded partners reported a positive experience with Comic Relief's grant management. The evaluation team noted these themes distinct to Comic Relief:

- **Treating funded partner staff as first beneficiaries:** Comic Relief prioritised organisations' staff, understanding that staff wellness and efforts to build organisational capacity were integral to quality service provision.
- **Funding the work *and* the organisation**: In tandem with implementation, Comic Relief provided financial resources for organisational capacity building leading to proficiency in grant writing and reporting, new online skills and capacity, building Monitoring, Evaluation and Learning data procedures, and increasing visibility.
- **Supportive of local ownership**: Comic Relief took a collaborative approach to developing project outcomes and gave consistent feedback on reports. Local ownership can be strengthened by increasing communication outside of reporting.
- **Accessible and responsive:** Funded partners largely agreed that Comic Relief was both accessible and responsive, noting that feedback was prompt and personal. Funded partners indicated that Comic Relief asked for and implemented feedback.

Recommendations

Strengthening the work

- **Utilise the programme Theory of Change (ToC):** The resulting ToC from this evaluation lays out how change toward a thriving Kenyan mental health ecosystem can occur across three primary change pathways and the various components to each.

- **Continue to expand and acknowledge diversity in mental health and care approaches**: Treatment is strengthened in moving from a singularly focused biomedical model to one that embraces a range of skilled practices and healing approaches, widening the net of persons open to receiving care and persons treating mental health.

- **Continue to develop both data- and narrative-driven calls for change**: There is a need for greater data and statistics around mental health to share in advocacy, as well as creative and influential ways of encouraging and making space for PWLE to share their stories. Both are needed for sustained change across different audiences.

- **Increase networks of care and shared responsibility for care**: When access to services is increased and there is a greater shared sense of responsibility, improvement in care and reduction in stigma is apparent.

Strengthening Comic Relief's role as a funder

Additional suggestions to continue and strengthen Comic Relief's partnerships with funded partners include:

- Continue to implement a cohort model to strengthen learning initiatives.
- Provide unrestricted funds for longer periods.
- Increase shared social capital and visibility to improve sustainability.
- Invest in local presence and further relationships with local partners.
- Broaden and share focus on organisational learning.
- Continue to fund capacity building alongside implementation.

I. Background

Overview of the *Improving Mental Health and Wellbeing in Kenya* programme

Individuals with mental health[4] conditions (e.g. depression, anxiety, schizophrenia) and psychosocial disabilities in Kenya often experience difficulty accessing quality mental health services and receiving community support. These individuals are at increased risk of facing human rights violations and exclusion as the result of stigma and discrimination. These factors lead to the economic and political marginalisation of those with mental health conditions and psychosocial disabilities.

With the aim of improving access to quality mental healthcare and reducing stigma, Comic Relief and the UK's Foreign, Commonwealth & Development Office (FCDO) invested £4.7 million over four years (2019-2023) in the *Improving Mental Health and Wellbeing in Kenya* programme. Funding was distributed to civil society organisations (CSOs) across Kenya beginning in 2020 to implement projects which specifically addressed both access to mental healthcare and reducing stigma. The CSOs receiving funding as part of the programme included:

- **Basic Needs Basic Rights (BNBR) Kenya** - Nairobi: BNBR supported and trained people with lived experience of mental health conditions as 'Champions' to talk to members of the public in an effort to change perceptions about people with mental health conditions. They also provided support for caregivers of people with mental health issues and community health volunteers who are part of the Kenyan government's community health system.

- **Health Rights Advocacy Forum (HERAF)** - Nyeri, Kilifi and Isiolo Counties: HERAF advocated to reduce stigma and increase access to high quality services over the long term by lobbying the government to allocate appropriate resources to mental health provision, and by providing training to community health workers and developing guidelines and standards on facility and community level mental health services.

[4]Mental health is defined by the World Health Organisation as "a state of wellbeing whereby individuals recognise and realise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities."

- **HealthRight Kenya (HRK)** - Nairobi: HRK's project supported perinatal women in Nairobi's informal settlements through 'Stepped care', which involves screening all pregnant women with a simple, internationally recognised tool for depression and treating those with depressive and other mental health condition symptoms. HRK also carried out community dialogue meetings to improve awareness, attitudes and practices related to depression and anxiety in perinatal women.

- **IsraAID Kenya** - Turkana: IsraAID set up mobile child friendly spaces in Kakuma refugee camp to deliver mental health and wellbeing activities and strengthened the capacity of child Champions through mentoring on public speaking, child rights and mental health, and of parents, caregivers and community members to respond to child protection issues and raise awareness of the availability of mental health services.

- **Kamili Organisation** - Nairobi and Nakuru: Kamili worked through existing Kamili clinics, government nurses and community health workers to deliver mental healthcare and outreach. Kamili also ran awareness raising events to reduce stigma, provide life skills training, savings and loans to beneficiaries, and help them return to their communities after treatment, and lobbied for a broader roll out of their community-based mental health model across Kenya.

- **Kenya Association for the Intellectually Handicapped (KAIH)** - Nairobi, Kilifi, Isiolo and Siaya Counties: KAIH trained and supported people with intellectual disabilities and their caregivers, equipping families with skills in identifying mental health issues and providing safe spaces for caregivers and people with intellectual disabilities to address their own mental health concerns. KAIH also trained duty bearers, frontline service providers, and other community members to better understand the challenges that people with intellectual disabilities face.

- **Physicians for Human Rights Kenya (PHR Kenya)** - Nairobi and Nakuru: PHR Kenya's work addressed the lack of systems and support for people who have been sexually violated, including bringing together the medical, legal and law enforcement sectors to improve forensic evidence gathering to ultimately support survivors' physical and mental wellbeing.

- **TINADA Youth Organisation (TiYO)** - Kisumu: TIYO trained school teachers in the WHO QualityRights module and established school mental health clubs. TiYO also participated in advocacy sessions, technical working groups, financing discussions, and forums with other CSOs and trained a variety of community partners to raise

awareness and improve service delivery.[5]

A key aspect of the *Improving Mental Health and Wellbeing* programme is to support funded partners to strengthen their resilience and future sustainability. This included the option for each funded partner to work with a skilled specialist in a self-assessment to identify priorities for organisational strengthening and develop an action plan. All funded partners were awarded organisational strengthening grants to implement activities based on these developed action plans.

Another unique strategy used to support funded partners within the *Improving Mental Health and Wellbeing* programme was a focus on real-time learning and iteration for both funded partners and Comic Relief. This included a collective learning initiative with the aim of offering learning events and workshops, facilitated by a paid consultant acting as Learning Coordinator for the project. The Learning Coordinator, from Upward Bound Kenya, supported funded partners in surfacing and using learnings from programme delivery (individually and collectively) and disseminated key learnings to contribute to a broader evidence base around issues affecting mental health programming in Kenya and more widely.

Evaluation purpose

In December 2022, Comic Relief sought an external evaluation team to conduct a final evaluation to assess the outcomes and achievements of the *Improving Mental Health and Wellbeing in Kenya* programme. The purpose of this evaluation was to inform and improve both mental health provisioning and advocacy work in Kenya and strategic funding approaches to supporting this work. The following report outlines the results of this evaluation, conducted from January to December 2023. The evaluators were comprised of a partnership between US-based evaluation consultancy Picture Impact, LLC and Kenya-based civil society organisation Green String Network (GSN).

[5]Originally, there were two additional organisations included in the funded partner cohort, Nyanza Rift Valley and Western Kenya LGBTI Coalition and Psychiatric Disability Organisation Kenya. These two funded partners breached their agreements with Comic Relief and their funding was terminated.

II. Evaluation Design

Scope

The scope of this evaluation report covers the *Improving Mental Health and Wellbeing in Kenya* funded partners and their work performed from 2020 to the present. It is a portfolio level evaluation, using the group of funded partners as the unit of analysis and synthesis. It is not intended to displace or serve as eight separate end-line evaluations of specific funded projects, which were procured separately and used as secondary data sources for this review.

This evaluation was shaped around evaluating the *Improving Mental Health and Wellbeing in Kenya* programme goal areas, specifically the first two:

1) Improved access to quality mental healthcare and an improved service provision continuum.
2) Reduced stigma and discrimination

The third goal area, improved organisational capacity, was not excluded from this scope of work, however evaluation activities/questions were not designed to specifically assess whether/how funded partners' organisational capacity has been strengthened, as Comic Relief commissioned another evaluation for this specific purpose. Additionally, the evaluation sought to explore the role of Comic Relief as funder vis-a-vis the sustainability of funded partners' projects and their specific grant management approach.

Finally, the original programme Theory of Change (ToC) was refined as part of this scope of work, in collaboration with the programme Learning Coordinator and subsequently validated by the funded partners.

Evaluation Questions

With the above scope in mind, the following set of questions served as the container to inform the design and reporting for this evaluation:

1. What were the major and notable changes, actions, processes, or results that this programme contributed to for each of the following actors within the mental health ecosystem: Government, organisation, health facilities, community members, and individuals with lived experience of mental illness?

2. What are the primary barriers and challenges to pursuing the three programme

goal areas (improved access to quality mental healthcare and an improved service provision continuum, reduced stigma and discrimination, and improved organisational capacity)?

3. In what ways did grantees collaborate and learn from one another, and what did that collaboration make possible?

4. How did the funded partners experience Comic Relief's role as a funder and how did Comic Relief's grant management approach contribute to or influence overall programme goals (if at all)?

Approach

Participatory and utilisation-focused

In line with Comic Relief's focus on learning and capacity building, the evaluation took a highly participatory and utilisation-focused approach. The evaluation sought to ensure that data collection was a meaningful and useful process for funded partners, rather than being extractive. Avoiding research fatigue was particularly important given the other past and ongoing evaluation efforts surrounding this programme. GSN received positive feedback from funded partners in this regard, including that funded partners felt "part of the process," of this evaluation, as opposed to common instances where, "data collectors come in to ask hard questions and then leave."

Outcome Harvesting

Key to implementing participatory and utilisation-focused approaches was using an adapted Outcome Harvesting methodology. Outcome Harvesting is a process which collects evidence of changes in behaviour of relevant social actors ("outcomes") and then, working backwards, determines whether and how an intervention has contributed to these changes.[6] Outcome Harvesting is a complexity-aware method because it looks at what has changed or happened, rather than measuring predetermined outcomes and outputs. It is an appropriate method to use in the absence of a strong programme theory as it can help construct a theory of change based on observed and documented changes. It was also selected for this evaluation as it could attend to different levels of actors within the mental health ecosystem and allow for easy analysis across the portfolio of funded partners.

[6] Better Evaluation Network (November, 2021), Outcome Harvesting.

Outcomes harvesting typically includes a six-part process, which includes designing the "harvest" to draft outcome statements, or instances of noted behaviour change. In this evaluation, most outcomes were first drafted by the evaluation team through document review. The process then engaged with those involved in the change, typically programme staff, to review and refine the statements. This was done via site visits with funded partners, during which additional outcomes were also harvested. Outcome statements can then be substantiated with external stakeholders, analysed and interpreted, and used for learning and adaptation. Further detail on how the evaluation incorporated Outcome Harvesting is included in the methods and analysis section below.

Funded partners voiced appreciation for Outcome Harvesting as part of the approach because it was conducted in a participatory manner which taught them new qualitative methods to demonstrate a greater depth to their work than typical quantitative indicators often allow. They noted that the process itself helped to tease out relevant information and insights regarding the project, providing a more comprehensive understanding of each programme's impact. Each funded partner was provided with a copy of their outcome statements, as well as additional guidance on using Outcome Harvesting as a monitoring and evaluation tool. The guidance provided is available as an annex to this report.

Building a Theory of Change

Another key aspect of the evaluation approach was to use data to refine and deepen the programme's Theory of Change (ToC) initially developed in August 2019 with input from mental health organisations in Kenya and further worked on in February 2021 via input from funded partners.[7] The evaluation team used this as a starting point along with Upward Bound's Learning Workshop Report from January 2022 which highlights the links and relationships between partner interventions and the ToC. The redesign of the ToC was done in a participatory process with funded partners to 1) help the funded partners see where they have been and what they have contributed to, and 2) relate their work to the larger mental health ecosystem in Kenya, allowing funded partners to see themselves in context, plan future work strategically, and encourage momentum and collaboration beyond the end of this programme.

The evaluation team focused on incorporating data from the evaluation to craft if/then statements to build connections through each level of the ToC. Detailed components of the ToC were distilled into high-level themes and presented in a validation session for checking

[7] Upward Bound (February 2021), Mental Health Matters Theory of Change.

and refining with funded partners. The resulting ToC is included as an annex to this report.

Methods

Secondary data analysis

The evaluation team reviewed a number existing documents from the programme provided by Comic Relief, including original grant calls and submissions for funding; monitoring visits, six-month, and annual reports; funding overview forms for all funded partners; information regarding the Learning Coordinator position and resulting learning documents; contextual information on mental health in Kenya; Comic Relief strategy documents; and final evaluation reports from each of the individual funded partners.

Secondary data analysis included both a first review of all project documents, pulling out key questions and themes around the work of each funded partner and the portfolio as a whole. The evaluation then reviewed select documents again to "harvest" or pull data about instances of changes in actors into a spreadsheet of programme outcome statements.

Engaging informants: In-person outcome harvesting

As part of site visits to funded partners, the evaluation team spent time going through the drafted outcome statements, validating and filling in data, and harvesting additional outcome statements with funded partner staff.[8]

Key informant Interviews with funded partners

During in-person visits to funded partners, evaluators conducted key informant interviews with funded partner staff members including, when possible/applicable, each organisation's Executive Director, Finance Manager, Programme Manager, and Monitoring and Evaluation Lead. These interviews focused on gathering feedback on the role of Comic Relief as a funder and the extent and impact of funded partner collaboration.

The Programme Learning Coordinator from Upward Bound Kenya was also interviewed as part of the evaluation.

[8]The evaluation team conducted in-person site visits with all funded partners except IsraAID, which had already ended programme activities by the time of the evaluation.

Funded partner and community stakeholder group data collection events

In-person data collection with funded partners included participatory group data collection events, often involving external community partners and stakeholders as well as funded partner staff. Activities were geared to be interactive while generating insight into the current and desired state of the mental healthcare ecosystem in Kenya. A more detailed overview of this session is included as an annex to this report.

Analysis

The evaluation team undertook a detailed and layered approach to ensure a comprehensive and in-depth understanding of the collected data. The US and Kenya-based teams conducted synthesis together in-person, theming and sorting outcome statements as well as triangulating findings across data sources.

A validation workshop was then held with funded partners to check for and correct any inaccuracies, add nuance to the final report, and ensure findings resonated with funded partners' experience of the programme. Workshop participants were invited to respond and comment to elements of the evaluation findings and resulting ToC.

Stories of change

In addition to the analysis leading to this final report, the evaluation team also selected twelve Stories of Change demonstrating evidence of positive changes in three specific areas:

- Reduced stigma amongst community members.
- Increased understanding of and accountability for mental health treatment and care by duty bearers, government, and other key stakeholders.
- Improved approaches to mental healthcare via more holistic service delivery, integrated into existing health systems where appropriate.

The creation of these stories was a specific request from Comic Relief and FCDO for the purposes of learning, accountability, and wider sharing. They provided an opportunity to highlight key areas of impact from both specific funded partners and across the programme portfolio. The resulting Stories of Change are included as an annex to this report.

Limitations

The evaluators' presence was initially greeted with some suspicion amongst partners and it took time to develop a trusting relationship. The evaluation team introduced themselves to the partners individually rather than on a joint call hosted by Comic Relief. Having Comic Relief formally introduce the evaluators to the partners and explain the purpose and principles of the evaluation may have fostered earlier trust and reduced the reticence among the cohort.

In-person time together was the key limitation faced within this evaluation. While the Kenya-based evaluation team was able to schedule two-day site visits in person with all but one funded partner, these visits were ultimately too short for the depth and richness of data to be explored and collected together with funded partners during this time. The visit length was a necessary limitation for effort from both funded partners and the evaluation team but demanded quick prioritisation and adaptation of activities during each visit to make the most of the short time together. In-person meaning-making was additionally stymied by the necessary cancellation of what was originally planned to be an in-person validation session with funded partners, Green String Network, and Picture Impact. This validation was moved to an online session, which provided less time together overall, and in many ways is not the same for catalysing meaning as being in the same physical space.

Additionally, this evaluation relied heavily on funded partners and select key community stakeholders as informants, however we acknowledge that the best judges of impact are those with lived experience of mental health challenges, their families and community members. Nevertheless, perspectives from funded partners were our best source of information about the impact of the programme on individuals both for safeguarding of people with lived experience (PWLE) of mental health conditions and to maintain a focus on evaluating at the portfolio level, rather than the work of specific funded partners.

While the evaluation team is confident that the findings generated in this report are evidence-based, take into account multiple perspectives, and have been largely checked and validated with funded partners, it is important to remember that the conclusions presented are still just one perspective on the current mental health ecosystem in Kenya, and one possible way to understand the impact of the *Improving Mental Health and Wellbeing in Kenya* programme. All data (quantitative and especially qualitative) is open to interpretation and takes on meaning only through our collective and social processes. This report captures the evaluation team's best interpretation and summation of the many data sources and conversations of which we have been a part, and necessarily remains a

product of our own unique experience and positionality as external to many nuances of the initiative.

Finally, this evaluation benefitted from the co-partnership between Picture Impact, LLC and Green String Network. Prioritising the relationship between the two teams allowed for dual capacity building, shared learning, and integration of deeper contextual knowledge. The teams were each able to bring their unique skills to contribute to the goals of this evaluation, thus making the final product stronger than if either team had completed the work without the other.

III. Programme Context

Before launching into the evaluation findings, it is important to establish some contextual foundation regarding what funded partners reported as the state of mental healthcare and perceptions of mental health conditions in Kenya. This context provides the backdrop against which the evaluation questions are addressed, but also highlights the significance and urgency of the issues at hand.

As part of site visits, funded partners, their key collaborators, and other stakeholders were asked to complete this sentence:

> *Mental healthcare in Kenya is like _____ because_____.*

There was surprising consensus around two types of metaphors that participants chose. The first depicted an incredible sense of urgency in the need to address mental health in Kenya—even danger if it is not addressed. Examples include:

- *"Mental healthcare in Kenya is like a slowly leaking gas near an active fire that is awaiting any moment or trigger to explode."*
- *"Mental healthcare in Kenya is like a time bomb that is waiting to explode but the time hasn't come."*
- *"Mental healthcare in Kenya is like an active volcano because the signs are there that the implosion is imminent."*

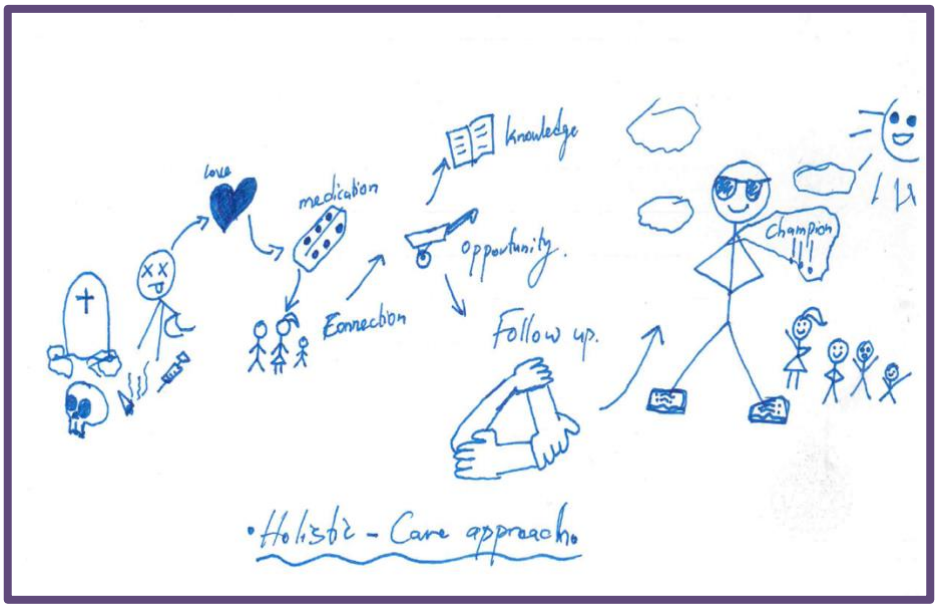
The second set of common metaphors was about being at a starting point, with something nascent and not getting the care it desperately needs. This sounded like:

- *"Mental healthcare in Kenya is like a seed that will eventually grow however it is not there yet."*
- *"Mental healthcare in Kenya is like a baby that needs caring and nurturing."*
- *"Mental healthcare in Kenya is like a neglected child not being nourished because no one can be bothered by it."*
- *"Mental healthcare in Kenya is like a black sheep child who is constantly being judged and misunderstood."*

Envisioning an improved mental healthcare system

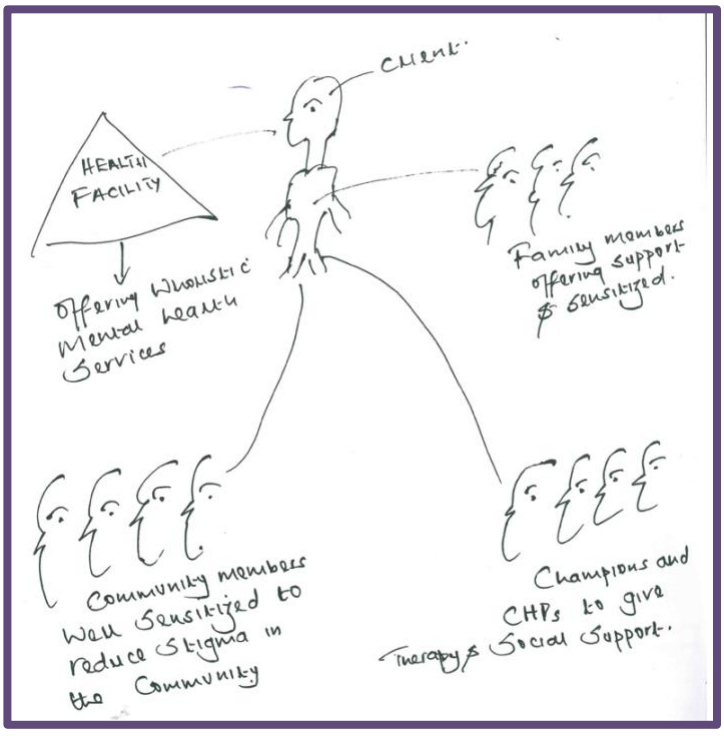
Another activity included in site visits was to have participants envision and draw what holistic care would look and feel like for people in their communities. They were asked to quietly imagine someone experiencing a mental health challenge and draw a scenario of care in an ideal Kenyan mental healthcare ecosystem.

