NAIROBI CITY COUNTY

Medical Services - Mental Health Unit

Mental Health Strategic Action Plan 2025 - 2030

Mental Health Strategic Action Plan 2025 - 2030

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Foreword

Mental health is an essential pillar of well-being and human development. It affects how individuals think, feel, act, and engage with their communities. Yet, despite its importance, mental health has long been neglected in planning, service delivery, and resource allocation. Nairobi City County is committed to correcting this historical oversight.

The Nairobi City County Mental Health Strategic Action Plan 2025–2030 is a landmark step in our journey toward a healthier, more inclusive, and resilient population. It lays out a comprehensive framework that seeks to reduce the burden of mental illness, improve access to services, and integrate mental health into primary health care. This plan was developed through a consultative process that engaged key stakeholders, including health professionals, community-based organisations, service users, and youth representatives. Their insights helped ensure the strategy is not only evidence-based but also people-centred.

The Strategic Action Plan aligns with Kenya's Mental Health Policy (2015–2030), the Nairobi County Integrated Development Plan (CIDP), and the Sustainable Development Goals (SDGs). It recognises the importance of leadership, intersectoral collaboration, financing, community engagement, infrastructure, and data systems in delivering impactful and sustainable mental health care.

We are proud to present this plan as a testament to the County's commitment to dignity, equity, and access to quality mental health services for all. Let us now work together, government, civil society, academia, private sector, and the people of Nairobi, to turn these commitments into action and create a city where mental well-being is prioritised.

Suzanne Silantoi Lengewa

County Executive Committee Member
Health, Wellness & Nutrition
Nairobi City County Government

Preface

In light of the urgent mental health needs of our rapidly expanding urban population, this Mental Health Strategic Action Plan (2025–2030) is a strategic response to one of the growing health needs in our county. Mental health is not only a health issue, but also a social, economic, and developmental issue that calls for a bold, systemic, and inclusive response.

This strategic action plan results from a comprehensive situational analysis and robust stakeholder engagement. It reflects the lived realities of Nairobi City County residents and provides practical, evidence-informed strategies to transform mental health care delivery. The strategic action plan builds on national frameworks, including the Kenya Health Policy 2015 – 2030, Universal Health Care reforms, and the Kenya Mental Health Policy 2015–2030. The strategic action plan also integrates into the Nairobi City County Integrated Development Plan.

This plan is structured around five strategic objectives that address leadership and governance, awareness and stigma reduction, integration into primary care, infrastructure and workforce development, and robust information and evaluation systems. These objectives form a framework that will transform the mental health landscape in Nairobi City County.

We urge all health sector actors, partners, communities, and stakeholders to collaboratively implement this strategy and translate its priorities into action. Let this document be a living guide that not only drives mental health reform but also synergises health systems that restore social mental health in Nairobi.

Dr. Irene Njeri Muchoki

Chief Officer, Medical Services
Nairobi City County Government

Acknowledgement

The development of the Nairobi City County Mental Health Strategic Action Plan 2025–2030 has been made possible through the collective efforts of many dedicated individuals and institutions.

We extend our deepest gratitude to the Nairobi City County Government for prioritising mental health and ensuring that the rights of all citizens to quality and equitable health care are upheld. Special thanks go to the County Health Management Team, Sub-County Health Teams, and the Mental Health Unit for their tireless work in coordinating the planning process and providing technical leadership. We also acknowledge the invaluable input from stakeholders, including health workers, mental health practitioners, people with lived experiences, professional associations, community health promoters, non-governmental organisations, faith-based organisations, and development partners. Your insights and contributions were critical in shaping a people-centred and inclusive strategy.

We thank the Ministry of Health for policy direction, technical guidance, and assistance, as well as the research and academic institutions that provided the evidence base for our planning. Particular recognition goes to the technical working group and consultants who facilitated the synthesis of data and drafting of this plan.

To all who contributed their time, ideas, and energy, thank you for your commitment to a Nairobi where mental health is not only a right but a reality.

Dr. Essam Said

Ag. Director of Medical Services
Nairobi City County Government

Executive Summary

This Mental Health Strategic Action Plan 2025–2030 for Nairobi City County presents a comprehensive roadmap for transforming mental health care across the county. It was developed in response to rising mental health needs, including increased prevalence of depression, anxiety, substance use disorders, and suicide, particularly among youth and vulnerable populations.

The strategic plan identified key health systemic gaps such as underfunding, inadequate health workforce, infrastructure, poor integration of mental health into primary health care toward the realisation of Universal Health Coverage (UHC), and social stigma. The plan is budgeted and recommends actionable interventions and strategies to ensure that mental health is integrated into the health and development agenda of Nairobi City County.

The five strategic objectives that anchor this plan are:

1. Strengthening leadership, coordination, and intersectoral governance.
2. Promoting culturally sensitive mental health awareness and substance use prevention.
3. Integrating mental health into primary healthcare systems.
4. Expanding mental health infrastructure and workforce capacity.
5. Improving mental health information systems, research, and evidence-based planning.

Implementation will be through a multisectoral collaboration, capacity sharing and strengthening, community participation, and sustained financial investment in mental health. The plan includes detailed monitoring and evaluation frameworks that will ensure accountability and track implementation progress. It also has financial costing that will inform budgeting and programming of mental health through this strategy.

Stella Waruingi

Head of Mental Health and Psychosocial Support Services
Nairobi City County Government

Definition of Terms

Mental Health	Defined as a state of mental well-being in which the individual realises his/her potential, can cope with normal stresses of life, can work productively and fruitfully, and contribute to his/her community (WHO).
Mental Health Conditions	Include a person's psychological, neurological, and substance conditions that affect his/her suicide risk and associated psychosocial, cognitive, and intellectual disabilities.
Mental Health Services	A range of healthcare interventions designed to promote mental well-being, prevent mental health disorders, and provide care and rehabilitation for individuals with mental health conditions. These services include prevention, early identification, treatment, rehabilitation, and recovery support.
Primary Mental Health Care	Basic mental health services provided at the primary healthcare level, including screening, early diagnosis, initial treatment and psychological interventions, follow-ups and referral to specialised care if necessary.
Community Mental Health Services	Mental health services provided within community settings rather than hospitals, focusing on support, rehabilitation, and the integration of individuals with mental health conditions into the community.
Mental Health Integration	The process of incorporating mental health services into general healthcare systems, such as primary healthcare, to improve access and continuity of care for mental health patients.
Tele-Mental Health	The use of digital technology, such as video conferencing and mobile apps, to deliver mental health services remotely, enhancing accessibility for individuals in underserved or remote areas.
Crisis intervention	Immediate support provided to individuals experiencing a mental health crisis, such as suicidal ideation or severe distress. This may include crisis helplines, rapid response teams, and emergency mental health services.
Support Group	Peer-led or professionally facilitated group that provides a safe space for individuals with similar mental health challenges to share experiences, receive support, and build resilience.
Substance Use Disorder	A condition characterised by the harmful or hazardous use of substances, including alcohol and drugs, which often coexists with mental health disorders and requires specialised intervention.

Abbreviations & Acronyms

AA	Alcoholics Anonymous
AI	Artificial Intelligence
ANC	Antenatal Clinic
AYP	Adolescent and Young Persons
CBOs	Community-Based Organizations
CCC	Comprehensive Care Clinic
CHMT	County Health Management Team
CHPs	Community Health Promoters
CIPD	County Integrated Development Plan
CMHC	Common Mental Health Conditions
EMR	Electronic Medical Records
FBO	Faith-Based Organizations
HMIS	Health Management Information System
HPDT	Health Products and Digital Technologies
HPT	Health Products and Technologies
HRH	Human Resources for Health
KEPH	Kenya Essential Package for Health
M&E	Monitoring and Evaluation
MERLS	Monitoring, Evaluation, Research, Learning and Surveillance
MFL	Master Facility List
MH	Mental Health
mhGAP	Mental Health Gap Action Program
mhGAP – IG	Mental Health Gap Action Program Intervention Guidelines
MHSAP	Mental Health Strategic Action Plan
MNS	Mental, Neurological and Substance Use Disorders
NACADA	National Authority for the Campaign Against Drug and Alcohol Abuse
NCC	Nairobi City County
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
OPEX	Operational Expenditure
PHC	Primary Health Care
PNC	Postnatal Clinic
PPP	Private Public Partnerships
SDG	Sustainable Development Goal
STP	Standard Treatment Procedures
TWG	Technical working Group
WHO	World Health Organization
YLD	Years Lived with Disability

1 Background

1.1 Introduction

Mental health is a global public health priority and a crucial component of achieving sustainable development goals (SDGs). It has a huge impact on individuals, communities, and societies at large. According to the World Health Organization (WHO) , mental health is defined as 'a state of well-being in which an individual realises their abilities, can cope with the normal stresses of life, can work productively, and can contribute to their community'. Despite its significance, mental health has been neglected in public health discourse and policy formulation.

Mental health conditions encompass a diverse range of disorders that affect a person's emotional and psychological well-being. From anxiety and depression to schizophrenia and bipolar disorder, these conditions are complex and can exist independently or together. Mental health conditions also encompass a wide range of sub-clinical conditions that impact people's well-being. Mental health conditions can result from a combination of various factors. Biological factors, such as genetics and brain chemistry, play a significant role, while environmental factors, including traumatic experiences, childhood adversity, and chronic stress, can also contribute. Additionally, behavioural lifestyle choices like substance abuse and poor sleep can exacerbate the risk.

The importance of mental health cannot be overstated, as it plays a pivotal role in determining overall health outcomes and socioeconomic developments. Mental health influences an individual's ability to function effectively in various domains of life, including work, relationships, and personal fulfilment . Healthy mental functioning contributes to productivity, creativity, and resilience, thereby fostering economic growth and social cohesion within a community. Conversely, untreated mental health conditions can lead to reduced productivity, increased healthcare costs, and social exclusion, exacerbating existing disparities and hindering development efforts.

Globally, mental health issues present profound impacts on individuals, families, and communities. The WHO estimates that approximately one in four people worldwide will be affected by a mental health disorder at some point in their lives . In Kenya, mental disorders are a common phenomenon in the population - an estimated 15% of the working population is living with at least one mental health condition, translating to about 3.7 million people . The disorders are a leading cause of years lived with disability (YLD) in the country. Challenges in the mental health care system in Kenya include poverty, political instability, corruption, rapid population increase, and a severe shortage of mental health care specialists .

In Nairobi City County, as in many other urban communities, several common mental health conditions prevail. A significant proportion of the population is affected by various mental health challenges, including depression, anxiety disorders, substance abuse disorders, and psychotic disorders .

Mental health influences an individual's ability to function effectively in various domains of life, including:

- work
- relationships
- personal fulfilment.