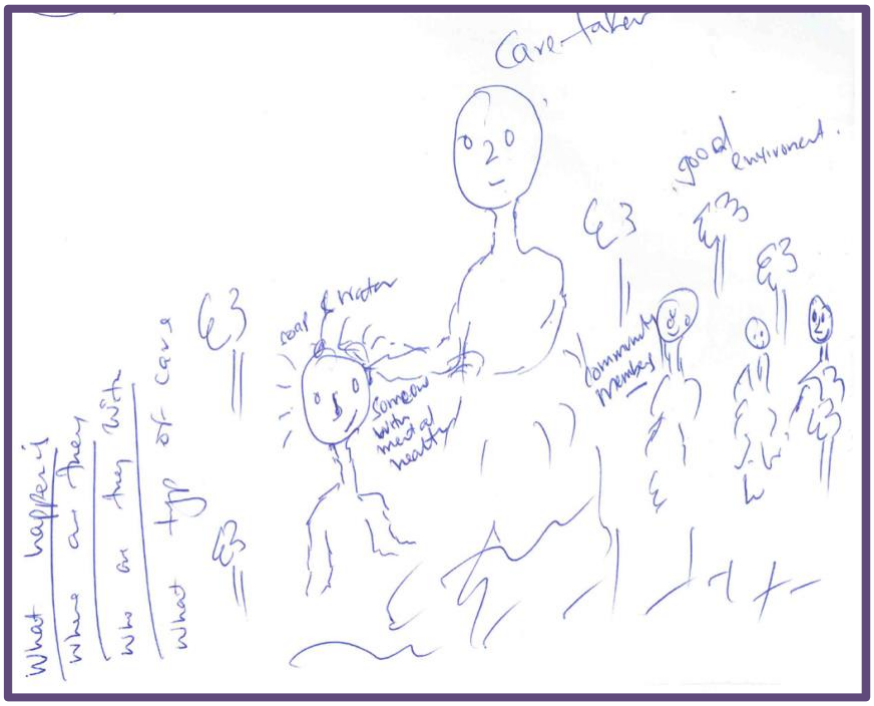
These drawings also shared many commonalities. Nearly all mentioned a broad spectrum of individuals providing care: family members, community health promoters, community health volunteers, community champions, work colleagues, religious leaders, nurses, counsellors, psychologists, psychiatrists, and therapists. A sense of self-love and self-understanding beginning with individuals also came out as a strong theme. Inclusion and a sense of belonging within the community was noted as a critical component in fighting pervasive feelings of isolation. Many participants also talked about the need for compassion in quality care and providing spiritual care. Examples of these scenes from an ideal system include:



Self-love is the first step, leading to seeking medication and cultivating a strong sense of belonging and connection . . . Arrows point toward three hands holding each other, showing the unity and strength that emerge from connections and signifying support and a continuous follow-up on the individual's healing journey.

This client is surrounded by family members, other community members, and community health promoters and other champions within the community. This individual is surrounded by the facilities in their area. This person is able to get support from family members since the family has been sensitised on mental health, is accepted by community members as they are also well sensitised to people living with mental health challenges, is able to get holistic mental healthcare from the health facility and is able to receive social support as well as therapy through trained community champions and Community Health Promoters.





The image shows an individual with mental health challenges getting their hair washed by a caregiver. The care is happening within the community with other members of the community present. The cleaning symbolises holistic, all-around care where the individual gets good food, good clothing, and therapy taking place in a good environment.

They are getting a lot of support from family members who are helping them keep up with the medication regimen. When this individual is at work they are getting extra support from colleagues who are sensitised on mental health and do not stigmatise them. If they are spiritual they are also getting spiritual support. Holistic care is not just one time but is a continuous process that requires support from different aspects of the client's community.

It is within this context and vision for change that we present the following evaluation findings.

IV. Evaluation Findings

Notable changes and results from the programme

Evaluation question: What were the major and notable changes, actions, processes, or results that this programme contributed to for each of the following actors within the mental health ecosystem: Government, organisation, health facilities, community members, and individuals with lived experience of mental illness?

To answer this question the evaluation team drafted outcome statements, or instances of relevant actors' behaviour change, from the index of secondary documentation spanning all funded partners. This was inclusive of all monitoring data, annual reporting, and final external evaluations for most projects. Funded partners then participated in refining and validating outcome statements as well as providing additional outcomes. The evaluation team then categorised outcomes across the funding portfolio according to a social-ecological model (SEM) of the mental health ecosystem, as depicted below in Figure 1. The SEM includes actors at various levels from within a system, beginning with individuals with lived experience of mental health conditions, and moving outward to families and community members, healthcare facilities and other service organisations, and finally various levels of government creating mental health policy.

Figure 1. Kenya mental health social-ecological model (SEM)

This Outcome Harvest resulted in an outcomes database of 172 documented instances of change in social actors across all the above social-ecological levels.[9] The following outlines key themes the evaluation team found from these outcomes grouped by actor.

[9] Note this is not necessarily an exhaustive list of changes from the programme, but a reflection of documentation and input from funded partners on many of the key instances of change.

National and county governments

Funded partners involved key government actors, using stories and data to increase caring and awareness to influence action.

Involving the right people in addressing mental health through government mechanisms is a key first step to activating change at this level of the mental health ecosystem. This means targeting people who have decision-making and funding power, engaging them to care about mental health and educating them enough so they are empowered to take meaningful action. There are outcomes from the programme evidencing the engagement of key bodies such as the Kenya National Commission on Human Rights or county departments of health or even the probation department. When key people become involved then mental health issues are prioritised via policy, planning and budgeting, and standards.

An excellent example of this is PHR-Kenya's community fora where survivors were able to share their experiences with key service providers and decisions makers, supported by the work they had done with photo voice and the accompanying Photo voice report published, entitled *Voicing Our Plight: Using Photovoice to Assess Perceptions of Mental Health Services for Survivors of Sexual Violence in Kenya.* The community fora were well attended by high-ranking officials and inclusive of actors from area chiefs, unofficial court proceedings, officers, and police departments. It was notable that officials chose to spend their time and created space for survivors themselves to voice their experience directly to those in power—something that was quite influential. There was a noted hastening and push forward for passing the Mental Health Amendment Bill in June 2022 after these events, likely contributing to the sense of urgency of lawmakers. There were also immediate changes in facilities and service delivery to attend to the needs survivors had rigorously documented via Photovoice presented during the community fora.

This type of engagement and activation work takes time and consistent effort. For example, one funded partner, KAIH, worked diligently across 17 months to start conversations and jointly develop case studies on behalf of creating Monitoring, Evaluation and Learning (MEL) tools to use at the county level. They worked across Nairobi, Kilifi, Isiolo, and Siaya counties. Not only did this engagement work move forward monitoring and evaluation tools which can provide an evidence-base for future policy, but it increased the knowledge of government workers regarding mental health, freeing them to take action in multiple ways.

Technical Working Groups effectively brought together community and government actors to spread rights-based approaches to mental health policy and implementation.

One of the most common tools for engaging civil servants is the Technical Working Group (TWG). These groups are an effective way to include community actors and key informants as well as the proper government actors so that the work completed can be acted upon in meaningful ways. TWGs were one way the funded partners spread a rights-based approach training for decision-makers. TWGs were most often used at the county government level. These TWGs influenced things such as the reinstitution of the Mental Health Coordinator position in Kisumu County, the inclusion of severe mental health cases under social protection so they can receive benefits, officials spearheading the development of mental health costing plans, and a mental health budget code being included in the 2020/21 Kisumu County budget.[10]

TWGs influence specific work but have ripple effects as the people involved in these working groups go on to hold other positions and continue to activate what they learned regarding mental health. For example, according to one funded partner, a former TWG member assisted in the creation of a mental health policy set to launch in Kisumu County. A current county health commissioner has been very hands on with mental health initiatives after previously chairing a TWG.

Funded partners were largely effective in advocating for key policies to be passed and repealed.

Perhaps the centrepieces of national government change during the funding period are the passage of the Mental Health Amendment Act of 2022, preceded by the launch of a national suicide prevention strategy in 2021. The 2022 bill's passing aims to ensure that all people with mental health needs receive the highest attainable standard of care and requires both national and county governments to provide necessary resources for providing mental healthcare and treatment. Similarly, the launch of the Suicide Prevention Strategy 2021-2026 paves way for the implementation of a rights-based approach to mental health initiatives and decriminalisation of suicide respectively. All funded partners advocated for these national changes, including by submitting memos to the senate, supporting TWGs in reviewing strategy, revising bill drafts, and hosting learning activities to

[10] Outcomes from funded partners HERAF and TiYO

inform policy makers.[11]

Writing and enacting policy is important, but so too are repealing harmful laws and adjusting ways in which policies are implemented. For example, there is currently a report with the Attorney General awaiting tabling in Cabinet and Parliament that advocates for the repeal of laws and policies that criminalise and stigmatise persons with mental health conditions.[12] During the height of the COVID-19 pandemic, at least one funded partner – HERAF – drafted and sent a memo to the Senate Ad Hoc committee highlighting practical ways of implementing COVID-19 protocols to ensure there was continuity of care to clients and specifically those suffering from mental and psychological ailments. The committee chose 14 components from this memo to implement, which was nearly half of HERAF's overall project target to influence 36 adoptions to laws, policies and guidelines.[13]

National policy advances were made with other bodies in addition to government.

Of note at the national level and for making strategic use of standards was the work with the Media Council of Kenya. One funded partner established a Memorandum of Understanding (MoU) with this media regulatory body to disseminate standards on mental health reporting and ensure compliance regarding the language used to report on mental health by media practitioners in mainstream and social media.[14] Beyond this MoU, the Media Council agreed to introduce a category on Mental Health in the 2022 Annual Journalism Excellence Awards. This is expected to reward and motivate respectful and responsible reporting on mental health.

Healthcare facilities and NGOs

Developing partnerships and providing training drove positive change among healthcare and NGO actors, including increased quality of and access to mental healthcare.

Through key partnerships and training delivery, funded partners contributed to increased quality of mental healthcare and new services becoming available. Most of the work to improve care was done with existing care facilities and providers, further integrating mental healthcare within the current care system and making use of the available infrastructure. To do this, funded partners carefully nurtured and sometimes formalised

[11] Outcomes from HERAF, BNBR, PHR Kenya, and TiYO

[12] Outcome from HERAF

[13] Outcome from HERAF, HERAF Level 3 Annual Report Form Year 1

[14] Outcome from BNBR

relationships and partnerships with government hospitals and clinics, as well as local health departments.

Funded partners also delivered training to a wide range of care providers—nurses, psychologists, counsellors, frontline health workers, teachers, Community Health Volunteers and Workers (CHVs and CHWs), and traditional healers.[15] Training addressed technical mental health knowledge, demystifying common myths, and specific frameworks and approaches to care, such as the Mental Health Gap Action Programme (mhGAP), Problem Management Plus (PM+), QualityRights, survivor-centred care, and trauma-informed care.[16]

Outcomes demonstrated that these efforts led directly to improvements in the quality of mental healthcare provided to patients. This included much needed changes in healthcare providers' attitudes and knowledge of mental health, leading workers to be more understanding, caring, and willing to work with those in mental health crisis.[17]

> *"Trained nurses reported that before receiving training they had stigma emanating from the society's view of mental health, and this determined how they themselves saw mental health patients. They did not want to interact with mental health patients for fear of violence, and the most pervasive stigma being that interaction with mentally ill patients makes you mentally ill."*
>
> - **Kamili Organisation**

Other improvements were more concrete, such as:

- Creating designated quiet and private spaces for consultation, nursing, and screening appointments in healthcare facilities;[18]
- Implementation of minimum standards of care during child protection cases;[19]
- Use of evidence-based assessments for diagnosis that have been translated for use in a Kenyan context.[20] [21]

[15] Work of Kamili, KAIH, HERAF, and PHR Kenya
[16] Work of HERAF and PHR Kenya
[17] Outcomes from Kamili Organisation and HRK
[18] Outcome from HERAF
[19] Outcome from IsraAID Kenya
[20] Outcome from HRK
[21] A note that translation is not equivalent to cultural validation/contextualisation, which is also needed for use of evidence-based assessments.

Partnerships, training, and advocacy also led to a whole host of new services increasing overall patient access to mental healthcare. Outcomes included the establishment of new:

- Departments, such as the mental health unit at the Nakuru County Teaching and Referral Hospital[22]
- Mental health clinics within government health facilities[23]
- Providers, such as trained nurses[24]
- Centres, such as the drug and alcohol rehabilitation centre in Karatina Level IV hospital of Nyeri County[25]
- Mental health outreach activities[26]
- Therapy groups[27]

Service providers' demand for training and resources to provide improved care also increased.

Over the course of the programme, at least one funded partner noted a demonstrable increase in requests for the type of training and support offered to healthcare facilities and NGOs by funded partners.[28] While this increased demand is positive, another funded partner cautioned that it can also cause providers frustration when their current care infrastructure cannot always support the immediate implementation of new practices providers are trained on.[29] Each aspect of the mental healthcare system, including demand for mental healthcare, training on improved practices, and infrastructure and funding to institute new practices all have to move forward in concert.

Funded partners and other NGOs improved internal mental healthcare practices as well.

Organisations working in mental health service provision and advocacy do not necessarily model good policies around mental health through their behaviour towards and support of their own staff members. These organisations are themselves an important part of the

[22] Outcome from PHR
[23] Outcome from Kamili Organisation
[24] Outcome from Kamili Organisation
[25] Outcome from HERAF
[26] Outcome from HERAF
[27] Outcome from HRK
[28] Outcome from TiYO
[29] Outcome from PHR Kenya

mental healthcare ecosystem, and their integration of the practices they promote goes a long way in strengthening the care system overall. During the funding period, community partners requested training and consultation on issues relevant to mental health within their own organisations—how to provide self-care to staff, how to implement mental health policies, how to monitor and benchmark for mental health of staff, etc.[30] Some funded partners also strengthened their own internal policies around issues of psychosocial support, safeguarding, and human resource delivery.[31] These efforts bolstered the wellbeing of funded partner staff, important both as an end in itself but also in maintaining robust service delivery over the long term.

Community members

Representation of mental health conditions in the media improved.

Funded partners' work with media outlets resulted in positive changes in language and images used in published stories touching on mental health. Changes included improved use of non-stigmatising images, involving PWLE and mental health professionals for procuring content, and even reporters going back to edit published pieces in response to critical feedback.[32]

All funded partners agree that engaging media is an important strategy. In site visits funded partners and stakeholders unanimously agreed that public sensitisation campaigns are effective in combating stigma and discrimination. Public campaigns help normalise conversations about mental health and tend to have large ripple effects.

Community care networks grew and were strengthened.

Funded partners' visions of an ideal, holistic mental health ecosystem included many forms of community support and care. Their work underscores their commitment to progress toward this vision. Funded partners supported and grew many elements of community care during the funding period.

Support groups of family and caregivers were one successful strategy for growing mutual support and decreasing overall stigma and discrimination. This type of psycho-social support for family and caregivers also leads to better support for the loved one struggling

[30] Outcomes from BNBR and TiYO
[31] Outcomes from HRK
[32] Outcomes from BNBR

with mental illness.[33] Funded partners found hosting this kind of support group can be simple and is not resource intensive, making it an easily sustained strategy. In one community four Mental Health Champions (PWLE advocates) started their own support groups.[34]

In addition to connecting community members through organised groups, one funded partner set up a WhatsApp group for self-advocates to support each other through difficult times. Members reported finding strength through the group.[35]

Overall, community awareness increased, and stigma decreased around mental health issues and services.

Several funded partners reported increased community awareness of mental health issues and services.[36] Funded partners also reported that this increase in general awareness leads to more people seeking services, better overall referral systems between care providers, and communities holding the government more accountable for providing easy access to quality services.[37] Interventions such as community meetings were effective in achieving these results. Having the right mix of actors and using specific strategies with compelling content in these meetings helped funded partners raise awareness in ways that also had these ripple effects. For example, the Problem Management Plus (PM+) approach, produced by the WHO to provide guidance on psychological interventions for people exposed to adversity and thus impaired by distress, was used within such meetings to equip actors working with mental health patients.[3839]

Raising awareness is also an important step in reducing stigma and discrimination against mental health conditions within communities. There were several outcomes exhibiting this impact. Examples include feedback from monthly caregiver meetings with increased openness and discussion of mental health conditions, community members who have engaged with Mental Health Champions reporting increased willingness to call out discrimination, and a number of mental health patients successfully reintegrating into

[33] Outcome from Kamili Organisation
[34] Outcome from BNBR
[35] Outcome from KAIH
[36] Outcomes from HRK, HERAF, and KAIH
[37] Outcomes from KAIH and TiYO
[38] Outcomes from KAIH and HERAF
[39] World Health Organisation. (23 April 2016). "Problem management plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity." https://www.who.int/publications/i/item/WHO-MSD-MER-16.2

communities and improving their livelihoods.[40] In these cases changes in community members' openness and awareness of mental health issues have had a direct impact on the care and quality of life for people with mental health conditions.

Individuals with lived experience of mental illness

Service delivery leading to better quality of life.

Throughout funded partner evaluations and reporting there were many stories of individuals' lives changing for the better because of the kind of care and support they were now receiving. In some instances, this was direct service provided by the funded partner; in other instances, it was service provided as a result of the increased capacity created by funded partners (see section on healthcare facilities and NGOs above).

Observed and reported changes in individuals living with mental illness included things like:

- Improved livelihood skills through occupational therapy
- Reduced isolation via new friends and community connections
- Greater financial stability through participation in savings and loans groups, starting new businesses, and improved links to disability benefits
- Increased coping skills and resilience
- Reduced stress and improved overall caretaking[41]

> *"One of the participants who graduated with baking skills has become self-employed. It is fulfilling to see her receive orders to make cakes from a community that initially discriminated against persons with mental health issues."*
>
> -**Outcome from Kamili Organisation**

> *"I am very engaged with this business, and it has grown, I now have a shade over my stall. I have no time to be idle and to stress over things. I get home exhausted from the day's business... I feel happy now."*
>
> **-Outcome from IsraAID Kenya**

Improved confidence and skill in self-advocacy.

Funded partners have centred their advocacy efforts around PWLE in ways that are

[40] Outcomes from KAIH, BNBR, and Kamili Organisation

[41] Outcomes from Kamili Organisation, IsraAID Kenya, and BNBR

mutually beneficial to the PWLE and the policy goals at hand. Funded partners discussed how PWLE become more resilient through increased confidence and courage as they learn how to (and have space to) safely tell their stories and speak up for what they need.[42] Centring PWLE also led to strong results such as: the development of the training manual, participant journal and caregiver toolkit co-designed by youth and CHWs;[43] memorandums, petitions, and budget process contributions from four coalitions of persons living with disabilities;[44] Mental Health Champions invited into leadership positions on Boards;[45] and people with intellectual disabilities having opportunities to lead conversations with their peers and local community leaders.[46]

> *"One of BNBR's Champions joined BNBR's director at an event organised by the Bond Disability and Development Group in London. He described how learning to share his story was transformative in his own journey toward good mental health, discovering the power that comes from speaking out about his challenges and his recovery: 'When I stay silent, stigma wins, and I cannot let that happen."*
>
> **-Outcome from BNBR**

Funded partners also attended to growing the confidence of PWLE and their skills for self-advocacy through direct interventions such as art therapy, yoga, community forums, survivor networks. Making safe spaces for storytelling was an important part of the healing journey for many, and this simultaneously helped reduce stigma and increase visibility of mental health conditions.

Increased demand for mental health services.

Another change funded partners documented was an increase in individuals seeking and receiving mental health services.[47] This change came as funded partners made efforts to improve referral systems, post and communicate about available services, and educate on how services can be helpful.[48] This change is indicative of lessened stigma as individuals and families are able to sufficiently acknowledge mental health issues to seek assistance.

[42] Outcome and site visit from PHR Kenya
[43] Outcome from BNBR
[44] Outcome from HERAF
[45] Outcome from BNBR
[46] Outcome from KAIH
[47] Outcomes from TiYO, HRK, PHR, HERAF
[48] Outcome from IsraAID, HRK, Kamili, TiYO

Primary barriers and challenges to programme goals

Evaluation question: What are the primary barriers and challenges to pursuing the three programme goal areas (improved access to quality mental healthcare and an improved service provision continuum, reduced stigma and discrimination, and improved organisational capacity)?