Healthy mental functioning contributes to:

- productivity
- creativity
- resilience

Untreated mental health conditions can lead to:

- reduced productivity
- increased healthcare costs,
- social exclusion
- exacerbating existing disparities
- hindering development efforts.

The Nairobi City County faces numerous barriers that impede efforts to enhance mental health and well-being for its people. These barriers include:

- **inadequate funding for mental health services**
- **shortages of trained mental health professionals**
- **a lack of awareness and education regarding mental health issues**
- **cultural beliefs and attitudes that perpetuate stigma**
- **insufficient integration of mental health into the primary healthcare system .**

In recent years, Nairobi City County has witnessed increased suicide rates. These conditions are often influenced by a multitude of interconnected risk factors, such as socioeconomic strain, adverse childhood experiences, trauma and genetic predisposition.

Societal and environmental factors significantly influence psychological well-being. Key elements include economic stability, education, housing, social support, and access to healthcare. Issues such as poverty, unemployment, discrimination, and exposure to violence can increase the risk of mental health disorders. Conversely, strong community ties, quality education, and safe living conditions can enhance resilience.

Addressing these determinants in Nairobi City County will require the development and implementation of policies aimed at reducing inequality, improving living standards, and ensuring equitable access to mental health services. This approach necessitates collaboration across multiple sectors.

By tackling root causes such as stigma, economic hardship, and social exclusion, communities can promote better mental health outcomes and create a more supportive environment for all individuals. To create a brighter future for everyone affected by mental health challenges, it is crucial to foster a society that fights stigma, promotes open conversations, and expands access to mental health resources.

The consequences of untreated mental health conditions are wide-ranging and profound. Individuals experiencing mental health challenges may face impaired functioning in various aspects of life, including work, education, and social relationships. Moreover, untreated mental illnesses can contribute to increased morbidity and mortality rates, as well as higher rates of disability and reduced life expectancy. Mental health disorders can also exacerbate existing physical health conditions, leading to a vicious cycle of poor health outcomes.

Despite the high prevalence of mental health problems, services and resources are often limited, leading to significant unmet needs and disparities in access to care. Stigma, prejudice, and discrimination surrounding mental illness further compound the challenges individuals face when seeking support and treatment .

The Nairobi City County faces numerous barriers that impede efforts to enhance mental health and well-being for its people. These barriers include inadequate funding for mental health services, shortages of trained mental health professionals, a lack of awareness and education regarding mental health issues, cultural beliefs and attitudes that perpetuate stigma, and insufficient integration of mental health into the primary healthcare system . Addressing these barriers requires a comprehensive and multi-sectoral approach that addresses systemic inequities and promotes collaboration among various stakeholders.

The COVID-19 pandemic worsened the already prevalent mental health challenges in Nairobi City County. The pandemic also hindered individuals living with mental health conditions from seeking and accessing care. The pandemic's impact on mental health was multifaceted, including causing increased stress, anxiety, depression, social isolation, grief, and trauma. Disruptions to daily routines, economic hardships, and uncertainty about the future have further strained individuals' mental well-being.

The evolving nature of mental health programming requires adapting to changing needs and contexts, necessitating the use of creative strategies and approaches. It is crucial to identify and promote innovative drivers of mental health, which include:

- Cultural adaptation: tailoring mental health interventions to fit cultural contexts and respond to cultural sensitivities to improve outcomes.
- Promoting the meaningful engagement of young people in shaping mental health initiatives, an approach that ensures the relevance and effectiveness of prevention and treatment programs.
- Promoting the meaningful engagement of individuals with lived experiences of mental health to inform the design and implementation of people-centred mental health interventions.
- Implementing mHealth using mobile technology for screening, monitoring, and data management.
- Harnessing the power of artificial intelligence (AI). To promote mental health in Nairobi City County, it is essential to harness the power of AI-driven tools and interventions. It enables early detection of mental health issues through predictive analytics, providing personalised therapy via chatbots.
- Telemedicine and e-health aid in improving access to services through mobile apps and telemedicine platforms. These technologies can bridge gaps in mental health support, especially in underserved areas, by offering scalable, cost-effective, and stigma-free solutions.

This plan envisions achieving positive outcomes for the residents of Nairobi City County by ensuring access to quality mental health services that are well-implemented.

1.2 Mandate of the Mental Health Unit

The mental health department adopts a comprehensive approach to enhancing mental health systems in Nairobi City County. This is done by coordinating services and structures to ensure accessibility and quality care, leading to the development of effective mental health systems in the county. A key element of our strategy is the delivery of services, which relies on having a skilled Human Resources for Health (HRH) trained specifically in mental health care.

To standardise care, we implement national and WHO guidelines and promote the integration of mental health services into primary healthcare and other service delivery points. Our responsibilities also include developing and implementing policies to shape mental health frameworks, as well as costing and mobilising resources to secure sustainable funding for programs. While acknowledging that stakeholder engagement and meaningful involvement are key to the success of health programs, the department purposefully and meaningfully engages stakeholders, including government agencies, NGOs, and communities, through collaboration and advocacy initiatives. Additionally, we promote the use of data and research to gather evidence that informs policies, monitors progress, and refines guidelines, ultimately aiming for improved mental health outcomes in the county.

1.3 The Kenya Mental Health Policy 2015 – 2030

The Kenya Mental Health Policy 2015 – 2030 provides a guide on how mental health should be integrated at both the national and county levels, highlighting its significance in county-level planning. The policy mandates that counties ensure mental health is part of their County Integrated Development Plans (CIDP), further strategic action planning, and annual implementation plans, reflecting the devolved responsibility for health service provision under Kenya's Constitution 2010 . The country's Mental Health Policy provides a framework that counties such as Nairobi City County shall use to shape their CIDP and further inform the county's Mental Health Strategic Action Plan and Annual Work Planning in mental health.

This includes:

- **Leadership and Governance:** Ensuring Nairobi City County establishes clear oversight for mental health services, as mandated in the policy.
- **Service Delivery:** Following the policy's directive for counties to offer equitable, accessible, and high-quality mental health services, which informs Nairobi City County's goal of expanding integrated mental health services across the county.
- **Resource Allocation:** The policy's emphasis on increasing budgetary allocation to mental health guides Nairobi's plans for financing its mental health initiatives.
- **Human Resources:** Addressing the shortfall of mental health professionals is a priority for Nairobi, as stipulated by the national policy.

This comprehensive approach, such as service delivery, has been factored into the Nairobi City County Government CIDP (2023 – 2027). This approach also ensures that the Mental Health Strategic Action Plan is further aligned with national standards and frameworks and ensures that mental health services are integrated into broader health and development goals.

Has a population of

4.4 million people

(according to the 2019 national population census)

Official languages spoken in the county are:

- English
- Kiswahili

1.4 About The Nairobi City County

The Nairobi City County, situated in Kenya's capital and largest city, has a population of 4.4 million people (according to the 2019 national population census). The official languages spoken in the county are English and Kiswahili, along with various other languages from different indigenous tribes in Kenya. The population of Nairobi, like the overall population of Kenya, is predominantly young, reflecting the national demographic landscape . Since most mental health conditions emerge during adolescence and early adulthood, this young population shapes the planning for mental health coverage and interventions in the County.

1.5 Scope and Application

Mental health prevention and treatment program design, implementation, and evaluation at all levels in Nairobi City County.

1.6 Target Audience

Mental health program managers, the County Health Management Team (CHMT), mental health practitioners in the public and private sectors, and stakeholders in Nairobi City County.

2 Situational Analysis

2.1 Nairobi City County Context

The Nairobi City County faces a substantial burden of mental disorders due to factors such as rapid urbanisation, social inequalities, economic disparities, climate change, and limited access to mental health services.

2.1.1 Mental Health in the Nairobi City County Integrated Development Plan 2023 – 2027

The Nairobi City County government, as part of its Integrated Development Plan (CIDP) for 2023–2027, has set ambitious goals to improve services, expand access to care, and raise awareness of mental health issues. The CIDP highlights the County's commitment to enhancing mental health outcomes by increasing access to care, developing the workforce, and promoting mental health awareness. These efforts reflect a dedicated approach to addressing mental health challenges and align with both national and international health objectives, including the Sustainable Development Goals.

This is as indicated in the table below:

Table 1: Nairobi City CIDP Plans and Goals for Mental Health Services

Key statistic	2022 (Achieved)	2027 (Target)
1. Number of people screened and treated for mental, neurological, and substance use (MNS) disorders	10,000	100,000
2. Patients accessing psychotropic medication	2,000	4,000
3. Health facilities offering integrated mental health services at primary care	30	65
4. Number of mental health practitioners employed	10	50
5. Inpatient psychiatry services available at Level IV health facilities	1 facility	3 facilities
6. Annual community mental health awareness sessions	40	200
7. Number of healthcare workers trained on mental health diagnosis, treatment and management	100	1,500

Nairobi City County faces a substantial burden of mental disorders due to factors such as:

- rapid urbanisation
- social inequalities
- economic disparities
- climate change
- limited access to mental health services.

County's commitment to enhancing mental health outcomes by:

- increasing access to care
- developing the workforce
- promoting mental health awareness.

2.1.2 The Impact and Frequency of Mental Disorders: Burden, Prevalence, Morbidity, and Mortality in Nairobi City County

Nairobi's health system for mental health suffers from numerous gaps, including inadequate infrastructure, insufficient human resources, and a lack of community-based services. Prevalence rates for common mental illnesses such as depression, anxiety disorders, and substance abuse disorders are high. It is challenging to pinpoint exact prevalence rates due to limited data availability, despite studies suggesting widespread mental health issues affecting individuals across all age groups and socioeconomic backgrounds.

Table 2 gives the key mental health indicators for Nairobi City County

Table 2: The Burden of Mental Health in Kenya and Nairobi City County

Aspect	Kenya (National)	Nairobi City County
Burden	Approximately 15% of the working population (~3.7 million people) is affected by mental disorders, such as depression, anxiety, and substance use disorders.	Nairobi has an estimated 20-30% of its population affected by common mental health conditions, driven by social and economic pressures.
Incidence	Globally, 25% of the population may experience a mental health condition at some point. Depression and anxiety incidence have risen, especially post-COVID-19.	Nairobi has seen a 15-20% increase in cases of depression and substance abuse post-COVID-19, especially in youth and informal settlements.
Morbidity	Mental disorders account for about 10% of Years Lived with Disability (YLDs), impacting the functionality of many individuals.	In Nairobi, mental disorders contribute to approximately 20% of non-communicable disease morbidity, severely affecting work and social life.
Mortality	The national suicide rate is 6.5 per 100,000 people. Mental disorders, particularly untreated ones, contribute to worsening chronic illnesses, leading to death.	Nairobi reports a suicide rate of 9 per 100,000 people, with substance abuse playing a significant role in increased mortality rates, especially in men.
Prevalence	10-15% of the population suffers from common mental disorders like depression and anxiety. Severe mental illness, like schizophrenia, affects 1% of the population.	There are no clear prevalence data for common mental health disorders in Nairobi.