The challenges and inadequacies of the Kenya mental health ecosystem overall are relatively well known and were the impetus for this programme funding. Issues such as too few care providers, infrastructure being poor in or not reaching rural areas, too many out-of-pocket costs, high levels of discrimination and stigma, and a shortage of needed medications persist and were encountered and addressed throughout the programme and funded partners' work. This evaluation question is not about those barriers to people with mental health conditions, but rather about the challenges and barriers to *improving* those barriers within the current system. The following section thus highlights areas where change is getting stuck in the system as well promising opportunities for driving positive change.

Barrier to change: Lack of data

Having accurate and complete data on mental health is important for a variety of reasons. At the clinic level it keeps providers accountable and assists in providing quality care. At the sub-national and national levels it informs both policymaking and budget allocations. Data is particularly needed here, not just to make good policy, but as credible evidence for an audience of decision-makers who may or may not pay attention without it. Funded partners noted that increasing capacity for monitoring and evaluation, data capture, and tracking are necessary for case-making to increase redirection and allocation of funding.

> *"Public expenditure in Kenya seems to be highly motivated by opportunities 'to eat' even at the lowest units of governance in the county wards. [County Assemblies] are highly likely to invest in energy and infrastructure rather than in preventive and promotive health interventions, including a perpetual focus on brick and mortar for health development as opposed to equipping and staffing for scale-up."*
>
> **- Funded Partner**

Ideas from funded partners on what is needed

- Create, coordinate, and implement data collection processes
- Strengthen data entry to national health database

Barrier to change: Lack of local and national prioritisation, motivation and therefore funding

Requiring additional data hints at a larger issue within the healthcare system—mental health is not prioritised by decision-makers and/or not well understood by those in power. The urgency funded partners feel and experience around mental health service provision in their day-to-day is not generally shared by those making budget allocations, writing policies, and running health facilities. This disconnect is most felt by inadequate and misdirected resource allocation, limiting the ability of actors, even those who do feel the urgency of the situation, to take action.[49]

Funded partners spent considerable time and effort over the funding period to engage and influence key actors toward building their awareness and motivation to fund and properly resource mental health issues. In addition to needing more data for case building, funded partners also worked to close a wide gap between PWLE, frontline workers, and decision-makers. As examples, two stories for change illustrate how effective it can be to connect lived experience to educate those making decisions that affect large numbers of people.[50]

Still, the need for increased motivation and resulting funding to improve mental healthcare is a sticking point for change. According to funded partners, even policy and decision-makers directly experience stigma, which also keeps them from prioritising the issue.

> *"Government officials who have openly addressed their mental health issues have encountered job loss or transfer, creating a deterrent for others to disclose their own mental health status due to fear of similar consequences."*
>
> **-Funded Partner**

[49] *Overcoming Barriers to Access Mental Health Services in Kenya: A Policy Brief,* p.5.

[50] See in Annex D, *Story 7: People with lived experience and Civil Society Organisations influence government officials and other duty bearers to support patient-centred mental health law and policy—HERAF* and *Story 5: Community forums as a means to increase awareness and influence duty bearers' decision-making—PHR Kenya*

Ideas from funded partners on what is needed

- Continue work to grab the attention of policymakers to make effective policies
- Use public sensitisation tactics to reduce stigma and discrimination sufficiently so that public figures can take greater leadership and enact policies

Opportunity for change: Instituting new policies

Antiquated policies are still enforceable and often used to actively maintain discriminatory practices. Multiple funded partners brought up that Kenya has several specific policies and laws that criminalise, undermine the rights of, or use derogatory language toward persons living with mental health and psychosocial conditions. According to another funded partner, policies are even used by providers at an institutional level to justify poor care for people with these conditions. Changing existing policies and language held within policy documents holds important potential for impacting care systems.

> *"Effective policies introduce structure to mental health systems…[and] can offer guidance. . . delineating proper practices and fostering synergy within interventions."*
>
> **-Funded Partner**

An important caveat for using policy as a tool is that to be fully effective as a catalyst for change, policies also need to be put into practice. Even policies that replace discriminatory language need to be drafted in ways that support improved action, and then implemented with appropriate levels of accountability.

> *"We can have many nice policies and laws, but on the ground these are not followed and people don't know what they are."*
>
> **-Funded Partner**

Ideas from funded partners on what is needed

- Undo/repeal harmful policies
- Include PWLE so that policies are responsive to needs and dynamics of lived experiences

- Communicate about the existence of good policies so people can take action[51]
- Create accountability for implementing good policies

Challenge: Balancing supply and demand

A common pain point in service delivery systems as they grow or change can be the mismatch between supply and demand. As funded partners worked via public sensitisation strategies (media, community scorecards, radio shows, photovoice, and specific training) to increase awareness of mental health treatment options, demand for these services increased. Similarly, funded partners actively worked to increase the supply of these services by training professionals and integrating additional service delivery into existing care systems. However, these increases did not always happen at the same rate. In some areas providers found that the request for services far outstripped their capacity to respond—particularly after a public push of some kind to drive demand.[52] As noted earlier, getting each aspect of the mental healthcare system to grow in tandem can be challenging, yet there are risks involved if any aspect moves too quickly without others.

Ideas from funded partners on what is needed

- Provide unrestricted funds over longer time periods to assist in mitigating this imbalance between supply and demand
- Continue advocacy efforts for increased mental health budget allocations to ensure resources are available to implement policies

Challenge: Change takes time and resourcing

The nature of systems-change work is long-term and relationship-based. Engaging the right actors, enough actors, reaching consensus, and taking action is a long game and is anything but straightforward.[53] Rural and hard-to-reach areas take longer to establish intervention sites and to build trust.[54] There is a strong desire to continue the work begun during this project without interruption or losing ground.

[51] PHR Kenya Site Visit (Summer 2023). Conducted by Green String Network.
[52] Outcome from TiYO, PHR Kenya Final Programme Report
[53] HERAF Site Visit (Summer 2023). Conducted by Green String Network.
[54] Funded Partner Final Evaluation

> *"Having continuity with the funded partners [would be helpful]—continuing both relationships and funding so organisations can replicate and upscale their programmes, and not just have this be a one-time thing. This doesn't necessarily have to be from Comic Relief alone, they should facilitate introductions/referrals to other potential donors in case they cannot continue with funding."*
>
> **-Funded Partner**

The funded partners are acting as important catalysts to change for the overall mental health ecosystem, working to transition it to something more sustainable and robust within the public health system of Kenya. This change work takes sustained effort and often external resources—both for capital investments and retaining talented personnel to do this important work.[55]

Ideas from funded partners on what is needed

- Consistent resourcing of change efforts across time

The role and impact of learning and collaboration

Evaluation Question: In what ways did funded partners collaborate and learn from one another, and what did that collaboration make possible?

Learning events were overall well received and valued by funded partners and considered a worthwhile investment of their time and effort. Funded partners perceived this component of the programme as an additional, non-monetary benefit from Comic Relief, sharing that events were useful in shaping collective advocacy efforts, sharpening the quality of their service delivery, and in providing a forum for collective learning among peers. Learning events and connections also served as a space where funded partners could validate one another's experiences and broaden their knowledge of mental health initiatives in Kenya.

[55] Called out as challenges in key informant interviews with funded partners.

"The value of [this] learning is equal to the value of implementation."

"I believe it was very strategic to have the learning events. They allowed us to look at the work we were doing to see how to move forward better, address issues or concerns in implementation, and learn from other funded partners."

"The learning event was truly eye-opening in understanding the landscape of mental health initiatives in our country. It offered insights that go beyond what simple online searches provided. We gained a clearer picture of the diverse range of organisations that are actively involved in various aspects of mental health…This broader perspective allowed us to appreciate the multi-layered approach to tackling mental health challenges."

-Funded Partners

After analysing data regarding the benefits of the learning events, four key themes stood out as distinct aspects necessary for implementing and sustaining a cohort model in which cohort members are engaged and the cohort itself adds to the work of individual members. To be vibrant in these ways, a cohort should attend to the following components: coordination, learning, collaboration, and network building. These are outlined in Figure 2 below and further described in the following sections.

Figure 2. Key elements to building a successful cohort model

Coordination

As a cohort, funded partners should know what each organisation is doing, minimising the duplication of effort and creating efficiency.

Funded partners were aware of the expectation to participate in the learning events via emails from Comic Relief and the Learning Coordinator. The effort to coordinate organisations was essential to creating this learning forum in which funded partners could

truly get to know each other's work and implementation approaches (as opposed to simply knowing of the organisation's existence), make connections to build future partnerships, and explore future funding opportunities. Through the coordination of both online and in-person convenings, funded partners reported appreciating the shared learning over the duration of the funding period. Funded partners also gave positive feedback for the way in which learning events were structured to facilitate coordination and participation.[56]

> *"As a result of the learning events, we see how best to work on new possible partnerships—if we want to work in a particular area (geographical or focus wise), there is now somebody there who we can partner with, so it makes things easier."*
>
> **– Funded partner**

Some funded partners did also note that having deeper facilitation of connections or more information earlier could have led to improved partnerships, and also highlighted the importance of maintaining a clear, focused agenda.

> *"For example, [Funded Partner] also does some work in Kisumu but we were not informed, despite their being in our area of work and expertise...We could have helped them. We should have worked together."*
>
> *"In terms of learning, having a structured learning agenda is essential. Currently, it seems that everyone is sharing what they're doing, which includes discussing challenges – a valuable practice. The structure is somewhat scattered, and it's essential to emphasise that a narrower focus would lead to more effective learning. [This can lead to] presentations becoming more purposeful and contributing to knowledge sharing and evidence accumulation."*
>
> **- Funded partners**

Funded partners generally agreed that learning spaces should be coordinated by and built into a funding opportunity. Ideally learning is purposefully designed in alignment with project objectives at the outset, and then adaptive and responsive to what emerges over the course of the funding period.[57]

[56] Theory of Change and Learning Workshop Feedback. Upward Bound, (January 2021).
[57] Key Informant Interview. (Summer 2023). Conducted by Green String Network.

Learning

An engaging cohort model offers pauses to reflect, generate new knowledge, share tips and tricks, and build capacity.

Funded partners shared numerous instances highlighting not just what they learned from the cohort, but how they immediately applied this learning. Examples included:

- Integration of more effective strategies to communicate with government actors.
- Shift in approaches to working effectively with children.
- Spread of the Human Library Model[58] and shift to one-on-one interactions with PWLE as well as creating social media engagements directed toward PWLE.
- Development of programme management systems to better capture project indicators and progress toward goals.
- Sharing of a pool of trained CHPs.
- Implementation of a new Health Management Information System (HMIS).

In all, integrating time for funded partners to reflect and share was a particular benefit in instances where an organisation was facing a barrier, could benefit from new insight and perspective, or did not have access to an important resource for quality service delivery.

Notable is the reach of these learning exchanges, leading to concrete shifts in improved service delivery and an increase in organisational capacity. For example, funded partners shared that the learning informed such areas as organisational vision and mission as well as enhanced internal systems and structures.

> *"[Learning events] helped identify areas where we needed improvement, such as our approach to engaging beneficiaries. Specifically, discussions during these events highlighted gaps, prompting us to re-evaluate and strengthen our strategies."*
>
> *"Learning from the onset and adapting as necessary, finding the best ways of working and incorporating them into the ongoing project makes things much easier. Because then you're not just looking at 'what else can we do' but the effects of what you did and how to fine-tune them to have the best implementation. That's something that really needs to come out in how donors engage with/see learning."*

[58] The Human Library was developed by the Human Library Organisation and uses a "safe framework for personal conversations that can help to challenge prejudice, aim to help rid discrimination, prevent conflicts and contribute to greater human cohesion across social, religious and ethnic division."

-Funded Partners

One funded partner shared how attending to differing contexts of organisations is important in shaping learning for a cohort. Even within a smaller group of organisations sharing similar objectives, there are different challenges, service demographics, and visibility levels that impact learning and should be considered in learning design.

> *"Make the learning applicable to all partners in the cohort – some are small, some large; some local, some national; despite coming from the same country, they can work in very different contexts/communities with very different cultures or experiences. Learning or gathering should not assume homogeneity."*
>
> **-Funded Partner**

Collaboration

An engaged cohort co-creates and co-works on shared projects and initiatives.

As funded partners were brought into the learning space and then given the opportunity to learn from one another, they naturally saw places to strengthen their efforts through collaboration. Particularly in advocating for mental health policy, funded partners found that collaboration could amplify their voices in getting the attention of relevant government actors. The following are examples of collaborations that took root (with many still ongoing) over the funding period:

- Multiple funded partners collectively advocated on behalf of the Mental Health Amendment Bill, which was passed in June 2022, and supported the launch of a National Suicide Prevention Strategy by the Government of Kenya.
- All partners contributed to a draft of the "Mental Health Practice Guide" (2022) intended to offer general guidance to organisations in Kenya engaged in mental health interventions at the community and institutional level.
- Two funded partners began conducting joint initiatives in the regions of Isiolo and Kilifi, advocating for access to and quality of mental health service provision.
- Two funded partners collaborated with the governors of Kisumu, advocating for access to and quality of mental health service provision.
- Collaborative efforts on development of certain documents or policies such as government memos and a policy agenda on gender-based violence.
- Funded partners provided referrals to one another for mental health services where

these linkages formerly did not exist.

A funded partner spoke to the significance of these collaborations:

> *"[The collaborative advocacy efforts] allowed us to reflect internally on how to attribute [advocacy] wins. Learning events also allowed all of us to fine tune advocacy goals and indicators around our advocacy outcomes."*
>
> **-Funded Partner**

Funded partners are hopeful that collaboration continues and deepens after the funding period. Some noted the possibility for establishing an MoU between certain funded partners that lays out agreements for joint work on future funding requests and collective advocacy efforts related to Gender-Based Violence and disabilities.

The funding period provided structure, however, that can be difficult to sustain without a formal mandate for this collective effort. For instance, funded partners invested time to create a policy brief, *Overcoming Barriers to Accessing Mental Health Services in Kenya*, that has not been shared with relevant actors since its creation. Funded partners suggested that a national consortium for mental health service providers could serve as a designated gathering place from which to sustain collaborative advocacy efforts, such as information sharing, referrals to funding sources, and collaboration opportunities. The need for such a space was particularly salient as funded partners shared that effective collaboration with national and county governments could be one way to reduce reliance on donor funding in the long term and that without such a forum, potential actions are not taken due to limited capacity of any one organisation to carry out such efforts alone.

> *"It would be nice if we could get a consortium started with all the funded partners and get funding for the consortium to further [the joint mental health advocacy brief] and work together to advocate for and advise on that document, as well as do general advocacy/policymaking at the national level. Currently, there is no strong consortium doing that at the national level. We have the potential to do something really big and good if we can come together as the funded cohort to form that consortium."*
>
> *"'The interactions/learning events around developing the joint mental health advocacy brief were good/helpful, but without a plan or funding to implement it/do advocacy around it, there's not much impact it has."*

-Funded partners

Network Building

Cohorts ideally provide opportunities for members to extend visibility and networking for the long term, and beyond relationships built within the cohort.

Funded partners lifted up two key areas for network building: first among the funded partners both within and outside of the funding period and secondly, opportunities with outside organisations such as donors or conference conveners.

Funded partners felt learning events were helpful in catalysing their network. While some limited their networking and participation to projects of joint work, several partners also indicated that these networking opportunities continued past the funding period.

> *"We are in constant engagement with [other funded partners]. We have a WhatsApp group. We share resources, ask questions, and ask for information. Communication and engagement haven't really stopped. There is still very regular interaction."*
>
> **-Funded partner**

Being associated with Comic Relief also enhanced organisations' credibility with and connection to other funders. Several funded partners relayed that through Comic Relief networks they had learned of or were invited to additional funding opportunities. Through the grant period, funded partners networked with cross-sector professionals such as lawyers, teachers, and psychiatrists. This external networking led to invitations to other opportunities such as mental health advocacy events, webinars on mental health, and invitations to working groups. Nearly all funded partners said they wanted more network building opportunities with external entities, particularly potential funders, believing this to be critical in increasing visibility and likelihood for future funding.

> *"[Funders should share] facilitating opportunities that contribute to long-term sustainability and programme success while also advancing the broader goals of mental health awareness and support. For example, engaging [funded partners] in international events for them to showcase their programmes would be of great help."*
>
> **-Funded partner**

Comic Relief's role as a funder

Evaluation Question: How did the funded partners experience Comic Relief's role as a funder and how did Comic Relief's grant management approach contribute to or influence overall programme goals (if at all)?

Funded partners overall reported a positive experience with Comic Relief's grant management. Several shared that working with Comic Relief felt more supportive than working with other funders and that Comic Relief frequently demonstrated their interest and investment not just in the interventions, but in creating positive outcomes. Funded partners said this support was consistent from procurement, through reporting, to finalisation of the programme and extended beyond financial support with the learning events. Partners communicated that they felt Comic Relief trusted them to carry out their funded work and that Comic Relief affirmed their organisations' expertise and contextual knowledge.

> *"[We] appreciate [Comic Relief's] flexibility with funding; [they] didn't impose caps/controls on us but allowed us to structure the funding in a way that would work best for us as an organisation and for the programme. They let us do as we saw fit – as long as the programme is working, and there is cost effectiveness, they saw that as justification for the way we spent the funds."*
>
> *"We commend Comic Relief for maintaining this commendable level of performance and encourage them to continue their excellent work."*
>
> **-Funded partners**

Again, after data analysis, the evaluation team drew the following themes as distinct to Comic Relief's role, with each in greater detail below.

- Treating funded partner staff as first beneficiaries
- Funding the work *and* the organisation
- Supportive of local ownership
- Accessible and responsive

Treating staff as first beneficiaries

There was consensus among funded partners that Comic Relief prioritised their

organisations' staff, understanding that staff wellness and efforts to build organisational capacity were integral to quality service provision and building sustainable programming. Funded partners felt this in multiple ways over the funding period and cited instances such as providing financial support for organisational capacity building, making possible a yoga room for staff at one funded partner organisation, and refraining from enforcing strict salary caps during the height of COVID-19. It was also clear to funded partners that Comic Relief emphasised quality over quantity when it came to implementation activities. Comic Relief encouraged realistic outcome projections to support quality work and match internal capacity.

> *"[Comic Relief] takes good care of the project staff, and that goes a long way to improve the project's implementation. For example, on other projects salaries remained constant despite COVID and rising cost of living, which meant people left for greener pastures and there was disruption to the project. Comic Relief was less strict on salary caps because they see frontline workers as first beneficiaries."*
>
> *"We went to Comic Relief originally with very high numbers—going off of our previous experience with [US-based] donors that generally want us to be ambitious and also wanting [us] to be as [quantitively] impressive as possible. But they came back asking us to focus on quality and realistic numbers, on reaching less people but doing a better/more impactful job, and not being focused on achieving quantity but 'affecting with quality.' They asked us, 'what is the quality of engagement?' Now I am certain that the people we've reached we've reached effectively and impactfully."*
>
> **-Funded partners**

Funding the work *and* the organisation

In tandem with funding the implementation of project activities, Comic Relief provided financial resources for organisational capacity building. The partners used this funding in various ways such as strategic planning, restructuring and revising job descriptions to better serve organisational needs, developing feedback mechanisms and performance review processes and targets, training on programme management and finance, and reviewing and updating policies including around safeguarding. Funded partners benefitted from the focus on both project work and organisational strengthening in tandem, noting "substantial gains" in that this approach allowed for implementation and internal capacity to grow side-by-side. This support was mutually reinforcing with increased organisational capacity furthering quality service provision, and the resulting

implementation of activities demanding increased organisational capacity. Funded partners further reflected on the importance of funders supporting an organisation's journey to self-reliance.

> *"[Comic Relief] is one of the few donors who ensured there was capacity building, and this boosted our systems and structures. We appreciate where they've gotten us to and left us. Without this funding, this would have been impossible or taken a much longer time to get to where we (our systems, structures, capacity) are now."*
>
> *"Funders should enable local communities, taking them through the journey to self-reliance, not just in funding but in strengthening them."*
>
> **-Funded Partners**

The following are examples of the benefits of choosing to resource capacity building alongside programme implementation:

- **Increased proficiency in grant writing and reporting**: Both Comic Relief's advisory role and capacity building support allowed organisations to refine reporting frameworks and grant writing skills, thus strengthening their position for future fundraising.[59]
- **New online skills and capacity**: One funded partner developed a curriculum for conducting effective online trainings. Prior to receipt of funding, no protocol or standards were in place to host online trainings and the need for online delivery became urgent when COVID-19 made meeting in-person impossible.[60]
- **Building MEL data procedures:** One funded partner focused on strengthening their MEL practices, including conducting a session on the topic for all staff and board members, creating a new participant form now used across all site locations, initiating field staff monthly reports, and learning about the importance of data collection and analysis in evidencing their work. This increased confidence across the organisation for advocating with government actors.[61]
- **Building visibility**: Several funded partners shared that they submitted abstracts pertaining to relevant areas of their work to conferences or journals. For instance,

[59] Key Informant Interview. (Summer 2023). Conducted by Green String Network.
[60] Outcome from PHR Kenya
[61] Outcome from KAIH

TiYO had an abstract accepted at the 14th Kenya Psychiatric Association Annual Conference and was recognised by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) to assist with the development of the Community Drug Use Management Framework.[62]

Supportive of local ownership

Grant management which promotes local ownership contributes to trust between funder and funded partner, with funders showing commitment to and awareness of local context and expertise. For the most part, funded partners believed Comic Relief acted in ways that supported good local ownership; for example, Comic Relief took a collaborative approach to developing project outcomes and provided consistent feedback on reports. One funded partner, part of an international NGO, appreciated Comic Relief's distribution of funding directly to their local office as opposed to funds being channelled through international headquarters, a noted difference from other funders and one that demonstrated trust in local capacity.