2.2 Nairobi City County Health Care System

2.2.1 General Health Care System

The healthcare system in Nairobi City County aligns with the national healthcare framework's six levels as described in the Kenya Essential Package for Health (KEPH). It encompasses four categories of service providers: the national government (GoK), the private sector, faith-based organisations, and non-governmental organisations (NGOs). According to the Kenya Master Facility List of 2024, there are 1,293 health facilities in Nairobi City County. As illustrated in Figure 1, over 70% of these facilities are operated by the private sector.

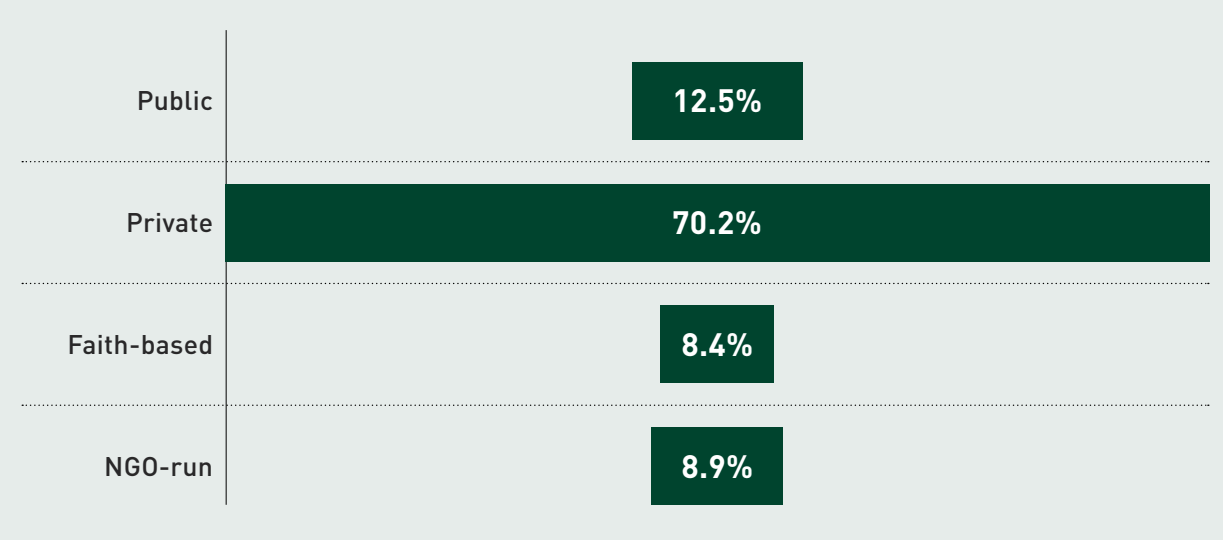


Figure 1: Ownership of Health Facilities in Nairobi City County

Table 3 shows the number of health facilities by level in the County as per the Master Facility List (MFL) 2024.

Table 3: Nairobi City County Health Facilities as per MFL 2024

	KEPH level	MOH/Public	Private	FBO	NGO	Total	%
Primary Health Services	Level 2+3	146	814	94	116	1,170	90.5
	Level 2	95	629	80	102	906	70.1
	Level 3	51	185	14	14	264	20.4
County Referral Health Services	Level 4+5	11	94	14	0	119	9.2
	Level 4	9	89	13	0	111	8.6
	Level 5	2	5	1	0	8	0.6
National Referral Services	Level 6	4	0	0	0	4	0.3
	Total	**161**	**908**	**108**	**116**	**1,293**	**100**
	%	**12.5**	**70.2**	**8.4**	**8.9**	**100**	

Source: Kenya Master Facility List (MFL) 2024, Ministry of Health, Nairobi City County

Mental health services are offered in several facilities regardless of their ownership, and there is a concerted effort to extend these services and integrate them at the community level. Community health promoters (CHPs), who are based in the community, serve as crucial links between the communities and the formal health facilities. Their roles include promoting health, preventing diseases, and facilitating access to essential services.

2.2.2 The NCC Health Services Referral System

Nairobi City County borrows its referral system from the Kenya Health Sector Referral Strategy, which classifies the different referral services, taking into consideration the existing infrastructure in the KEPH levels as follows:

i. Community health services (Level I) facilitate linkage to primary health care services.

ii. Primary health care services (Levels II and III) manage referrals from communities and facilitate referrals to the nearest county referral facilities.

iii. County health referral services (Levels IV and V) form the county referral system, with specific services shared among the existing county referral facilities to form an effective network of comprehensive referral services.

iv. National health referral services (Level VI) from the national centres of excellence providing specialised services and training of health care workers.

In referral hospitals in Nairobi City County, there are mental health service delivery units, although with different capacities. Most of them can offer emergency mental health services, with options for onward referral to Level VI. Referrals are received from primary care facilities within the sub-counties in Nairobi, and other County health centre facilities and community health units. There are also the Apex National Referral Services at Level VI, which operate with a defined level of autonomy, such as Mathari National Teaching and Referral Hospital, which offers highly specialised mental health services. In addition, some faith-based and privately owned health facilities also offer specialised mental health services.