At the same time, funded partners felt that local ownership could be strengthened even more through increased communication from Comic Relief outside of designated reporting times. Funded partners found positive value in working with consultants via Comic Relief funds for activities such as organisational strengthening (Galvanizing Africa), MEL (Julie Tumbo), and learning events (Upward Bound) but at times felt they knew the consultants better than Comic Relief staff.

> *"Sometimes it can feel too quiet, though... If you don't look for them, they don't look for you. They don't really get in touch unless there's something to ask or update. The donor-partner relationship is important to keep organisations in check, but also just to show face/be visible."*
>
> *"Comic Relief should work on being more intentional about building strong bonds with their funded partners. It feels like we have a stronger relationship with all the consultants versus with the donor, but that should be the strongest relationship."*
>
> **-Funded Partners**

[62] Outcome from TiYO

Accessible and responsive

Funded partners largely agreed that Comic Relief was both accessible and responsive as a donor. Even prior to signing funding agreements, funded partners said Comic Relief made themselves available for conversations related to potential project outcomes and actively interacted with funded partners around deliverables throughout the funding period. Funded partners noted that Comic Relief's feedback was prompt and because of Comic Relief's responsiveness, funded partners felt communication was "more effective and personal." When minor delays did occur due to a period of staff transition within Comic Relief, there was enough credibility and trust built that funded partners were understanding.

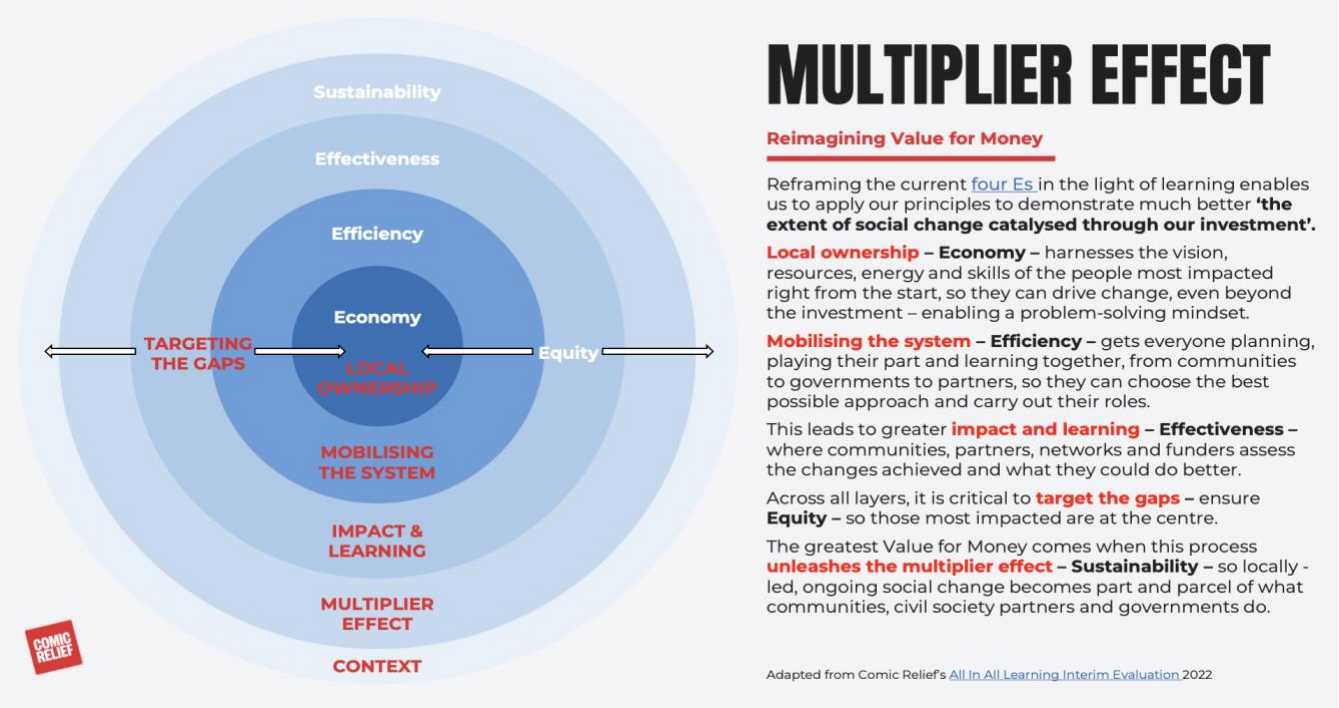
Comic Relief also asked funded partners directly for feedback and adapted accordingly when possible. For example, Comic Relief shifted following recommendations stemming from the learning events and remained focused on work quality rather than strict outputs or deadlines.

> *"There were no walls in terms of feeling like you can't share feedback. Where we felt there were challenges, we were keen on sharing."*
>
> *"What's noteworthy is that Comic Relief didn't stop at just collecting this feedback; they actively reached out to the organisation for additional clarification and suggestions on how they, Comic Relief, could improve."*
>
> **-Funded Partners**

V. Value for Money

Comic Relief has developed a framework to help them be consistent in how they talk about, implement, analyse, report on, and evaluate their approach to Value for Money in their funding activities. In this framework, Comic Relief has reimagined the concept of value for money to reflect what value means for communities, partners, and systems they serve. The evaluation team applied the Value for Money framework, shown in greater detail in Figure 3, to the data collected as part of the evaluation and found each element of the framework addressed in the following ways.

Figure 3. Comic Relief Value for Money framework



Local ownership (economy)

Local ownership was demonstrated within the funding relationship via:

- Co-development of indicators for ongoing monitoring.
- Open lines of communication through which adaptations requested from funded partners could be and were made.
- Investment in learning events and organisational capacity building that worked to strengthen and catalyse local ownership, voice, judgement and skill.

Funded partners themselves also used approaches that exemplified local, and specifically PWLE, ownership.

Mobilising the system (efficiency)

This evaluation was structured to look across various levels of actors within the mental health ecosystem precisely because the portfolio was designed to activate work and impact across the ecosystem. Collaboration first created efficiency internal to the cohort, getting partners to work together. Collaboration across system levels also happened with

government actors through technical working groups and at the community level and within and between healthcare facilities, leveraging existing infrastructure and systems to include mental health—rather than trying to build new structures. Another successful strategy for maximising efficiency was the implementation of new standards such that existing systems could perform better for individuals living with mental health conditions. Lastly, public campaigns and advocacy demonstrably increased the visibility of mental health among families, community members, care professionals, and key decision makers.

Impact and learning (effectiveness)

This report covers the impact and learning of the programme, again noting positive outcomes, or instances of behaviour change, across various levels of the social-ecological model. The portfolio achieved broad impact and demonstrated connectedness overall within the ecosystem.

Multiplier effect (sustainability)

We consider sustainability to be changes which are unlikely to be undone or will likely continue beyond the funding period. While certain human resources and ongoing activities will certainly be affected and potentially put at risk by the ending of this project, there were many outcomes that are highly likely to remain, including:

- Increased capacity of funded partners
- Positive reputation of funded partners for having been funded by Comic Relief
- Changes in attitude/awareness
- Changes in knowledge (training)
- Changes in policies/standards
- Changes in planning/budgeting
- Changes in use of space (quality of care)

Targeting the gaps (equity)

The entire project targets a marginalised group that is seeking equitable treatment and care, namely persons with mental health and psychosocial conditions. This focus aside, the mix of funded partners within the portfolio worked specifically with, or specialised in treating, certain subgroups who tend to be additionally marginalised, such as persons with intellectual disabilities, survivors of sexual violence, refugees and internally displaced

people, those accessing perinatal healthcare, and single mothers. Presumably, this was by design, although it is not known to the evaluation team if assessment was done across Kenya to determine particular nuances of inequity within the field of mental health that could or should be targeted or tended to. It is likely an area for further exploration and growth in this area of the framework. We would also note that many small, grassroots organisations are particularly effective at reaching and serving marginalised populations as they are the most trusted, while funded partners were slightly larger organisations than many.

Overall Value for Money

Given the evidence toward each of the criteria, the evaluation team concludes that the *Improving Mental Health and Wellbeing in Kenya* portfolio of funding has ample evidence of having provided significant value for money. Overall, the programme targeted gaps in the Kenya mental healthcare system while maintaining an equitable approach, thus extending the changed catalysed through the investment.

VI. Recommendations

The evaluation team's recommendations are focused on strengthening firstly the ecosystem of mental healthcare in Kenya and, secondly, the role of the funder. These recommendations represent themes that consistently arose from outcome statements, site visit interactions, stories of change, and secondary analysis documentation. This data demonstrates overall the progress and success of programme interventions and points to a positive relationship between Comic Relief and the funded partners. These gains should not be understated. These recommendations are offered in the spirit to continue building from this success. What has already been achieved and learned can now be used as a catalyst for continuing and improving upon this work, and in mental health programming more widely.

Strengthening the mental healthcare ecosystem

Utilise the programme Theory of Change

As noted in the evaluation design, a programme Theory of Change (ToC) was refined and further developed as part of this evaluation (see Annex A), particularly to outline a more comprehensive understanding of the pathways for change. The ToC

outlines a vision of a thriving mental health ecosystem in Kenya with three key change pathways working together to achieve this vision:

1) Systems: Including policies, procedures, data, standards, budgets, and plans for example.
2) Provision of care: Including the quality of that care, equitable access to care, a continuum of care, and various modalities of care.
3) Cultural and social norms: The unwritten rules of beliefs, attitudes, and behaviours in regard to mental health.

The ToC further lays out how change happens through each of these pathways and the various components to each, some of which are noted here in the subsequent recommendations. Each of the three change pathways offers rich opportunities for influence and meaningful shifts. While no single strategy, project, or action will achieve a thriving mental health ecosystem— joint contributions create change in the right direction. The evaluation team encourages actors within this field to utilise this ToC via:

- Locating their work/intervention within the mental health ecosystem.
- Consider any adjustments to strategy or underlying logic given this theory.
- Consider various and additional opportunities for partnering and relationship-building considering the various change pathways.
- Consider any additional insights or opportunities for driving change.

Investing in a thorough ToC is crucial because, when thoughtfully developed, it becomes a powerful tool that not only articulates desired change but also maps out the pre-conditions and interdependencies in a series of if/then statements. Collaborating with funded partners in the ToC process can be an important learning experience for funders, as they gain insights from the experts on how change is perceived and enacted in communities. By leveraging the experiential knowledge of partners, funders can adapt their investment strategies to align with the identified pathways for change, ultimately fostering more relevant and impactful interventions.

This process also cultivates a contribution, rather than an attribution, mindset among stakeholders and assists them in understanding their roles within a broader context, which is likely particularly helpful in a cohort model of funding. The ToC can serve as a compass, specifying where a programme intends to intervene and where it won't, and align stakeholders toward a shared purpose with agreed-upon reasoning. For funders, the ToC becomes a tool to identify the drivers of change they are investing in, ensuring clarity about expected outcomes and impacts. This then allows for a complexity-aware, theory-based

evaluation of a programme, with the ToC serving as a guide to assess the extent to which change unfolded as anticipated.

Continue to expand and acknowledge diversity in mental health and care approaches

As highlighted in the ToC, further strengthening the system will come from moving away from a singularly focused biomedical model to one that fully embraces a diversity of skilled practitioners and of healing approaches, thus widening the net of persons open to receiving care and persons treating mental health. Treatment approaches must address the myriad complexities and options for mental healthcare. While treatment may look like receiving care from a doctor and receiving medicine, it might also integrate such healing interventions as occupational therapy, working with a traditional healer, or attending group therapy. This also means attending to the diversity of both mental health conditions and people with mental health conditions, who may have different religious beliefs, ages, geographies, incomes, and educational levels, as well as with vastly different mental health conditions. PWLE are of course not a monolith, and require a diversity of practitioners, services, and treatments.

The national formalisation of CHVs in both affirming skill and name recognition (now CHPs) has increased credibility of these providers and equipped them with proper medical equipment and a stipend. Moving away from building certain streams of service provision on unpaid labour is an excellent example of formally diversifying the range of skilled practitioners.[63] Likewise, one funded partner worked with Mental Health Champions (PWLE) who participated in sensitisation and social contact events, engaging in one-on-one conversations with community members about mental health and their own journey with mental health. This strategy opened up additional pathways to learning about mental health and to receiving a referral catered to the individual.[64]

Continue to develop both data- and narrative-driven calls for change

Understanding what drives change among specific actors is critical. As the ToC notes, the evaluation inquiry found that both data and narratives play important roles in creating change within the mental health ecosystem, albeit with different audiences, again requiring a nuanced perspective of the diversity of actors within the Social-Ecological Model (SEM). Data and research were more effective in influencing government actors and key decision

[63] Story of Change 10: Formalising the work of Community Health Volunteers. (2023).
[64] Outcome from BNBR

makers. Narrative and stories were more effective tools for shifting cultural norms and beliefs. A combination of the data and stories were useful in shifting to quality service provision.

For example, one funded partner noted that community groups at both the local and national level were beginning to include mental health information into their programmes and that this change was observed following stakeholder forums where the funded partner disseminated findings about mental health research and programmatic data on mental health provision. The data then became the main tool in beginning conversations about the importance of mental health.[65] Another funded partner shared a story of increased quality of care demonstrated within county hospitals (greater intentionality of service provision to those with mental health conditions, reduced stigmatisation, and addressing abuses) after staff at these hospitals began to use the community scorecard process *and* learned from the feedback of PWLE via the results of these scorecards.[66] In all, funded partners stressed both the need for greater data and statistics around mental health to share in advocacy, as well as demonstrated creative and influential ways of lifting up and making space for PWLE to share their own stories—both of which need to continue for sustained change.

Increase networks of care and shared responsibility for care

Mental healthcare provision benefits from opening up access to networks of care and sharing the responsibility for care among a broader set of organisations and individuals. Historically, a barrier in mental healthcare provision in Kenya has been the country's limited access to services and the isolation of caregivers as the sole provider for individuals with mental health conditions. Due to deeply held stigmatising beliefs around mental healthcare, these caregivers may feel safest when those they care for are hidden away from society and not allowed to make their own decisions about their care. Operating in such conditions is not sustainable for any one individual caregiver and certainly not for the healthcare system as a whole.

Funded partners demonstrated that, when access to services is increased and there is a greater shared sense of responsibility to those with mental health conditions, improvement in care and reduction in stigma is apparent. For instance, one funded partner provided occupational therapy services including training on life skills and financial literacy to those with individuals with mental health conditions. Building these skills not only provided access to care, but also assisted these individuals in reintegrating into their

[65] Outcome from TiYO
[66] Outcome from HERAF

communities and shared the responsibility of care for these individuals.[67]

Strengthening Comic Relief's role as a funder

Continue to implement a cohort model to strengthen learning initiatives

Learning proved to be a central component to funded partners' work, fostering immediate implementation of learning, the formation of partnerships, and joint mental health advocacy efforts. The success of the learning initiatives also highlighted the importance of structuring learning in ways which facilitate movement to action and sustainability. In attending to the four pieces of a successful cohort model as outlined above (coordination, learning, collaboration, and network building), a learning cohort can experience clear and structured coordination that centralises learning, collaboration opportunities, and network building for the purpose of strengthening individual organisations and the collective presence and efforts of the cohort.

Funded partners shared many ways in which they benefited from the learning events themselves and what organisational changes and partnerships emerged as a result of the events. They also expressed wanting *more* structure and coordination of learning as well as more frequent opportunities for collaboration and networking.

> *"Absolutely, so many [benefits to the learning events]: the partners who do a lot of (really good) research in the mental health space have really enriched our network."*
>
> *"The learning events were essential but not enough. It would have been nice to have them done quarterly to increase the bonds/relationships between the funded partners, and for the learning coordinator to support/work with individual organisations' learning as well, not just across the cohort."*
>
> **-Funded Partners**

Provide unrestricted funds for a longer time period

Funded partners unanimously agreed that unrestricted funds and longer funding periods (three to five years minimum) is most beneficial for quality implementation and core to sustainability. Supporting longer-term projects and doing so within an unrestricted model allows for organisations to make the best choices with the funds they have been given and

[67] Outcome from Kamili Organisation

greater ease in adapting to changes and fluctuating circumstances in project plans. Further, it allows service providers to broaden care services, respond to emerging challenges, support additional staff, and to meet the demand for mental healthcare in Kenya. As noted earlier in this report, a result of initial funding led to the realisation that the demand for care often exceeded the capacity of the organisation.

Several funded partners expressed the need for funding dedicated to capital costs such as motorcycles for transport to rural areas, as not having these can greatly hamper organisational capacity.[68]

> *"Unrestricted funding is really what helps organisations to grow and to achieve their milestones – not just of projects but of the organisation as a whole."*
>
> **-Funded Partner**

Increase shared social capital and visibility to improve sustainability

Funded partners communicated that they felt they could have benefited more from Comic Relief's shared social capital. Given the position Comic Relief holds as a funder, sharing social capital offers visibility of the work of funded partners and, in doing so, contributes to ongoing sustainability of funded partner implementations. For instance, funded partners shared such possibilities as sponsoring visibility-expanding events, showcasing funded partners on Comic Relief's website, providing a formal letter of support, and facilitating introductions with other relevant funders.[69]

> *"Referrals would have also been helpful. We have done substantive work. It would be nice if Comic Relief could refer us to other donors so they can (and we can) continue our work."*
>
> **-Funded Partner**

Where this did happen, it was apparent that ongoing sustainability was supported; for example, at least one funder shared that Comic Relief's social capital was integral in opening doors with the Segal Family Foundation. Others indicated that Comic Relief helped facilitate relationships with key cross-sector actors such as lawyers and teachers.[70]

[68] Key Informant Interview. (Summer 2023). Conducted by Green String Network.
[69] Key Informant Interview. (Summer 2023). Conducted by Green String Network.
[70] Key Informant Interview. (Summer 2023). Conducted by Green String Network.

Invest in local presence and further relationships with local partners

Investing in local presence is a vital component in de-risking threats to funded work. With local presence, relationships are strengthened and trust is built, providing a natural antidote to project risks. Further, through local presence, nuanced information can be more readily accessed and advised on, a higher-touch communication approach is possible, and equity is supported as the work of smaller grassroots organisations is likely to be more well-known and visible from someone within the geographic context.

If permanent on-the-ground presence is not possible, there are numerous other ways for a funder to strengthen its local presence, including increasing communication with partners outside of reporting times, setting up more trips to visit partners in-person, and continuing and expanding outsourcing to local firms (as was the case with Upward Bound) to play additional roles and serve in local advisory capacities.[71]

> *"The funder/fundee relationship can be hierarchical. . . funders should be on the same level as partners – come down to the team and let's learn together [as] both parties have something to offer. This can also be done by continuous engagement, funders coming to the ground and appreciating what is happening there, and by them providing the technical and capacity support and allowing partners to utilise their programmatic/contextual expertise."*
>
> **-Funded Partner**

Broaden and share focus on organisational learning

There is immense opportunity for sharing organisational learning, both across countries, regionally, and internationally. Doing so would create additional mechanisms for increasing network building and partnership opportunities, foundationally supporting sustainability. Funded partners offered suggestions such as having the ability to participate in regional and international learning experiences that align with core elements of their own programmes, showcasing their work at conferences where they can network, and having a funder-hosted annual learning event with local, regional and international organisations. One funded partner proposed that this institutional knowledge could be distilled through short courses offered by Comic Relief with topics in human rights, capacity building, etc.[72]

[71] Key Informant Interview. (Summer 2023). Conducted by Green String Network.
[72] Key Informant Interview. (Summer 2023). Conducted by Green String Network.

"Comic Relief could enhance ongoing interaction with project personnel to facilitate additional opportunities for forums and international collaborations with mental health consortia."

-Funded Partner

Continue to fund capacity building alongside implementation

This evaluation cannot understate the funded partners' appreciation for and the immediate utility of the organisational capacity building component. Funded partners unanimously expressed how helpful these learnings were in strengthening various organisational areas from internal systems and structures, MEL and data collection, knowledge of mental health across organisational roles, to supporting staff wellbeing. Putting resources in building or strengthening these foundational elements core to organisational operation offered a platform from which funded partners could be better supported in carrying out their intended implementations and doing so in a way that fully realised their creative capabilities.[73]

Doing this capacity building alongside programme implementation is important for both maximising experiential learning and increasing the likelihood of ongoing organisational sustainability.

"Funders should invest in the growth of the organisation, not just the programmes, where organisational growth support includes, for example, multi-year funding, staffing, strategy planning."

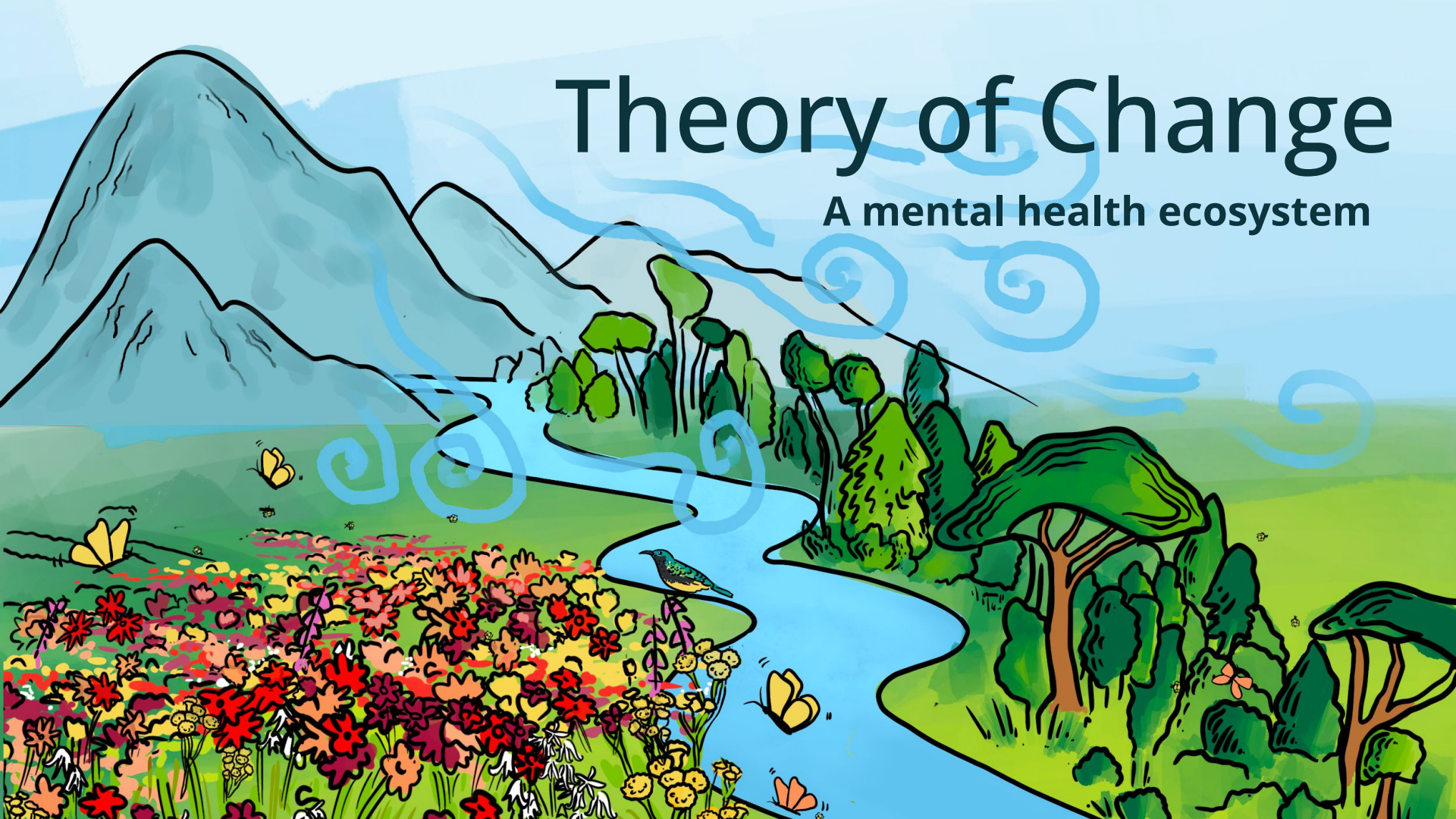
-Funded Partner

VII. Conclusion

Since 2020, organisations receiving funds for the *Improving Mental Health and Wellbeing in Kenya* programme have clearly demonstrated evidence of stigma reduction, an improved service provision continuum, and improved access to quality healthcare. While continued progress towards these goals remains, the evaluation outlines specific recommendations that address some of the barriers within the Kenyan mental health ecosystem and offers

[73] Key Informant Interview. (Summer 2023). Conducted by Green String Network.

suggestions for the role of Comic Relief as a funder. Investment in the programme and the momentum built over the course of the funding period can serve as a catalyst for future efforts that continue to work towards a Kenya in which people with mental health conditions and psychosocial conditions are engaged, empowered, and able to enjoy their rights on an equal basis.


Theory of Change
A mental health ecosystem

A vision of a thriving mental health ecosystem:

Kenya is a place where people with mental health conditions and psychosocial conditions are **engaged**, **empowered**, and able to **enjoy their rights on an equal basis.**

In order to experience the vision of a thriving mental health ecosystem, **change is needed**.

There are **three change pathways** that each contribute to achieving the vision.

1.

Systems

Including policies, procedures, data, standards, budgets, and plans for example.

2.

Provision of Care

Including the quality of that care, equitable access to care, a continuum of care, and various modalities of care.

3.

Cultural and Social Norms

The unwritten rules of beliefs, attitudes, and behaviours in regard to mental health.

Each pathway **changes in a different way…**

Change in **systems** ***flows like a river***.

Change in **provision of care** is like ***growing a field of wildflowers***.

Change in **cultural and social norms** ***blows around like the wind***.

DATA-BASED ARGUMENTS

STORIES AND NARRATIVES

The primary influences on these pathways are data-based arguments and stories/narratives. Data-based arguments are more likely to move change within systems. Data and stories help to change the provision of care. Cultural norms are most effectively moved through stories.

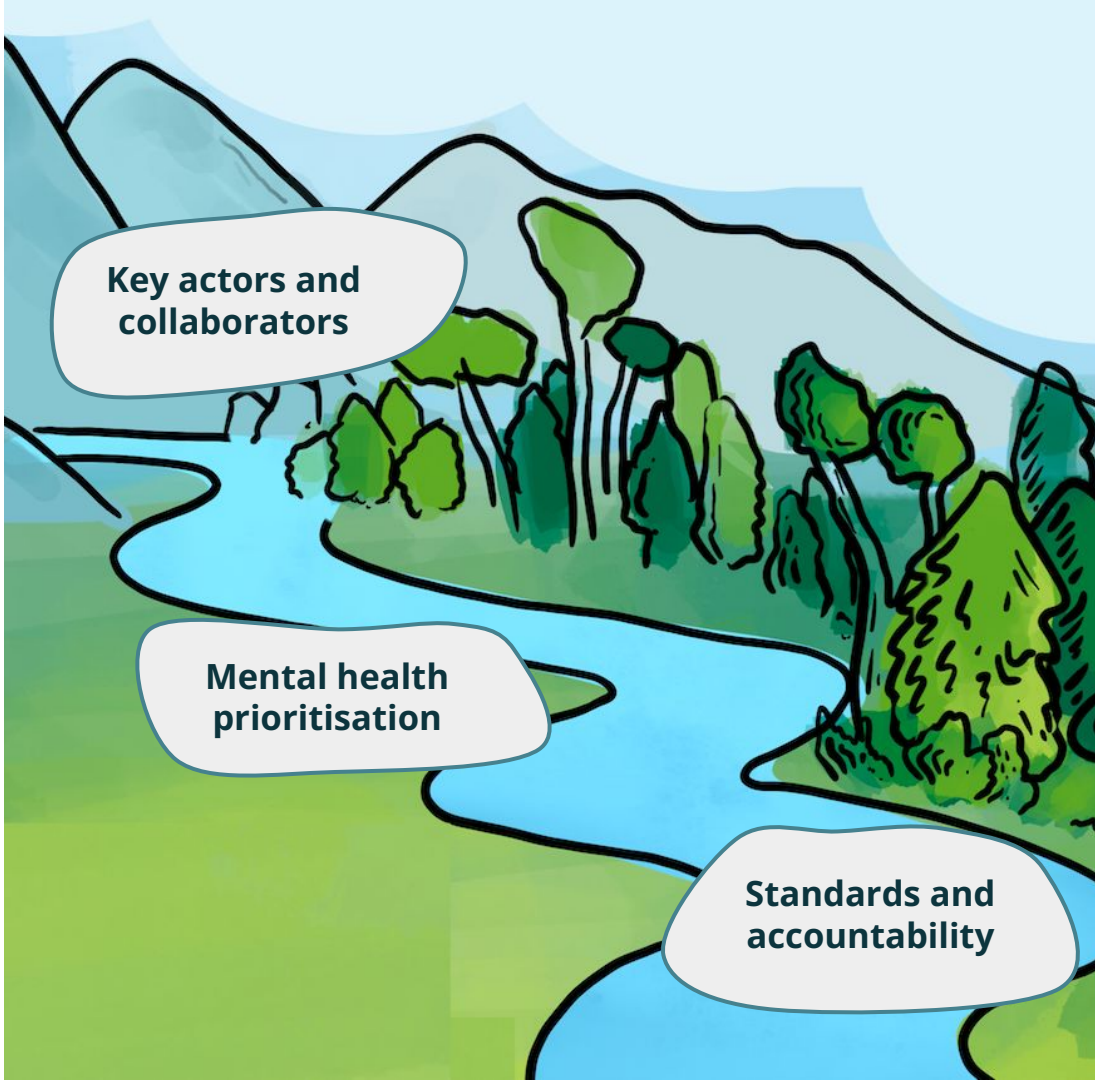
Change Pathway:
Systems

Change in systems flows like a river.

Key actors and collaborators are activated and engaged at the headwaters, sometimes beginning as a small trickle, but steadily gaining momentum.

Mental health is prioritised, developing a steady current as it is planned for, budgeted for and attended to in policy.

The nourishing effects of this flow freely into the delta of **standards and accountability** leading to robust care and growth for persons living with mental health conditions.



Change Pathway: **Systems**

Key actors and collaboration

IF decision-makers and those with power pay attention and take actions ***and*** different portions of the system and different perspectives coordinate and collaborate

THEN Mental health policy is made ***and*** mental health is planned for and budgeted for to meet needs.

Mental health prioritisation

IF Mental health is prioritised by key actors

THEN policy is progressive and inclusive ***and*** standards are put in place.

Standards and accountability

IF standards are in place

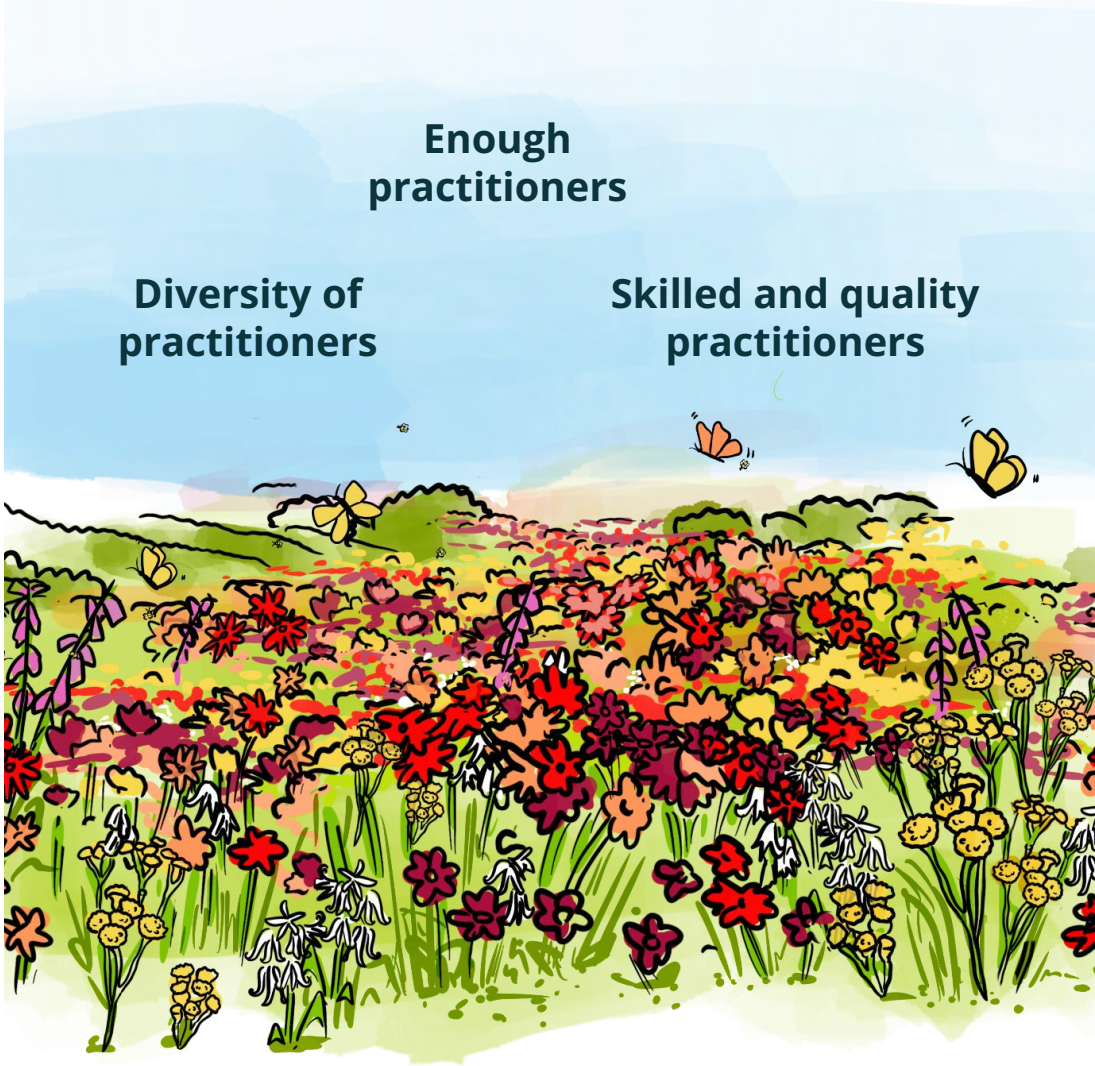
THEN policies are activated ***and*** held to account.

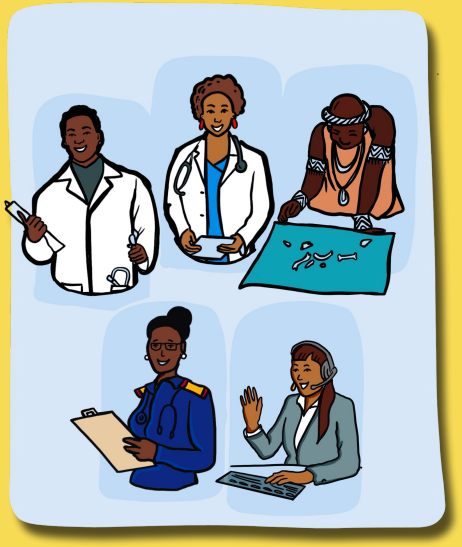
Change Pathway:

Provision of Care

Change in provision of care is like growing a field of wildflowers.

An ecosystem needs a great **diversity** of flowers and plants (practitioners), an abundance of flowers ensures there is **enough** nutrients for other members of the ecosystem, and you want soil, sun, water, and other inputs (**skills**) to ensure your flowers are high **quality**.





Change Pathway: **Provision of Care**

Skilled and Quality Practitioners

IF there are skilled and quality practitioners

THEN care is responsive, trauma-informed, and evidence-based.

Enough Practitioners

IF there are enough practitioners to meet both demand and need

THEN care is available and easier to access.

Diversity of Practitioners

IF there is a diverse array of mental health practitioners (this is inclusive of: doctors, nurses, receptionists, CHWs, CHPs, traditional healers, social workers, and even caregivers)

THEN care is comprehensive and easier to access.

Therefore:

IF there are a diverse, robust number of high quality and skilled practitioners

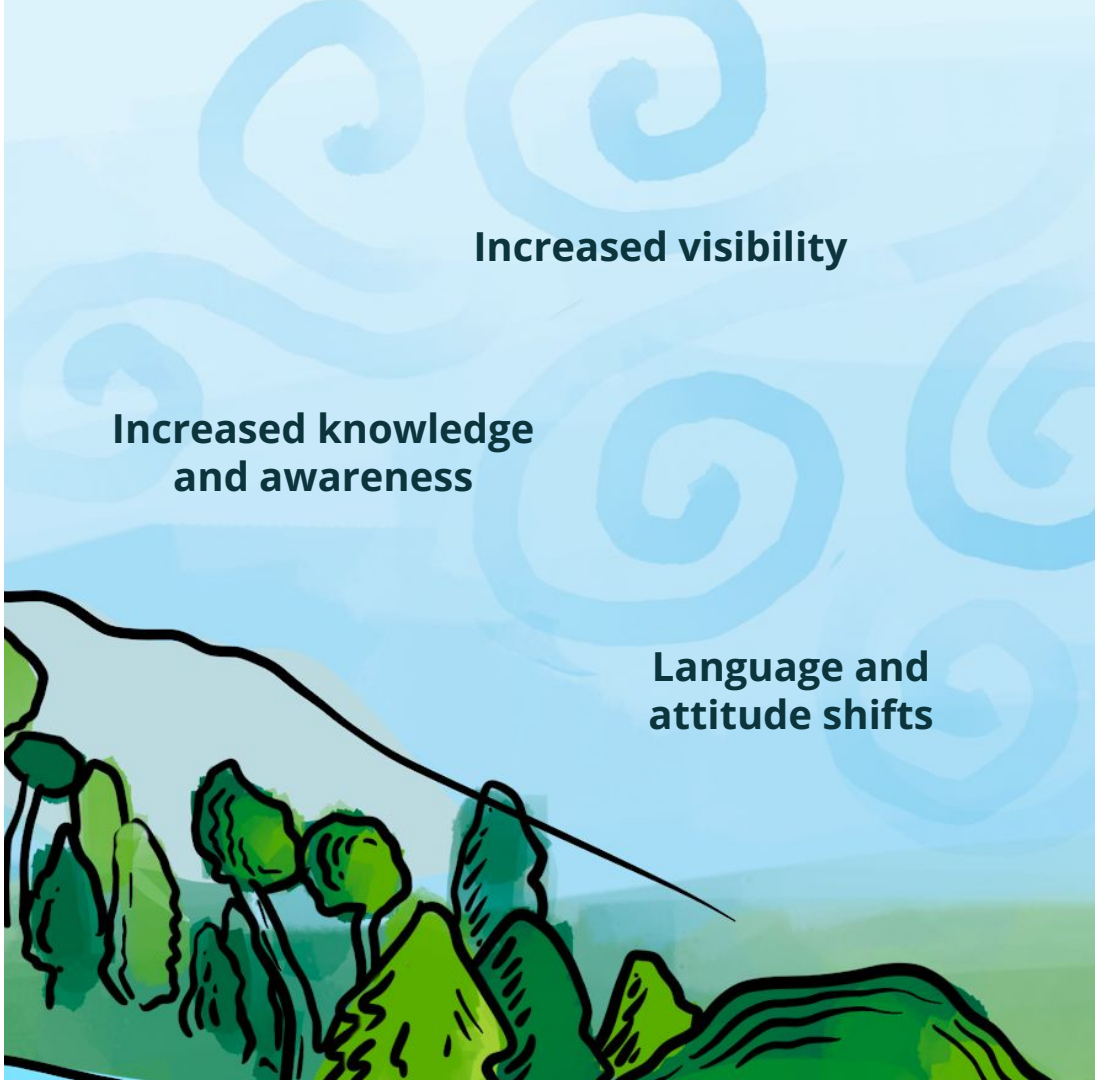
THEN there are better outcomes and a higher quality of life for persons living with mental health conditions.

Change Pathway:

Cultural and Social Norms

Change in cultural and social norms blows around like the wind.

As the wind swirls around us, whirling leaves and seeds through our environments, so too do **increased knowledge and awareness**, **language and attitude shifts**, and **increased visibility** go round and round. They mutually reinforce each other and pick-up momentum, blowing through communities to leave a changed landscape.



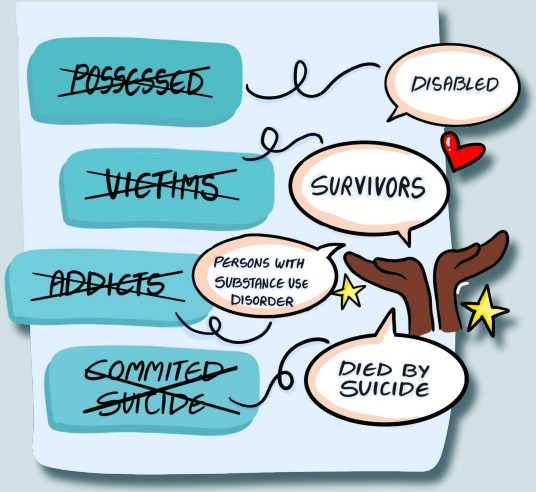
Change Pathway: **Cultural and Social Norms**

***IF** there is a change in attitude, language and increased visibility*
***THEN** mental health is prioritised (see SYSTEMS).*

Increased knowledge and awareness

IF people have increase in both awareness and knowledge of mental health

THEN the language they use will shift.



Language and attitude shifts

IF there is increased visibility

THEN more people know about it.

Increased visibility

IF language and attitude shifts

THEN stigma and discrimination will be reduced and it's easier to talk about and more likely to come up.

How to use this **Theory of Change**

Each of the three change pathways offers rich opportunities for influence and meaningful shifts. No single strategy, project, or action will achieve a thriving mental health ecosystem—but our joint contributions combine to move us in the right direction.

If you are a CSO, NGO, government actor, or community group:

1. Locate your work/intervention within the mental health ecosystem.
2. Consider the strategies and underlying logic of your work/intervention, any adjustments you would make to sharpen their potential for change given this theory?
3. Consider your partners and relationships. Are there any joint pieces of work that would have synergistic effects given this theory?
4. What opportunities for driving change do you see within this theory that give you new ideas or insights into actions available to you?

Acknowledgements

This Theory of Change was created as part of the Comic Relief and FCDO funded *Improving Mental Health and Wellbeing in Kenya* programme evaluation. It is a subsequent iteration of the Mental Health Matters Theory of Change initially developed in August 2019 with input from mental health organisations in Kenya and further worked on in February 2021 via input from funded partners and work of programme learning coordinator Upward Bound.