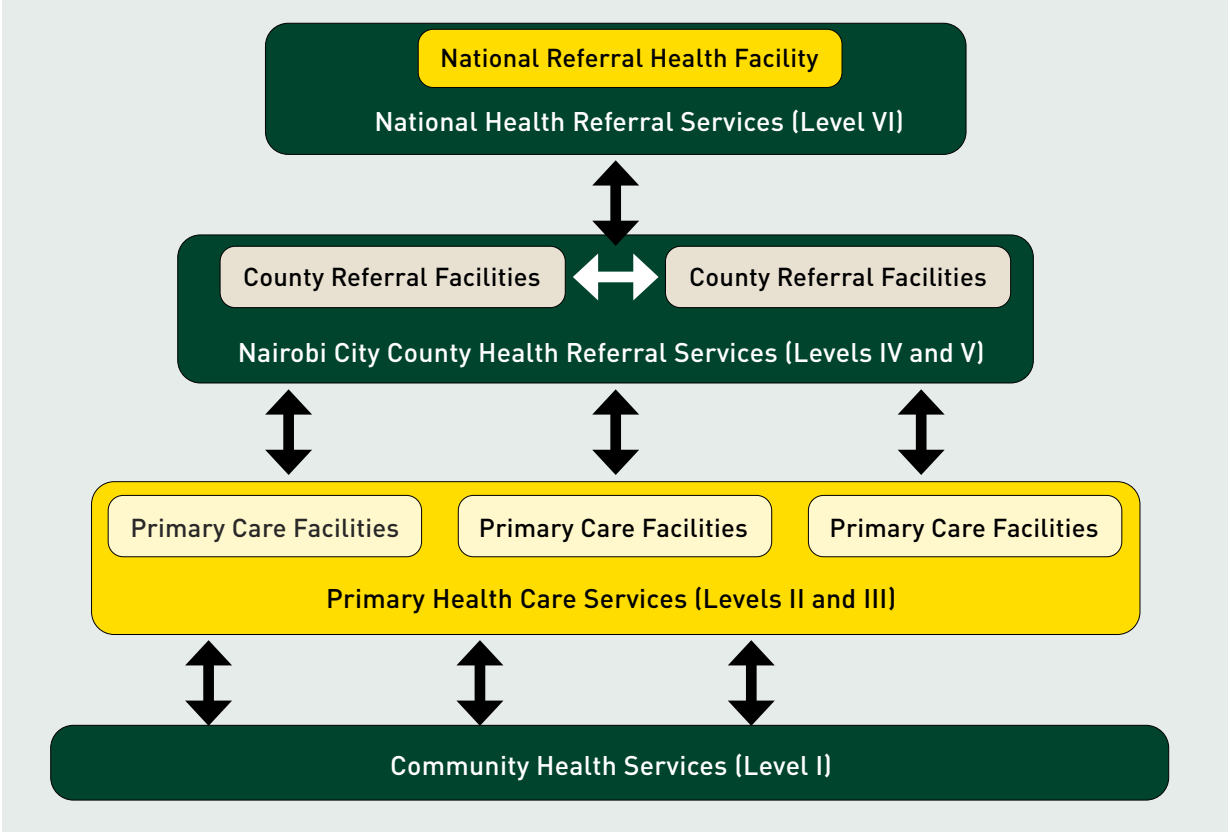


Figure 2: Nairobi City County and Kenya's Health System Referral Services

2.3 Nairobi City County Mental Health Systems SWOT Analysis

Nairobi City County's mental health system has a solid foundation and several growth opportunities, but significant challenges remain, particularly regarding funding, workforce constraints and cultural norms impacting care-seeking. Addressing these issues through strategic partnerships, targeted education, and policy support can lead to a more resilient and accessible mental health system for the County.

A SWOT (strengths, weaknesses, opportunities and threats) analysis has been conducted, providing a comprehensive overview of the mental healthcare situation in the County.

2.3.1 Strengths

Nairobi City County's mental health system is marked by a blend of factors that collectively shape the delivery and accessibility of mental health services. Among its strengths are:

1. An established mental health policy and framework, which creates a structured foundation for service provision, providing guidelines and standards to improve service delivery (WHO, 2021).
2. The county benefits from a skilled workforce of mental health professionals who ensure quality care through continuous professional development and retention programs, which are essential to maintain and expand this expertise (MoH, 2020).
3. Collaborations with NGOs and community organisations further enhance service reach, especially in underserved areas, fostering a sense of community-based support and shared responsibility in mental health care (Non-Governmental Organisation Council of Kenya, 2022).
4. Public awareness of mental health issues is also increasing, which plays a crucial role in reducing stigma and encouraging individuals to seek mental health services (Ng'ang'a and Karanja et al., 2023).

Table 4: Response Actions and implications of the strengths

Strengths	Implications	Response Actions
1. **Existence of mental health policies and frameworks from the National Government**	They provide a structured foundation for mental health service delivery	Strengthen policy implementation, ensure alignment with national goals, and improve policy dissemination
2. **Skilled mental health professionals**	Ensures quality service delivery and improves patient outcomes	Enhance continuous professional development and retention programs
3. **Partnerships with NGOs and community-based organisations**	Increases service reach and access, especially in underserved areas	Foster stronger partnerships, establish Memoranda of Understanding (MOUs) for consistent service provision
4. **Increasing public awareness of mental health**	Reduces stigma and encourages people to seek help	Amplify awareness campaigns and integrate mental health education into schools and workplaces

2.3.2 Weaknesses

Nairobi City County's mental health system also faces several significant challenges.