The final evaluation of the programme was a collaboration between Kenya-based Green String Network and US based Picture Impact, LLC. The evaluation team focused on refining the Theory of Change via incorporating data from the evaluation and crafting if/then statements to build connections moving through each level of the theory. More detailed components of the Theory of Change were distilled into high-level themes and presented in a validation session for checking and refining with programme funded partners.

PICTURE IMPACT

green string network

COMIC RELIEF

PICTURE IMPACT

Annex B: Outcome Harvesting Guidance Provided to Funded Partners

Evaluation of the Improving Mental Health and Wellbeing in Kenya with Comic Relief

Contents

I. Outcome Harvesting Guidance

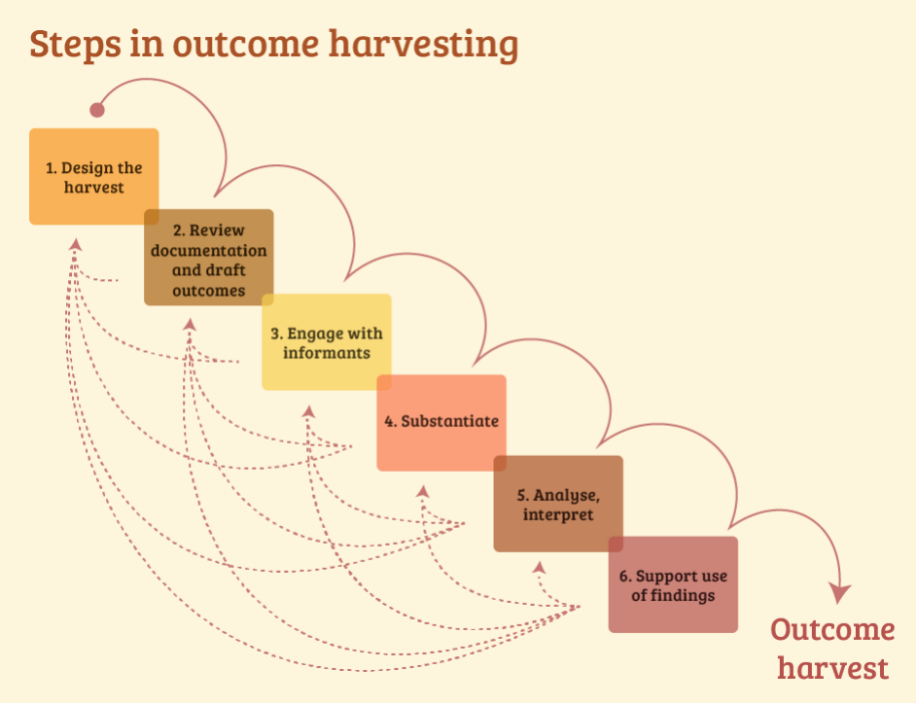
II. Outcome Quality Checklist

I. Outcome Harvesting Guidance

Overview of Outcome Harvesting

Outcome Harvesting collects ("harvests") evidence of what has changed ("outcomes") and, then, working backwards, determines whether and how an intervention has contributed to these changes. Outcome Harvesting consists of six steps.

Figure 1. The six steps of outcome harvesting



[1]

This guidance addresses Step Two—drafting outcomes. It is core to the method. To read more and understand how to use Outcome Harvesting in an ongoing manner within your organisation we suggest some of the following resources:

- Better Evaluation post on Outcome Harvesting.
- Ford Foundation's guidance on Outcome Harvesting written by the originator of the method, Ricardo Wilson-Grau.

[1] Better Evaluation. (2021). Outcome Harvesting.

- This suite of ready-to-use tools and tips for practising Outcome Harvesting.

What is an Outcome?

An outcome is simply a verifiable, observable change in behaviour. The outcomes an organisation chooses to harvest will depend on the purpose of their harvest. (See suggested guidance above to design your own harvest, Step One).

Within your work relevant to Mental Health and Wellbeing, outcomes are changes in behaviours of any of the actors within the mental health ecosystem illustrated below by the Social Ecological Model (SEM). These changes in behaviours are changes that contribute to or impact people with mental health conditions and psychosocial disabilities' ability to be engaged, empowered, and enjoy their rights on an equal basis with others.

Figure 2. Kenya mental health social-ecological model (SEM)

These changes may show up regarding:

- Stigma and discrimination
- Access to care
- Quality of care
- Capacity of intermediaries
- Collaboration of intermediaries

But may also be via other important channels, enabling environmental changes, or key contributing factors to the engagement, empowerment and enjoyment of full rights for people with lived experience of mental illness or psychosocial disability. Stay open to those things beyond the expected levers for change listed above.

To count as an outcome it needs to meet three criteria:

1. Be a demonstrated, verifiable or observable behaviour change.
2. Address changes relevant or impactful to people living with mental health conditions or psychosocial disabilities and their ability to fully enjoy their rights, be fully engaged and empowered in their lives, through one of the key actors in the SEM.
3. Be influenced by the interventions' activities, outputs, or funding.

These changes may also negatively impact or undercut, weaken or otherwise impair the goal: engagement, empowerment and enjoyment of full rights. Despite best intentions, harm or unintended consequences do happen and are also a part of this harvest.

A caution: Do not confuse outcomes with activities or outputs.

Outcome	**Outputs**
Demonstrated change (in relationships, activities, actions, policies, or practices) by or involving actors from the SEM to which the intervention *contributed.* The intervention only *influences* outcomes through its activities and outputs.	Processes, goods or services produced by the intervention's service delivery, capacity-building and advocacy activities. The intervention *controls* its outputs and activities.

Outcome Statement Formulation

Identifying Outcomes

Outcome statements are best formulated in conversation with others, in a participatory manner. Identifying outcomes is usually a shared responsibility across a team, not just something that the MEL staff person is responsible for—in fact this is necessary because each team member sees and experiences different things. Together you get a whole picture and don't miss unintended or smaller outcomes.

Outcomes are identified *after* a change has occurred. This can be throughout the life of a project, or after a project is complete. When it is after a project is complete, secondary data (reports, program documentation, etc.) are used as the basis for the first draft of outcome

statements. When it is during a project, staff meet regularly (suggested quarterly) to bring potential outcomes to the group for discussion and inclusion in the database.

Writing Outcomes

Outcomes consist of three components that work together: statement, contribution, significance.

Outcome Statement

Outcomes are changes in behaviour relevant or impactful to people living with mental health conditions or psychosocial disabilities and their ability to fully enjoy their rights, be fully engaged and empowered in their lives--through one of the key actors in the SEM. These outcomes may be positive or negative. In 1-3 sentences include who changed, when they changed, where the change took place, and a description of what specifically changed or happened.

Outcome Contribution

Briefly describe how and when the **intervention or funding influenced the outcome**. What did they do that directly or indirectly, in a small or large way, intentionally or not, contributed to the change?

Outcome Significance

In 1-2 sentences, please describe **why the outcome is important** for people living with mental health conditions or psychosocial disabilities to fully enjoy their rights, be engaged and empowered in their own lives.

Building an Outcomes Database

You have been provided with the beginning of your own Outcomes Database. It's important to remember that the process of formulating your outcome statements is the data collection phase of an evaluation. This is why it is referred to as a database, outcomes are your data. These outcomes, then form the basis of further analysis and synthesis to find themes, understand how change is happening, report on impact you contributed to, and other insights you may find. As such, it's important to keep your database clean and up-to-date to provide you with high quality data to use on an ongoing basis.

Your database consists of the following recommended columns.

Unique ID
This number will let you easily identify which outcome you are referencing when you move to analysis and reporting.

Outcome Statement
See above

Outcome Contribution
See above

Outcome Significance
See above

Actor
Identify the actor level from the SEM that is demonstrating the change in behaviour; was it individual? Community? Health facility? Etc.

Harvester
Name of person putting forth the outcome, again this helps during analysis/reporting if validation and other efforts are needed.

Date Harvested
The date this outcome was added to the database. (The date the outcome occurred should be within the outcome statement itself).

Finalised?
Is this outcome still in draft form and awaiting either (1) consensus from staff that it should be added, (2) missing pieces of information, or (3) awaiting final editing? Once it is complete and agreed upon, it is finalised.

Substantiated?
This refers to Step Four of the Outcomes Harvesting process. It involves finding additional data source(s) to verify the outcome. Do outside stakeholders agree with both the outcome statement and your contribution to it? Can someone verify that *yes this happened*?

Not all outcomes will be substantiated or need substantiation to be useful. But marking whether this process of substantiation has happened is important to track.

II. Outcome Quality Checklist

Use this checklist to help increase the quality of the data you are collecting and recording as part of your outcomes harvest database. This will greatly reduce work later on and is an important part of methodological rigour.

Once you've drafted your outcome entry to the database. Assess and refine the following items to the best of your ability:

- Is it truly an outcome or is it an output or activity?
- Is the outcome written in active voice? I.e., is there is an identifiable actor? (not passive voice)
- Is the time frame as specific as the available data allows?
- Are quantity words as specific as possible, with available data? What does "a few" mean? How much is "often"?
- The outcome uses project or original terminology, I have not paraphrased anything or put things into my own words.
- I have not referenced any predetermined outcomes, indicators or goals
- All acronyms are spelled out
- The original data source is easy to find and adequately referenced
- The outcome involves one of the actors identified in the SEM; individual, community member, health facility, organisation, or government.

PICTURE IMPACT

Annex C: Key Informant Interview and Group Data Collection Instrument Scripts

Evaluation of the Improving Mental Health and Wellbeing in Kenya with Comic Relief

Contents

I. Key Informant Interview Script

II. Group Data Collection Instrument Script

I. Key Informant Interview Script

Participants

- Executive Director
- Finance Manager
- Programme Manager
- MEL Lead

**Consider having paired conversations, interviewing the ED and Finance Manager and then the Program Manager and MEL lead together. This may take a little more time overall (est. 60-90 min conversation) but is overall more respectful of their time.

**note to interviewers: while there are a lot of questions, many of them are yes/no questions that don't need a lot of discussion. Please do your best to at least touch on every section of this script. Getting only halfway through, but being super thorough IS NOT USEFUL. Getting all the way through, but with a lighter touch IS BEST.

Background

This evaluation will seek to answer four key questions. The bolded questions below are the focus for data collection in these interviews.

1. What were the major and notable changes, actions, processes, or results that this programme contributed to for each of the following actors within the mental health ecosystem: Government, Organization, Health facilities, community members, and individuals with lived experience of mental illness?
2. **How did the funded partners experience Comic Relief's role as a funder and how did Comic Relief's grant management approach contribute to or influence overall programme goals (if at all)?**
3. What are the primary barriers and challenges to pursuing the four programme goal areas (reduced stigma and discrimination, improved service provision, improved access to care, and improved organisational capacity)?
4. **In what ways did grantees collaborate and learn from one another, and what did that collaboration make possible?**

Consent Script

Purpose of the evaluation and this conversation

As you know, Comic Relief conducted final evaluations with all its funded partners. This particular evaluation is unique in that its purpose is to look across the grant portfolio to inform and improve both mental health provisioning and advocacy work in Kenya and strategic funding approaches to supporting this work.

The main audience of our evaluation report will be Comic Relief and their funder, FCDO, to both document learning overall as well as to strengthen grant making and management practices. In this conversation we will focus on questions related to your experience with Comic Relief as a funder and the learning and collaboration carried out with other funded partners.

How will our conversation be documented and shared?

If it is alright with you, I will be recording the interview today along with taking notes during our conversation. This allows me to go back through our conversation afterward and make sure I don't miss anything. The recording will not be shared with anyone outside of the evaluation team and will not be accessible by Comic Relief.

Any feedback about Comic Relief as a partner will be completely anonymous, unidentifiable both from an individual and organisational standpoint.

Other data from our interviews will be shared confidentially in ways that are intentional to answering the evaluation questions- namely in final reporting and in data synthesis together with the funded partners. It will remain anonymous in that it will not be identifiable to you as an individual, but may be associated with your organisation.

You can always decline to discuss a certain topic, change your mind mid-conversation or ask that a certain response not be shared.

Questions?

I will watch the time and keep us to an hour-long conversation. Do you have any questions for me before we begin?

Lines of Inquiry

Comic Relief as a funder

1. Was this your organisation's first time being funded by Comic Relief?

2. How did you learn about the funding opportunity?

3. How much writing and documentation was required for the proposal process? How does this compare to other proposal processes?

4. Are there ways Comic Relief could streamline or make the proposal process easier and more useful to you?

5. Were there any surprises or unexpected requirements throughout the proposal and acceptance process?

Reporting and documentation

Thinking about the reporting during the funded period:

1. How time consuming has it been. . . for reporting on programmatic progress? For reporting on finances?

2. Did your organisation have input on the programmatic indicators you were responsible for reporting on?

3. Did this grant require the creation of new MEL procedures or did it fit within existing MEL structures you have in place for your organisation?

4. Do you feel you benefited from the reporting process at all? [If they are confused you could offer some examples: did it provide an opportunity for you to reflect? Did it help structure MEL efforts that otherwise would not have been created? Did it provide writing that you could use in other communication pieces for your organisation?]

5. Has there been anything about the reporting processes that are notably different from other funders? If so, what?

Responsiveness and feedback

1. How responsive was Comic Relief to questions? Have you felt free to ask questions? Do you have a clear point of contact?

2. Were there ways to give feedback and input along the way to the funder? Can you give an example of a time you gave feedback to Comic Relief?

3. What advice *would* you give to Comic Relief for them to improve their grantmaking processes for funded partners?

Non-monetary support

1. Has there been support other than financial resources that has been valuable along the way?

2. Are there other sources of support that you would have liked? (e.g. letters of support, offering meeting space, sponsoring events, communications assistance)

Collaboration and Learning

Learning event attendance

1. How did you find out about the expectation of participation in learning events? Was this expected when you agreed to the funding? How did you feel about this?

2. Finding time for reflection, learning and events is always challenging amidst busy schedules and direct service work—was it worth making timing in your schedule to attend the learning events? How so?

Connectedness

1. Have you met any new organisations that you didn't know before, via the learning events with Munaweza?

2. Did you increase your professional network during this funding period? Are there other professionals in this field whom you would now go to for a question, a connection or other help?

3. Have you been connected to any additional sources of funding as a result of being a funded partner?

4. As of today, do you have any plans for future collaboration with any of the other funded partners?

Learning

1. After or in between the learning events, what kind of communication or engagement with the other organisations have you done, if any?

2. How would you describe the impact(s), if there were impacts, of the learning events for your project?

3. Did your organisation make any changes, adapt any activities, add new actions as a result of either of the learning events? Can you give an example?

4. What advice do you have for funders, in general, about gathering funded partners or trying to support learning?

Case Study

- Tell them a brief summary of the case.
- If all you have is an outcome statement, ask them to tell you the story. . .
    - What happened?
    - What progress has been made?
    - Challenges?
    - Adaptations they made along the way?
    - Looking ahead, what is next? What remains to be done?

II. Group Data Collection Instrument Script

Time

Two - three hours

Participants

PLEASE capture a list of participants present for these discussions.

Documentation

- Suggest that one GSN evaluator serves as lead facilitator and one as lead notetaker. We will want detailed notes and observations from each of the activities.
- Please record where people stood for activity #2 (how many in each spot?)
- Please collect the drawings in activity #3.
- Please consider audio recording the TV ads in activity #4 (we do NOT have consent to do video).

Activity 1 (est. 20-30 min)

1. Welcome and introductions

Go around the room (including facilitators) and have everyone introduce themselves, their role, and their connection to/work with the funded partner. Add a fun and culturally appropriate warm up question for everyone to answer with their introduction. Choose *one* of the following Ideas or think of your own:

- What proverb or saying comes to mind for you when you think of your work? How do you relate it to what you do?
- Finish the sentence, “Mental health care in Kenya is like…. Because….” (example, "Mental healthcare in Kenya is like a hidden gem because, while it holds great potential and value, its ultimate value remains largely underappreciated.”)
- Tell a positive story of mental health services or achievement- one that you have seen happen or contributed to over your time working on this issue. What is one thing you are particularly proud of or excited about?

2. Explain the purpose of the session and gather consent

- This session is estimated to take between 90 minutes to 2+ hours.
- The purpose is to inform the evaluation of the overall portfolio of the *Improving Mental Health and Wellbeing in Kenya Programme*- an investment in eight funded partners by Comic Relief and FCDO. The aim is to inform and improve both mental health provisioning and advocacy work in Kenya and strategic funding approaches to supporting this work.
- Comments and things shared during this session will be used for final reporting to Comic Relief and FCDO, but will only be shared confidentially (no individual names will be used, or personally identifiable information) but may be linked to the region or host organisation. You are of course free to opt out of any part of the discussion or leave at any time should you wish to do so.

3. Questions?

Answer any questions participants have before beginning.

Activity 2: Agree/Disagree on Reducing Stigma (est. 20-30 min)

- Designate one side of the room as "strongly agree" and one side of the room as "strongly disagree" Read each statement and ask participants to move to the side of the room that represents their opinion of the statement. They can stand on either side or anywhere in the middle.
- Ask a few participants from each location to share why they are standing where they are. Provide light probing questions as appropriate and encourage discussion on the issue—exploring different ways to impact or address stigma.

Reducing stigma statements

1. Public Sensitization campaigns are an effective way to reduce stigma and discrimination against those experiencing mental health challenges.
2. People with lived experience of mental health (personal or family members) should play an active role in reducing stigma and discrimination in their communities.
3. Government policy can positively or negatively influence stigma and discrimination against those with mental health conditions.

Activity 3: Drawing–Getting to a holistic model of care (est. 20-30 min)

- Have each individual sit with a blank piece of paper and pen, assign them to quietly draw a picture of a person with mental health challenges experiencing holistic care - the ideal scenario for the future of Kenya's mental health system. What happens for that person? Where are they? Who are they with? What kind of care do they experience?
- Have each person report out. As they speak about the aspects of holistic care, engage the group in assessing how far their community is away from this kind of holistic care. Is this a 5-, 10- or 50-year goal? What needs to happen *next* in their journey to realise these dreams?

Activity 4: Pitch–Active government participation/role in mental health (est. 20-30 min)

- Put the group into pairs. Have each pair prepare a short 2-minute TV political ad. Imagine a mental health positive candidate is running for election on a platform of changing the mental health care system. What are they promoting? What are they promising to do? How are they selling it to the electorate?

**This could be broadened to be a more general advertisement if election campaigns are too touchy at this moment.

PICTURE IMPACT

Annex D: Stories of Change

Evaluation of the Improving Mental Health and Wellbeing in Kenya with Comic Relief

Contents

Indicator 1.1

Evidence of community members demonstrating reduced stigma toward people with mental health conditions and psychosocial disabilities through positive changes in knowledge, attitudes, behaviours and norms.

I. Sensitisation campaigns with Boda Boda Associations (Kamili Organisation)

II. QualityRights reducing stigma (BNBR)

III. Reducing stigma around men's mental health in Kisumu County (TiYO)

IV. Safe self-disclosure (BNBR)

Indicator 1.2

Evidence of duty bearers, government, and other stakeholders demonstrating better understanding of and accountability for the needs and rights of people living with mental health conditions and psychosocial disabilities.

V. Community forums (PHR)

VI. Equipping government officers to train others (HRK)

VII. PWLE + CSOs influence government officials (HERAF)

VIII. Mental Health Peer Educators-led school clubs (TiYO)

Indicator 2.2

Evidence of improved approaches to mental health care that address mental health conditions as part of a holistic model of care and support, integrated into health systems where appropriate.

IX. Supporting a patient-centred mental health care approach (HERAF)

X. Formalising the work of Community Health Volunteers (All)

XI. Integration of restorative justice and trauma-informed approach (KAIH)

XII. Development of the Data Quality Checklist (PHR)

I. Sensitisation campaigns with Boda Boda Associations in Lower Kabete

Kamili Organisation

Indicator 1.1: *Evidence of community members demonstrating reduced stigma toward people with mental health conditions and psychosocial disabilities through positive changes in knowledge, attitudes, behaviours and norms.*

Introduction

At the forefront of Kamili Organisation's *Improving Access to Mental Health Services in Kenya* project is raising awareness of mental health. To this end, over the course of the project Kamili Organisation worked with nurses and other health providers as well as community members on mental health sensitisation to assist in creating environments with reduced prevalence of stigma. This work included educating and training individuals on the rights of people living with psychosocial disabilities. Recognising the potential positive impact of increased awareness among specific groups, Kamili Organisation liaised with the head of the Boda Boda[1] Association in Lower Kabete, conducting sensitisation campaigns and encouraging public transport motorcycle drivers to help struggling community members. This subset of community members carry significant importance as boda boda drivers facilitate affordable movement for numerous community members and have a wide reach via their organised zones and associations.[2]

Comic Relief and FCDO inputs

The funds received have made it possible for Kamili Organisation to continue and expand diagnosis and treatment services, give support to clients and their families, and provide psychosocial education. These funds have further assisted in building awareness about the symptoms of, and stigma associated with, mental health within their local communities of service, providing greater human and financial capacity to carry out sensitisation campaigns.

Progress during the grant

The sensitisation campaigns with boda boda drivers were particularly effective in emphasising referral pathways so that when encountering an individual with mental health

[1] A bicycle or motorcycle used as a taxi.
[2] Focus Group Discussion with Kamili Organisation and community partners, hosted by Green String Network, August 2023

needs, the drivers could easily prioritise linking to psychiatric, counseling, and occupational therapy services. In centering the importance of referral pathways, the drivers became astutely familiar with Kamili Organisation's services and began to direct customers to Kamili Organisation. Campaigns leveraged existing mental health designations with one such campaign hosting 68 participants from the Kabete Boda Boda Association on World Suicide Prevention Day in September 2021.[3] The campaign shared information about suicide prevention, accessing mental health services, and how to navigate interpersonal relationships in healthy ways. Boda boda drivers were also invited to participate in group sessions with Kamili Organisation psychiatrists.