1. Insufficient funding for mental health programs restricts the scope and quality of available services, underscoring the need for increased budget allocations and exploration of alternative funding models (Kilonzo and MoH, 2022).
2. The inadequate mental health facilities and infrastructure exacerbate accessibility issues, leading to overcrowded facilities and long waiting times (WHO, 2022).
3. Cultural stigma and misconceptions about mental health deter some residents of Nairobi from seeking help, pointing to the need for culturally sensitive mental health education and outreach (Ndetei and Jenkins, 2023).
4. The limited integration of mental health services within primary healthcare, which delays diagnosis and treatment and increases the burden on specialised facilities (MoH, 2023).

Table 5: Response Actions and Implications of the Weaknesses

Weaknesses	Implications	Response Actions
1. Insufficient funding for mental health programs	Limits the scope and quality of services	Advocate for increased budget allocation; explore alternative funding sources such as public-private partnerships
2. Limited mental health facilities and infrastructure	Causes overcrowding and limits accessibility	Prioritise funding for facility expansion, especially in underserved areas; consider mobile or community-based services
3. Stigma and cultural beliefs hindering service uptake	Reduces willingness to seek mental health services	Implement community-centred mental health education to address misconceptions and encourage service uptake
4. Lack of integrated mental health services in primary health care	Leads to delayed diagnosis and increased burden on specialised facilities	Integrate mental health screening and counselling into primary health services; train primary health workers in basic mental health care

2.3.3 Threats

The following threats to the mental health system in Nairobi City County persist.

1. High poverty and unemployment rates intensify mental health challenges and reduce individuals' ability to afford care, emphasising the importance of integrating mental health support with social welfare programs (Kenya National Bureau of Statistics, 2022).
2. The rising incidence of substance abuse, particularly among the youth, increases the demand for mental health and addiction services, calling for integrated substance abuse interventions (National Authority for the Campaign Against Alcohol and Drug Abuse [NACADA], 2023).
3. Political instability and policy inconsistency could also disrupt funding and hinder progress, underscoring the need for sustained advocacy to keep mental health as a priority across political cycles (Opiyo and Mutua, 2023).
4. A shortage of mental health specialists in the public sector affects service accessibility and quality, highlighting the need for incentives and funding to attract and retain professionals in this field (Mbugua and Health Workforce Institute, 2023).

Table 6: Response Actions and implications of the threats

Threats	Implications	Response Actions
1. **High prevalence of poverty and unemployment**	Can worsen mental health issues and limit the ability to afford care	Link mental health services with social welfare programs to assist economically disadvantaged individuals
2. **Rising cases of substance abuse**	Increases demand for mental health and addiction services	Integrate substance abuse interventions within mental health services; conduct awareness and prevention campaigns targeting youth
3. **Political instability and policy inconsistency**	This may lead to shifts in funding priorities and hinder progress	Advocate for mental health as a priority, regardless of political changes; engage with policymakers to ensure sustained focus
4. **Shortage of mental health specialists in the public sector**	Limits accessibility and service quality	Increase funding for training programs and create incentives for specialists to work in public health facilities

2.3.4 Opportunities

Several opportunities exist.

1. The rising demand for mental health services reflects a growing awareness and recognition of mental health's importance, creating opportunities for service expansion, particularly in vulnerable populations (Muoki and Kariuki, 2022).
2. There is a growing movement towards digital health interventions, such as tele-mental health, which could cost-effectively expand access to services (Odhiambo, 2023).
3. Devolution of the governance structure allows the Nairobi City County to tailor localized mental health strategies and interventions, to the needs of its people (Constitution of Kenya, 2010).
4. Partnerships with the private sector and non-state agencies and actors offers support for innovative approaches and resource sharing to enhance service delivery.

Table 7: Opportunities, implications and response actions

Opportunities	Implications	Response Actions
1. Rising demand for mental health services	Indicates increased awareness and potential for service expansion	Expand mental health services to meet demand, particularly in vulnerable populations; diversify services
2. Growing support for digital health interventions	Potential for cost-effective and accessible mental health services	Invest in tele-mental health programs and digital platforms to increase accessibility and support continuity of care
3. Devolution and county-level healthcare management	Provides opportunities for localized mental health interventions	Develop Nairobi City County-specific mental health strategies that align with county health goals
4. Potential for collaboration with private sector	Can lead to resource-sharing and innovation	Encourage public-private partnerships to bolster resources, technology, and infrastructure

2.4 Overall Key Mental Health Gaps

The mental healthcare system in Nairobi City County faces significant challenges that hinder accessible, effective, and inclusive care, emphasizing the need for urgent intervention to ensure a robust mental health response in the county.

Despite the increasing recognition of the importance of mental health, Nairobi City County's healthcare system faces significant structural and social challenges. These challenges include a shortage of trained professionals, insufficient funding, and ongoing stigma that restrict access to care and services. Furthermore, mental health infrastructure and policies are underdeveloped, community support systems are limited, and integration with primary healthcare is inadequate.

These overall gaps are summarised in the table below.