The Kabete Boda Boda Association Chairman participated in sensitisation campaigns and reflected on how doing so was helpful in understanding addiction issues, primarily among youth in his area of service. In moving toward a more sensitive approach, he reported growing empathy for those facing mental illness as well as a greater willingness to listen to his boda boda colleagues about their own mental health challenges. The Association is currently working with police and local administration in reuniting homeless community members with their families. After the sensitisation campaigns, the Chairman expressed greater articulation of the particular mental health needs of those experiencing homelessness. Finally, he noted how his own relationships with family members have improved as a result of gaining this awareness and that he experiences less fear when discussing matters related to mental health.[4]

What next: the journey to sustainability

Kamili Organisation is now well positioned to continue their strategic partnership with boda boda drivers. Increased awareness around mental health has already facilitated ongoing activities such as Association members making referrals to Kamili Organisation, transporting clients to Kamili Organisation even if the client does not have funds to do so themselves, and continuing to share mental health resources with customers. These changes help to create safer environments in which there is greater freedom to discuss mental health challenges, particularly for men (men make up the majority of boda boda drivers) who have largely been raised with deeply rooted beliefs about avoiding discussion of emotions or mental health.

Lessons learned

- Sensitisation campaigns are effective, contributing to reduced stigma towards people with mental health conditions and normalising the topic of mental health.
- Engaging specific subsets of the community in these sensitisation campaigns may create increased understanding of and accountability for the needs and rights of people living with mental health conditions and improve referral pathways. A

[3] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[4] Focus Group Discussion with Kamili and community partners, hosted by Green String Network, August 2023

specific subset can leverage their unique interactions for the purposes of raising awareness and strengthen these connections over time.

- Peer-to-peer sensitisation provides an important contribution to address mental health within a holistic model of care and support.

II. The QualityRights Model as a tool for reducing stigma

Basic Needs Basic Rights (BNBR)

Indicator 1.1: *Evidence of community members demonstrating reduced stigma toward people with mental health conditions and psychosocial disabilities through positive changes in knowledge, attitudes, behaviours and norms.*

Introduction

QualityRights (QR), a training initiative developed by The World Health Organisation (WHO), aims to increase quality of care within mental health and to promote the rights of people with psychosocial, intellectual and cognitive disabilities. Its utility is multi-purpose with application for decision makers, mental health care providers, and persons who receive mental health care services. The QR model has been adopted by the Government of Kenya as a tool for shifting mental health conditions from a culture of stigma and silence to a rights-based model of care.

Recognising the unique challenges of young people in Kenya, BNBR's funded project focused on evidence-based approaches to empowering youth with mental health conditions. BNBR engaged in campaigns aimed at reducing stigma, understanding it as both a cause and effect of limited access to treatment.[5] Stigma prohibits wide sharing of self-advocacy strategies and information around rights to quality care. The QR model is a useful tool in equipping individuals with this important knowledge and reducing related stigma.

Comic Relief and FCDO inputs

BNBR was among the funded partners who chose to integrate the QR model into staff and volunteer training and organisation projects. Also notable during the funding period was The Ministry of Health Mental Health Director's request for BNBR to Chair the Communication subcommittee in the QualityRights Coordination Committee for the purposes of enhancing uptake of the online course on the QR model. The course has proved effective in changing perceptions around mental health.[6]

[5] BNBR, Comic Relief Funding Overview Form (n.d.)
[6] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023

Progress during the grant

Examples of positive impact emerged as BNBR integrated the QR model into their work over the course of the funding period. For instance, an individual who had experienced increasing feelings of stigma and isolation (exacerbated by the COVID-19 pandemic), was taken to the hospital by family members concerned about their condition. Over the course of the week-long hospitalisation, the individual and their family observed that health care providers were primarily directing communication about the individual's treatment and medication plan to the family. The exclusion of the individual from communication about their condition further contributed to feelings of isolation, stigma, and led to their experiencing disempowerment about the course of their care.

Following their hospitalisation, the individual learned about the QR model and, soon after, programs at BNBR that could support their well-being. The QR sensitization initiatives offered by BNBR served a pivotal role in shifting this individual's stigma and feelings of disempowerment to embracing their own agency and using their voice to directly advocate for care. Not only did the exposure to the QR model assist in the management of the individual's mental health condition, it also spurred the participant to engage in collective awareness building alongside designated BNBR Champions within the region of Nairobi.

Together, this group ran an awareness campaign and mobilised resources aimed at ultimately reducing stigma around mental health and enhancing the wellbeing of others in their community facing mental health challenges. Discussing their personal stories and lived experience has helped normalise the pursuit of mental health care.[7]

What next: the journey to sustainability

The fact that the Government of Kenya has adopted the QR model and that BNBR has likewise integrated the model into different layers of its organisation supports a clear pathway for ongoing sustainability. As it is becoming a standard tool within BNBR's care approach and as more individuals are trained on it, its availability to persons with lived experience can act as an ongoing mechanism for education, self-advocacy and empowerment, and reducing stigma.

Lessons Learned

- Training on the QR model for people with lived experience of mental health conditions and psychosocial disabilities can better position these persons to self-advocate for their rights and thereby reduce feelings of internalised stigma.
- Bringing together a collective group of voices who clearly understand and advocate for their rights can be transformative in shifting stigmatising beliefs and attitudes

[7] Focus Group Discussion with Basic Needs Basic Rights and community partners, hosted by Green String Network, August 2023

towards mental health within the broader population. This story highlights how individual training, attitude shifts, and transformation have the potential to snowball into collective change in beliefs about mental health.

- Extending the QR training to service providers is also important as most are unaware of the rights and entitlements of persons with psychosocial, intellectual and cognitive disabilities at the point of service.

III. Reducing stigma around men's mental health in Kisumu County

TINADA Youth Organisation (TiYO)

Indicator 1.1: *Evidence of community members demonstrating reduced stigma toward people with mental health conditions and psychosocial disabilities through positive changes in knowledge, attitudes, behaviours and norms.*

Introduction

TINADA Youth Organisation's (TiYO) project focused on implementation of the Imarisha Mental Health Integrated Initiative. The Initiative addresses key problems which directly or indirectly affect people with mental health conditions and psychosocial disabilities aged 0 to 35 years in Kisumu County. A third of Kenyans under the age of 30 experience mental health problems and most mental illnesses start before the age of 18.[8] Under this umbrella, TiYO invested resources into outreach to young men in particular, as it is rare for men in Kenya to seek mental health services. Stigma around seeking mental health care is greater for men who are socialised to internalise their struggles and keep silent about feelings and emotion. Many men believe that being vulnerable is perceived by others as weakness or is even unnatural. Men's mental health is shrouded in many myths and misconceptions, reinforced when men are deemed strong for not showing their emotions.[9]

Comic Relief and FCDO inputs

Through project funding, TiYO was able to support promotion of mental health and wellbeing throughout schools and communities, train health workers on quality care for and rights of people with mental health problems, and train and support mental health champions to identify people with mental health challenges and refer them to care. It is through these activities that TiYO has been able to actualise important work with young men.

Progress during the grant

While TiYO program participants are still largely women, notable progress was made in reaching and engaging the young men in Kisumu County. For example, peer educators

[8] TINADA Youth Organisation (TiYO, Comic Relief) Funding Overview Form (n.d.)
[9] Focus Group Discussion with TINADA Youth Organisation and community partners, hosted by Green String Network, July 2023

have continuously facilitated out-of-school clubs for men over the duration of the funding period. These clubs are linked to mental health facilities across sub counties in the service area. Peer educators have introduced positive coping mechanisms, focused on collective advocacy for mental health, and even directly resolved some club members' mental health challenges.

Men seeking services through TiYO have demonstrated greater acknowledgement of having lived through or experienced a mental health condition and willingness to seek care if necessary. Having men openly discuss these matters and seek care normalises this behaviour and therefore reduces stigma. Young men speaking out about mental health diffuses misconceptions about their experiences and makes it safer to show emotion, be more open with others, and seek mental health services.[10]

What next: the journey to sustainability

Within Kisumu, TiYO is a highly visible mental health organisation having garnered the respect and support of many community members, community-based organisations, NGOs, and government actors. People from these entities seek TiYO out for learning and advice related to mental health. In terms of expertise and visibility TiYO is well positioned to sustain its work with young men. TiYO has maintained an increase in men seeking their services. As more men feel comfortable seeking services, it is likely that additional capacity will be needed to address the increased demand.[11]

Lessons Learned

- Investing in outreach to men specifically is valuable because men face greater stigmatisation around acknowledging and seeking mental health care than women.
- When men feel supported and safe to discuss mental health (in this case in a peer education model), they can actively dismantle negative cultural beliefs and stigma about mental health and advocate for themselves and others.

[10] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[11] Focus Group Discussion with TINADA Youth Organisation and community partners, hosted by Green String Network, July 2023

IV. Safe self-disclosure

Basic Needs Basic Rights (BNBR)

Indicator 1.1: *Evidence of community members demonstrating reduced stigma toward people with mental health conditions and psychosocial disabilities through positive changes in knowledge, attitudes, behaviours and norms.*

Introduction

Youth with mental health conditions face a range of human rights violations that threaten successful pursuit of and access to education, healthcare, employment, and overall belonging in society. To reduce this threat and associated stigma, Basic Needs Basic Rights (BNBR) trained and offered support to mental health Champions (individuals with lived experience of mental health and psychosocial disabilities) to claim their rights and confidently speak about their experiences within their communities. Additionally, the organisation resourced efforts to strengthen support, care, and referral networks for these Champions–strategically involving family caregivers and Community Health Workers (CHWs).[12]

Critical to working with Champions was providing information on understanding self-disclosure – the process of sharing personal information in an appropriate and safe manner. Self-disclosure is a crucial aspect of reducing mental health stigma and catalysing mental health advocacy and support, but because of existing stigma may not always feel or be safe. Safe self-disclosure exists when the person sharing is doing so with consent and from their own agency, is considering their responsibility to those receiving their story, and can share without the threat of harm.

Comic Relief and FCDO inputs

Funds were central in robustly supporting BNBR's work with Champions which included training, hosting community events geared toward ending stigma, conducting social contact events, debriefing and team building support, social marketing campaigns, and the creation of a caregiver's guidebook. The safe self-disclosure training was one activity resourced with project funds that can continue to be used to facilitate safe spaces for self-disclosure and reduce stigma.

[12] BNBR, Comic Relief Funding Overview Form (n.d.)

Progress during the grant

Over the course of the funding period, BNBR designed and developed a comprehensive, Safe Self-Disclosure Training program to equip and guide Champions operating in the mental health field. The three-day training shares knowledge and develops skills necessary for modelling and creating spaces for safe self-disclosure through a compassionate lens. Blending theoretical and practical knowledge, the training infuses such activities as role-playing and group discussion to provide opportunities for practising disclosure among professionals and peers in a safe and supportive environment.[13]

This training serves as a foundation for Champions to prepare themselves for sharing their stories in a way that is personally therapeutic, while also informing and inspiring others. Community feedback collected from social contact events where community members engaged in discussion with Champions revealed improved attitudes about mental health and an increased willingness to call out stigma against mental health conditions.[14]

What next: the journey to sustainability

The organisation's creation of a concrete training product means the content on teaching about safe self-disclosure can be replicated. Notable aspects of BNBR's work over the course of the funding period have been consistent prioritisation of Champions, openness to ask for and adapt based on Champions' feedback, and engagement of community members in this service approach to Champions. Moreover, as the grant period progressed, BNBR trained additional cohorts of Champions, increasing the network and presence of this community and its potential to collectively create positive and sustained change in the realm of stigma reduction.[15]

Lessons Learned

- Because self-disclosure has the potential to reduce stigma, it is critical to train and provide support for individuals self-disclosing to ensure their confidence and safety.
- Self-disclosure training can assist in shaping approaches for how and when to disclose and to whom, supporting a more effective communication strategy when considering reduction of stigma.
- Persons with lived experience have full agency regarding their decision to disclose and should be supported in exercising this agency.

[13] Focus Group Discussion with Basic Needs Basic Rights and community partners, hosted by Green String Network, August 2023
[14] BNBR, Comic Relief Six-month update, October 2022
[15] BNBR, Comic Relief Six-month update, October 2022

V. Community forums as a means to increase awareness and influence duty bearers' decision-making

Physicians for Human Rights-Kenya (PHR)

Indicator 1.2: *Evidence of duty bearers, government, and other stakeholders demonstrating better understanding of and accountability for the needs and rights of people living with mental health conditions and psychosocial disabilities.*

Introduction

A gap exists between persons with lived experience (PWLE) of mental health conditions who have experienced sexual violence and duty bearers making decisions that impact these individuals. Policies and decisions concerning mental health are often made at a high level (e.g. Parliament, board meetings, etc.) and not validated by those responsible for enacting the policy (e.g. NGO staff or care providers) and certainly not with people who have mental health conditions or have experienced sexual violence. Operating in this way means that often people who are affected by or charged with implementing a policy can be largely unaware of its existence. It also means that there are often less accountability mechanisms put in place to ensure the policy is put into practice. Duty bearers and decision makers then continue to go on their way, without having had additional awareness, interaction, or impact on service provision for PWLE.[16]

To address this gap, Physicians for Human Rights-Kenya (PHR) used a Community Forum model to sensitise duty bearers through information sharing and stories by PWLE. These forums were primarily focused on local administration officials such as chiefs, unofficial court proceedings officers, and police officers, but also included government officials.[17]

Comic Relief and FCDO inputs

Comic Relief funding inputs made it possible for PHR to focus on resourcing these forums within their communities of service. Forums integrated educational elements and survivor stories to increase duty bearers' awareness of mental health and related policy and service provision needs.

[16] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023
[17] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023

Progress during the grant

Having PWLE share their stories and challenges with duty bearers through these forums led to hastening of and increased participation in advocacy efforts for Kenya's Mental Health Amendment Bill.[18] The fact that higher level government officials and other duty bearers were a part of the community forums demonstrated initial commitment to understanding and shifts in attitudes.[19] PHR also recognised the necessity of providing these duty bearers with evidence-based research to further encourage them to prioritise mental health. Knowing the importance of combining both data and story, PHR undertook a legal analysis on the gaps in laws and policies regarding the provision of mental health services for survivors of sexual violence in order to document and collate relevant evidence.[20]

What next: the journey to sustainability

Community forums were successful in making duty bearers more aware of the specific challenges survivors face. PHR staff were confident this would have subsequent effects in impacting care and attitudes within communities. One staff member shared "[If] an elder gets the information, as most cases we believe are dealt with in the chief's office, then they will share it with those who come to them for help or services, and those people will share it with others."[21]

Another individual participating in a focus group discussion on the topic expressed likely challenges with continuing forums and the momentum of duty bearers' investment in and accountability to mental health: "apart from the Comic Relief activity, we don't know when we will get funds to do another activity. And we can't plan for it and even if you plan for it, you can't actually implement it."[22] Costs for renting space, paying staff for their work at forums, and providing refreshments are central to hosting and relationship building.

Lessons Learned

- Buy-in from and accountability of duty bearers is a critical piece of ensuring written policy is understood by and responsibly enacted across communities. It is essential to raise duty bearers' and government officials' awareness of issues around mental health and sexual violence.
- Policy and community decisions concerning mental health and sexual violence is best informed and validated by those who have lived experience of those issues. In

[18] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[19] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023
[20] Physicians for Human Rights-Kenya, Evaluation of Comic Relief (CR) "Strengthening Mental Healthcare and Forensic Psychological Evidence Collection in Kenya", November 2022.
[21] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023
[22] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023

addition to evidence-based research, PWLE need space to share their experiences with those shaping policy and practices.

- Hosting community forums can be highly effective toward the goal of sensitising duty bearers and creating meaningful spaces for PWLE to share their experiences.

VI. Equipping government officers to train other duty bearers and contribute technical skills to programme implementation

Health Right Kenya

Indicator 1.2: *Evidence of duty bearers, government, and other stakeholders demonstrating better understanding of and accountability for the needs and rights of people living with mental health conditions and psychosocial disabilities.*

Introduction

Health Right Kenya's (HRK) funded project focused on maternal mental health, addressing mental health conditions during pregnancy and in the postpartum period. To this end, HRK hoped to improve mothers' overall well-being and functioning while also sensitising communities about the symptoms of such conditions as anxiety and depression, increasing referrals to mental health services, and reducing stigmatisation.[23]

Part of HRK's strategy in meeting these objectives was closely involving local government officers from relevant departments (e.g. Family health and Primary health care, Public Health) in providing training and assisting with technical implementation of HRK's maternal mental health plan. This strategy cultivated a sense of ownership and increased awareness among government officers, while supporting implementation carried out by other duty bearers and stakeholders.[24]

Comic Relief and FCDO inputs

Comic Relief funding contributed to HRK's ability to invest time and human resources to identify and build relationships with relevant government officers and use a train the trainer approach to build awareness of the program and its importance.

[23] HRK, Comic Relief Funding Overview Form (n.d.)
[24] HRK, "End Term Evaluation Report of the Maternal Mental Health Project: Improving the Mental Health of Perinatal Women in Nairobi's Informal Settlements." June 2023.

Progress during the grant

HRK began their maternal mental health project by raising awareness and mobilising key social actors and stakeholders. HRK then trained government officers as trainers in order to leverage their existing skills and status. The officers then trained a variety of actors throughout the healthcare system on maternal mental health, such as individuals in the County Health Management Teams (CHMTs) and Sub County Health Management Teams (SCHMTs).[25]

Government officers reported in feedback to HRK that using their positionality and access made project implementation and subsequent delivery processes more efficient. Due to the training received, these government officers were well positioned to carry out key technical components of project implementation and contribute to a community model of care, account for quality service, and monitor timeliness of implementation.

What next: the journey to sustainability

In key informant interviews done by HRK, government officers reflected that HRK's capacity building strategy strengthened the roll-out and maintenance of the maternal mental health program and, ultimately, provided routes to long-term sustainability of the program.

In addition to contributing to the program's sustainability, these efforts also strengthen the mental health system as a whole. A Community Health Promoter, who participated in a site-visit focus group, illuminated the power of creating buy-in with higher numbers of government actors and other duty bearers, sharing that, "by actively addressing misconceptions about mental health, such as the belief that it's untreatable, governments can play a pivotal role in reducing stigma and discrimination."[26]

Lessons Learned

- Equipping key actors to train other actors on aspects of mental health programming not only expands knowledge and skill reach, but cultivates an increased sense of ownership and investment in the community.
- Collective ownership and awareness offers checks and balances to a program's operation. Having government actors and other duty bearers trained on a program and involved in its implementation helps embed it within existing community structures and systems.

[25] HRK, "End Term Evaluation Report of the Maternal Mental Health Project: Improving the Mental Health of Perinatal Women in Nairobi's Informal Settlements." June 2023.
[26] Focus Group Discussion with Health Right Kenya and community partners, hosted by Green String Network, August 2023

VII. People with lived experience and Civil Society Organisations influence government officials and other duty bearers to support patient-centred mental health law and policy

Health Rights Advocacy Forum (HERAF)

Indicator 1.2: *Evidence of duty bearers, government, and other stakeholders demonstrating better understanding of and accountability for the needs and rights of people living with mental health conditions and psychosocial disabilities.*

Introduction

Along with advocating for new policies (chiefly the Mental Health Amendment Bill passed by the Kenyan Senate in June 2022), Health Rights Advocacy Forum (HERAF) has also been advocating to repeal laws that do not represent a holistic, patient-centred model of care for persons with lived experience of mental health conditions and psychosocial disabilities (PWLE). These include the Constitution of Kenya 2010,[27] Local Government Act, Marriage Act Number 14 of 2014, and the Criminal Procedure Code. Across their advocacy efforts, HERAF has focused on involving PWLE and Civil Society Organisations (CSOs) in shaping communications to government officials and other duty bearers.[28]

Comic Relief and FCDO inputs

Through Comic Relief funding, HERAF was able to adopt an advocacy strategy for legal and policy reforms that was inclusive of the voices of PWLE, their caregivers, and CSO actors. HERAF created platforms for PWLE to contribute to advocacy materials going to government officials in order to shape the policies that would ultimately affect PWLE of mental health the most.[29]

[27] A part of the Constitution of Kenya is referenced here; for example, places which are not inclusive or based on quality rights (e.g. making reference to being "a person of sound mind" as a prerequisite to enter into contracts like marriage).

[28] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023

[29] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.

Progress during the grant

HERAF's advocacy during this three-year funding period yielded significant influence over government officials in creating mental health policies and laws. Notable in this is HERAF's reflection that stories from and interactions with PWLE generated the greatest incentives to duty bearers in considering legal and policy reforms. One former member of Parliament stated, "I am impressed with some counties who I have seen mental focal persons mount small scale mental health interventions that over time have made a significant difference on mental health status." [30]

HERAF strategically packaged the voices of and feedback from PWLE such that it could easily be included into policy briefs, reports, and memorandums. These, then, were presented for consideration by decision and policy makers at the County Executive Committees, in the County Assemblies, the Ministry of Health, National Assembly and Senate.[31] The following evidence suggests these efforts made a difference in duty-bearers' attitudes and actions during this time:

- National Hospital Insurance Funds (NHIF) increased coverage to mental health, inclusive of government stipends and medical coverage.
- Accreditation of rehabilitation centres for drug, alcohol and substance abuse accelerated in order to allow NHIF to meet the treatment costs of patients seeking these services.
- Recommendations are included in county and national government budgets that are supportive of mental health.
- CSOs created social accountability reports on mental health systems and submitted them to county and national government actors to promote greater levels of accountability.
- HERAF reported shifts in openness of government actors to repeal laws and policies that criminalise persons with mental health conditions.[32]

What next: the journey to sustainability

HERAF's advocacy, particularly in involving PWLE, has led to greater accountability and positive impact at both county and national levels of government. Now, the task toward sustainability becomes to ensure these policies and laws are actively disseminated and put into practice.[33]

[30] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.
[31] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[32] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.
[33] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.

Lessons Learned

- PWLE are important influencers to government actors and other duty bearers. Their stories and testimony can help shift laws and policies that uphold a patient-centred approach to mental health.
- A strategic advocacy plan will involve actors across the mental healthcare system, from policy makers to CSOs to PWLE, for example. A more inclusive strategy builds in greater levels of accountability and transparency.

VIII. Mental Health Peer Educators-led school clubs increase understanding of mental health among school administrators and teachers

TINADA Youth Organisation (TiYO)

Indicator 1.2: *Evidence of duty bearers, government, and other stakeholders demonstrating better understanding of and accountability for the needs and rights of people living with mental health conditions and psychosocial disabilities.*

Introduction

School administrators and teachers play an important role in shaping children's educational experiences. Teachers are also not immune to carrying stigmatising beliefs about mental health. They can either play a critical role in protecting the needs and rights of students with mental health conditions and psychosocial disabilities, or in violating those rights. Their role in shaping the environment for those with mental health conditions cannot be understated.

As such, TiYO rolled out a QualityRights[34] module intended for school administrators and teachers to educate on quality care and patient rights.[35] This occurred in tandem with establishing clubs facilitated by trained Mental Health Peer Educators to work with students.

Comic Relief and FCDO inputs

Comic Relief funding made it possible for TiYO to reach actors from across various sectors of service delivery who all influence attitudes and norms around mental health. This funding gave TiYO capacity to train teachers on the rights of students with diverse mental health needs.

[34]Created by the World Health Organisation, QualityRights are a set of materials to build capacity among mental health practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, nongovernmental organisations, organisations of persons with disabilities and others on how to implement a human rights and recovery approach in mental health in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards.
[35]TINADA Youth Organisation (TiYO, Comic Relief) Funding Overview Form (n.d.)

Progress during the grant

Peer Educators initially reported that their efforts within schools were challenging because school faculty (and subsequently parents and others in the school's community) believed that discussing mental health was irrelevant. Many school staff believed it was not possible for students to experience adverse mental health conditions. Because of this belief, some school administrators would not allow TiYO Peer Educators to speak with students.[36]

However, Peer Educators persisted and school clubs were eventually successful at gaining buy-in from school administrators and faculty. School faculty shifted to supporting the work of TiYO as they observed the positive impact of the school clubs, including students' desire to participate and discuss the topics, and in one case intervening to help a student struggling with suicidal ideation. TiYO Peer Educators reported that school faculty were beginning to discuss mental health more openly with students and parents.[37][38] Parents and community members also began to be more open to conversations about mental health due to their trust in teachers as community leaders.[39]

What next: the journey to sustainability

This story of change illustrates how attitudinal shifts can occur in mental health among those in influential/powerful positions, and just how important this is for ensuring peoples' full rights are realised. Targeting school administrators and teachers allowed TiYO to support changes in these actors' approaches and attitudes toward mental health. It is likely that this will continue to inform how teachers interact with their students. TiYO is hopeful that the school clubs will continue after the funding ends, and that school faculty, influenced by Peer Educators, will continue to cultivate a culture of respectful conversation around mental health and accountability toward upholding students' rights.

Lessons Learned

- Focusing efforts on those responsible for the care of another, in this case school faculty, is an effective way to begin to shift attitudes and culture towards a respectful and informed approach to mental health.
- Likewise, engaging multiple actors within a system (such as administrators, teachers, parents, and students themselves) can allow for mutual reinforcement of desired changes in attitudes and norms.

[36]Focus Group Discussion with TINADA Youth Organisation and community partners, hosted by Green String Network, July 2023
[37] TINADA Youth Organisation, Comic Relief Six-month update, October 2022
[38] Focus Group Discussion with TINADA Youth Organisation and community partners, hosted by Green String Network, July 2023
[39] Focus Group Discussion with TINADA Youth Organisation and community partners, hosted by Green String Network, July 2023

- Outreach to and involvement of duty bearers can have a ripple effect when they are trusted and respected leaders or messengers within communities.

IX. Integration of de-escalation, rights-based training, and advance planning to support a patient-centred mental health care approach

Health Rights Advocacy Forum (HERAF)

Indicator 2.2: *Evidence of improved approaches to mental health care that address mental health conditions as part of a holistic model of care and support, integrated into health systems where appropriate.*

Introduction

Health Rights Advocacy Forum's (HERAF) funded project placed significant focus on strengthening mental health approaches via training on and monitoring of quality mental health service provision. To this end, HERAF developed and reviewed health facility service charters and community scorecard processes that it eventually used in monitoring mental health services. In tandem, they conducted training on patient-centred and quality rights-based approaches for mental health service providers across their three county service areas.[40]

Through these monitoring[41] and training activities HERAF learned from health care workers that administration of an injection, physical restraint, or isolation were the most frequent ways to de-escalate a mental health patient in crisis.[42] These are not patient-centred or rights-based approaches. De-escalation interventions and advanced planning for handling crisis situations assist in preventing violence and can effectively lower stress and safely move patients out of crisis.

[40]HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.
[41] This monitoring process was referred to as the Participatory Monitoring process and invited individual sharing within these collective monitoring exercises.
[42]Focus Group Discussion with HERAF and community partners, hosted by Green String Network, August 2023

Comic Relief and FCDO inputs

Funder inputs were essential to HERAF's ability to review, develop, and implement community-based monitoring systems within health facilities and to use these tools alongside training to address knowledge gaps in providing patient-centred, holistic approaches. Efforts in training on and advocating for a patient-centred approach have led mental health facility staff in HERAF's three county service areas to further uphold patients' rights and consider individual needs during crises.

Progress during the grant

Observing gaps in knowledge on quality and human rights-based approaches in mental healthcare, HERAF provided training in its three service areas to 60 Community Health Workers (CHWs) in Kilifi County and 75 CHWs in both Nyeri and Isiolo counties. Training increased participants' awareness of safeguarding, harm reduction, and protection for people with lived mental health experience to guide implementation of advanced planning strategies and to affirm patient rights.[43]

HERAF joined other actors to facilitate CHWs in participating in specialised trainings to address unique needs and holistic care of different patients. For instance, a healthcare worker in Kilifi county took sign language classes to prepare for caring with mental health patients with hearing impairments.[44]

What next: the journey to sustainability

Focusing on strengthening local mental health facility staff's capabilities through the provision of training and monitoring systems across multiple facility locations has the potential to shift mental health care to a more patient-centred approach over time. Since these trainings and monitoring processes have now been developed and implemented successfully, they can be repeated in the future. HERAF staff noted that the main threat to project sustainability at this time is intra-community conflict in Isiolo during government transition.[45]

Lessons Learned

- Incorporating rights-based training, patient-centred de-escalation strategies, and advanced planning, can shift mental health care provision to uphold individual rights and improve the overall quality of care.

[43] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[44] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.
[45] HERAF, Evaluation Report: "Breaking the Barriers on Access to Quality Mental Health Services and Support Project in Kenya," June 2023.

- Addressing gaps in system procedures, as well as in competencies of staff carrying out those procedures, is essential in activating systems change to promote a holistic and integrated approach to mental health care. Both monitoring systems and training are necessary in attaining quality mental health care and can mutually reinforce one another.

X. Formalising the work of Community Health Volunteers

All Funded Partners

Indicator 2.2: *Evidence of improved approaches to mental health care that address mental health conditions as part of a holistic model of care and support, integrated into health systems where appropriate.*

Introduction

Community Health Volunteers (CHVs) in Kenya are a foundational component of healthcare service delivery, particularly in rural areas of Kenya. Despite their training, knowledge, and high caseloads, the role has been voluntary with no monetary compensation or formal national recognition. In April 2023, Kenya's president announced that the government would begin to pay stipends and health insurance costs for 100,000 CHVs. These changes also came with a new title of Community Health Promoters (CHPs). The government will provide CHPs with uniforms and medical kits with medical equipment and protective garments.[46]

This is a historical shift impacting all funded projects where CHPs are part of the provision of mental health care. These changes strengthen holistic approaches to care as well as the linkages and referral pathways to different mental health services.

Comic Relief and FCDO inputs

The change in government policy is well aligned with the programme's goal of fostering a more holistic and equitable approach to mental health. CHPs involved with funded projects reflected on how this change will positively shift the way their work is perceived. As one CHP noted, "The term 'volunteer' implies that our work is of little importance or we are not really qualified for what we are doing/anyone can do it without training, or it is a passive thing we do. But 'Promoter' shows that we are actively helping/making a difference."[47]

[46]Gitau, Anthony. (25 September 2023). "Kenya Makes History With New Initiative to Formally Support Community Health Workers and Advance Health Equity." https://chwi.jnj.com/news-insights/kenya-makes-history-with-new-initiative-to-formally-support-community-health-workers-and-advance-health-equity

[47] CHP Focus Group Discussion Participant, Kenya Association of the Intellectually Handicapped and community partners, hosted by Green String Network, August 2023

The three-year period of funding has significantly increased the amount of mental health programming and advocacy activities among each of the funded partners. Those funded partners working with CHPs stand to benefit from this movement toward formalisation.

Progress during the grant

While this structural change comes at the end of the funding period, it has already proved significant in moving toward more effective health service delivery. Compensating these healthcare workers and giving them a title more representative of their actual role makes their work more visible and cultivates a deeper sense of ownership and empowerment among CHPs. Funded partners reflected on the impact this change has already made, including:

- CHPs working with BNBR have observed an increase in people seeking services and discussing their mental health conditions since the change. Patients are more inclined to see CHPs as professional, skilled practitioners and confidently engage in service provision.[48]
- CHPs working with Kamili Organisation indicated that the name change has offered them more positionality in decision-making arenas and that their advocacy efforts are being taken more seriously.[49]
- A KAIH focus group discussion participant shared their own newfound recognition of their role in supporting mental health in communities, noting, "As a CHP, I recognise that [others'] mental health starts with me. I have 100 households I am mandated to serve as a CHP. Truthfully, in practice, I support about 1,000. "[50]

What next: the journey to sustainability

Continued government support will need to be sustained to maintain cultural shifts toward perceptions of CHPs as professional service providers. Continued support will contribute to sustaining other positive shifts in the mental health care system such as improving linkage pathways, ensuring services are delivered in a patient-centred and holistic manner, and in integrating mental health service provision across the entire healthcare landscape.

Lessons Learned

- CHPs represent a significant portion of mental and other health care service providers at the local/household level. Formalising their work impacts a large number of patients in both the perception of CHPs and the quality of services they provide.

[48]Focus Group Discussion with Basic Needs Basic Rights and community partners, hosted by Green String Network, August 2023
[49]Focus Group Discussion with Kamili Organization and community partners, hosted by Green String Network, August 2023
[50] CHP Focus Group Discussion Participant, Kenya Association of the Intellectually Handicapped and community partners, hosted by Green String Network, August 2023

- Compensating and formalising CHPs moves towards greater equity in the mental health space, begins to recognise the critical role of CHPs and may provide a pathway for greater numbers of people seeking and engaging with mental health services.
- Professionalised CHPs' attitudes toward mental health can greatly influence beliefs about mental health and care-seeking at the local level.[51] They are both important service providers and key influencers on attitudes toward mental health care.

[51] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023

XI. Integration of restorative justice and trauma-informed approach

Kenya Association for the Intellectually Handicapped (KAIH)

Indicator 2.2: *Evidence of improved approaches to mental health care that address mental health conditions as part of a holistic model of care and support, integrated into health systems where appropriate.*

Introduction

In the initial stages of its funding period with Comic Relief, Kenya Association for the Intellectually Handicapped (KAIH) identified that a potential threat to successfully reaching project goals was project staff burnout and deterioration of their wellbeing. KAIH project staff are frequent and close witnesses to depression, trauma, and abuse. Therefore burnout and a sense of helplessness are risks to staff wellbeing and can also negatively impact their ability to deliver services. During the grant period, KAIH instituted a number of strategies to lessen these risks, particularly in integrating restorative justice and trauma-informed approaches. KAIH first used these new approaches amongst project staff, then considered how they could also be used positively within service delivery.

Comic Relief and FCDO inputs

Comic Relief's emphasis on staff wellness and training and its provision of supportive spaces significantly contributed to KAIH's ability to centralise a healing approach to their work. An Advocacy Officer at KAIH shared that, because of prioritising restorative justice and trauma-informed approaches, "We [KAIH] are a completely different organisation than we were back in 2018-2019."[52]

Progress during the grant

KAIH reports that its office has become more inclusive and in instances of harm—whether involving project staff, association members, or both—there is now a clear path to restorative reconciliation. Other examples of staff and member care practices made

[52] Focus Group Discussion with KAIH and community partners, hosted by Green String Network, August 2023

possible at KAIH include having a designated yoga room and the initiation of support groups for both frontline workers and KAIH members.

Emphasising a healing approach strengthens the team as a whole and assists in providing higher quality services to all who interact with KAIH.[53] Further, facilitating supportive, safe spaces builds increased awareness of the impacts of trauma. For example, KAIH implemented WhatsApp groups, at first for frontline health workers to discuss case management support, and later for KAIH members to encourage one another and share resources.[54]

What next: the journey to sustainability

This story of change illustrates how prioritising relationships, staff organisational wellbeing, and self-care contribute to and are necessary for a healthy mental health service ecosystem. What's notable is the emphasis on the *way* in which work is carried out and how this can positively or negatively impact a holistic model of care. Using approaches that centre healing influences an organisational culture over time and orients those who interact with this culture toward these values. Despite this clear advantage, it is not yet clear how KAIH might influence others and encourage the spread of this approach among other mental health service actors and community members.

Lessons Learned

- Emphasising staff wellness contributes to a holistic and community-informed model of mental health care and treatment.
- Trauma-informed and restorative justice practices are examples of healing approaches that serve both mental health providers as well as the people they serve.
- In a healthy and holistic model of care, the process of and culture around service delivery (*how* services are delivered) is equally important to *what* services are delivered.

[53] Focus Group Discussion with KAIH and community partners, hosted by Green String Network, August 2023
[54] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023

XII. Development of the Data Quality Checklist to assess documentation quality

Physicians for Human Rights-Kenya (PHR)

Indicator 2.2: *Evidence of improved approaches to mental health care that address mental health conditions as part of a holistic model of care and support, integrated into health systems where appropriate.*

Introduction

An objective of Physicians for Human Rights-Kenya's (PHR) funded project was to build consensus among key health, legal, and law enforcement professionals regarding the value of mental health assessments, mental healthcare, and comprehensive forensic documentation of psychological forensic evidence using Kenya's nationally mandated Post-Rape Care Form (PRC).[55] Stemming from PHR's monitoring, evaluation, and learning (MEL) activities, PHR developed a Data Quality Checklist in October 2020 that was validated by relevant stakeholders and experts in forensic documentation.[56] The checklist allowed PHR to conduct reviews of medical records for the purposes of assessing the quality of forensic documentation, including psychological forensic evidence.[57]

Capturing quality documentation serves a critical role in PHR's work with survivors of sexual violence. Not only does documentation provide a record of what has happened to a patient, it is an important part of an integrated, holistic mental health care approach. For example, it can assist in diagnosing mental health conditions, illuminate needed referrals for treatment, and even be presented as evidence in a legal court case.

Comic Relief and FCDO inputs

Comic Relief's support made it possible for PHR to review PRC records across three mental health facilities to understand quality of and gaps within current forensic documentation practices. Project funding facilitated PHR's creation of the Data Quality Checklist. PHR was

[55]The Kenyan government's PRC Form is a two-part (Part A and Part B; Part B is a psychological assessment) triplicate form used by clinicians in Kenya to document survivor-reported sexual assault.
[56] Physicians for Human Rights-Kenya, Evaluation of Comic Relief "Strengthening Mental Healthcare and Forensic Psychological Evidence Collection in Kenya", pages 30-34, November 2022.
[57] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023

also able to compare results from those completing PRC forms via paper and through a mobile application designed by PHR.

Progress during the grant

PRC records were reviewed at Molo Sub County Hospital, Nakuru Rift Valley General Hospital (RVPGH) and Naivasha County Referral Hospital. Using the Data Quality Checklist reviewers considered two main elements: patient referrals to mental health counselling and the administration of the psychological assessment. Both Nakuru RVPGH and Naivasha County Referral Hospital demonstrated quality documentation procedures with outcomes, while Molo Sub County Hospital scored much lower, primarily because the PRC forms used at this facility did not contain the psychological assessment. Standardising assessment tools contributed to better service provision and greater levels of quality care. Further, the hospitals were able to improve policies and best practices and acquire and implement new practices to ensure a cohesive and accurate form filing system. [58]

Also notable was PHR's ongoing work with stakeholders and partners in the development and approval of the Data Quality Checklist. These connections leveraged the expertise of cross-sector actors to support survivors of sexual violence, particularly in properly evidencing aspects of sexual violence crimes to be used in court cases.[59]

What next: the journey to sustainability

As part of the focus on quality documentation, PHR trained frontline healthcare workers to conduct psychological assessments and document forensic psychological evidence of sexual violence crimes. PHR invested in training as they see that many staff positions can and should conduct basic forensic evidence gathering, psychological documentation, evaluations, psychological first aid, and referrals.[60] In addition to training/capacity building, PHR's work on transferring documentation to a mobile application makes a more streamlined documentation operation possible and sustainable.

Lessons Learned

- Holistic and integrated services are needed for individuals to receive quality care when dealing with sexual violence and mental health. These two areas are necessarily connected.
- Assessing documentation processes and procedures can reveal areas where training and changes in practice are needed.

[58]Physicians for Human Rights-Kenya, Evaluation of Comic Relief "Strengthening Mental Healthcare and Forensic Psychological Evidence Collection in Kenya", November 2022.
[59] Mental Health and Wellbeing Programme in Kenya, Outcome Database, Summer 2023
[60] Focus Group Discussion with PHR and community partners, hosted by Green String Network, August 2023

- Training staff with various roles within a facility to facilitate consistent, quality documentation ensures institutional knowledge of the purpose of this practice and builds internal accountability.

Annex E: Site Visits and Document Review Overview

Evaluation of the Improving Mental Health and Wellbeing in Kenya with Comic Relief

Contents

I. Site Visits

II. Document Review

I. Site Visits

As part of the *Improving Mental Health and Wellbeing* with Comic Relief evaluation, Green String Network conducted site visits for the purposes of data collection. Seven site visits were completed, the details of which are outlined below.

Funded Partner	**Date**	**Number of interviews**
Basic Needs, Basic Rights	14 - 15 August 2023	Key informants: 4 Group conversation: 6
Health Rights Advocacy Forum	24 - 25 July 2023	Key informants: 4 Group conversation: 10
HealthRight Kenya	8 - 9 August 2023	Key informants: 4 Group conversation: 11
Kamili Organisation	27 - 28 July 2023	Key informants: 3 Group conversation: 10
Kenya Association for the Intellectually Handicapped	30 August - 1 September 2023	Key informants: 2 Group conversation: 8
Physicians for Human Rights Kenya	27 - 28 July 2023	Key informants: 2 Group conversation: 5
TINADA Youth Organisation	24 - 25 July 2023	Key informants: 5 Group conversation: 6

The evaluation team conducted in-person site visits with all funded partners except IsraAid, which had already closed out program activities by the time of the evaluation.

II. Document Review

Comic Relief provided over 235 documents that were reviewed and consulted for ongoing secondary analysis and used to design the evaluation. Below is a high-level summary of these documents. For a detailed list of all documents reviewed, consult the full document index here.

1. **Comic Relief monitoring visit reports**
    a. Project monitoring visit feedback reports
    b. Progress on monitoring visits spreadsheet

2. **Six-month and annual report documents**
    a. Years 1 - 3 reports from funded partners

3. **Funding overview forms (FoFs)**
    a. Detailed documentation of each funded partners' intervention

4. **Learning Coordinator documentation**
    a. ToR for Learning Coordinator position
    b. Learning Inception report
    c. Learning workshop documents
    d. Year 1 + Year 2 work plan
    e. Policy brief on access to mental health
    f. Quality service delivery guide
    g. Dissemination plan
    h. Process report

5. **Project Level Evaluations**
    a. Health Rights Advocacy Forum
    b. HealthRight Kenya
    c. IsraAID
    d. Physicians for Human Rights Kenya

6. **Comic Relief reports to FCDO**
    a. Six-month and Annual (Years 1 - 4)

7. **Stories of change** s**ubmissions** (Two years)

8. **MEL information**
    a. Peer learning session documents
    b. ToC and Learning session documents
    c. RND19 Strategy
    d. RND19 inception logframe and data aggregate workbook

9. **Kenya and Africa Mental Health articles (12**)
    a. Contextual information on mental health and psychosocial disabilities in Kenya and throughout Africa.

10. **Comic Relief Strategy**
    a. 2023 - 2027 (Current)
    b. 2018 - 2022

11. **Covid related expenditures** (2021- 2022)

12. **Value for Money Framework**