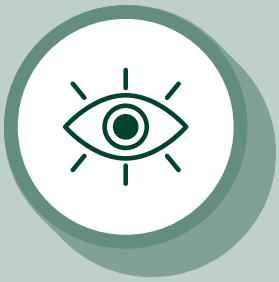
Table 8: Mental health system gaps and description

1. Limited access to mental health services	Many Nairobi residents have limited access to mental health services due to financial, geographical, and infrastructural constraints .
2. Stigma and discrimination	The social stigma surrounding mental illness is high, discouraging individuals from seeking mental health services .
3. Insufficient mental health workforce	The county faces a shortage of trained mental health professionals, which affects service delivery (Ngugi et al., 2023).
4. Inadequate funding for mental health	Nairobi's mental health budget allocation is insufficient to meet rising demands for mental health care (Ministry of Health, Kenya, 2022).
5. Weak mental health policies and frameworks for Governance	Existing policies are outdated or poorly enforced, limiting the development of comprehensive mental health programs (Othieno et al., 2021).
6. Inadequate mental health infrastructure	A shortage of mental health facilities, especially outside urban centers, leads to overcrowded existing facilities (Gathara et al., 2023).
7. Inadequate community-based support	Limited community support structures and mental health awareness programs hinder access to preventive and rehabilitative mental health services (Njenga, 2023).
8. Disintegration with primary healthcare	Mental health services are inadequately integrated into primary healthcare systems, making mental health support inaccessible at the grassroots level (Maina et al., 2022).
9. Limited adolescent focused mental health services	There is limited provision of mental health services specifically targeting adolescents, despite increasing mental health challenges in this age group (Ministry of Health, Kenya, 2023).

3 Strategic Model for Mental Health and Wellbeing

3.1 Strategic Thrust

The Nairobi City County Mental Health Strategic Action Plan 2025 – 2030 is built on a foundation with a Vision, Mission, and Strategic Objectives.



3.2 Vision

To be a leading provider of competent, holistic, and wellness-focused mental health services.

3.3 Mission

To provide quality, affordable, and accessible optimal mental health care and integrated healthcare services without suffering financial hardship to all residents of Nairobi.

3.4 Strategic Objectives

Five strategic objectives were derived from the situational analysis, which give rise to the following strategic actions.

1. To strengthen leadership and intersectoral coordination for effective implementation of mental health policies, resource allocation, and stakeholder collaboration.
2. To implement culturally sensitive initiatives that promote mental health awareness, reduce stigma, and prevent substance abuse through community engagement, education, and accessible support services.
3. To strengthen the integration of mental health services into primary healthcare through capacity building, routine screening, interdisciplinary collaboration, and community engagement.
4. To strengthen the development of comprehensive infrastructure, a skilled healthcare workforce, and improved access to essential HPT for mental health service delivery.
5. To strengthen the mental health information system and monitoring and evaluation mechanisms to support research and evidence-based decision-making in Nairobi County.

3.4.1 Strategic Objective One: To strengthen leadership and coordination for effective implementation of mental health policies, resource allocation, and stakeholder collaboration.

Leadership and governance entail direction, organization, decision-making, and coordination of mental health policy and strategies. The set leadership and governance structures will guide the strategic direction, and development of appropriate initiatives, policies, and Activities with effective oversight, regulation, motivation, and essential partnerships integrated into the County health system, all to achieve the desired objectives, mission and vision.

The governance is anchored on existing legal frameworks and regulations for both the public and private sectors. Effective leadership and governance in Nairobi City County are key to achieving the desired goals of this SAP. The structures described here will provide appropriate linkages and collaborations between the mental health unit subsector in the county and the national health sector.

3.4.1.1 Strategic Area One: Leadership, Governance and Coordination

01	02	03
Strategic Action One: Adoption and implementation of national mental health policies	**Strategic Action Two: Mainstreaming mental health across sectors**	**Strategic Action Three: Strengthening and empowerment of people with mental health conditions**
Focuses on allocating resources, capacity building, and establishing coordination units.	Focuses on establishing intersectoral coordination and partnerships with NGOs.	Encouraging user participation, ensuring equitable access, and promoting peer support.

Table 9: Strategic Area 1: Leadership, Governance and Coordination

Strategic Action	Response Initiatives	Situational Analysis Addressed
1) **Adoption and Implementation of National Mental Health Policies**	Allocate resources for the implementation of adopted policies	**Weaknesses** - Insufficient funding for mental health programs
	Provide training and capacity building for healthcare professionals and relevant stakeholders on mental health policies and guidelines	**Strengths** - Skilled mental health professionals; **Opportunities** - Support for continuous professional development
	Establish Nairobi City County Mental Health Council	**Threats** - policy inconsistency threatens governance
	Establish or strengthen County Mental Health coordination units and appoint mental health focal persons	**Weakness**- Lack of mental health focal persons in all sub-counties
2) **Mainstreaming Mental Health Across Sectors (Stakeholder Collaboration)**	Establish intersectoral coordination mechanisms for joint planning and implementation in line with the existing partnership framework	**Strengths** - Partnerships with NGOs and community-based organisations
	Leverage existing Partnership Frameworks to mainstream Mental Health into existing programs	**Strengths** - Partnerships with NGOs and community-based organisations
	Increase the inclusion of mental health education and awareness programs among employers and employees	**Opportunities** - Public awareness and stigma reduction
3) **Strengthening and Empowerment of People with Mental Health Conditions and Psychosocial Disabilities and Their Organisations**	Engagement and participation of user organisations, people with mental health conditions, persons with lived experiences, psychosocial, intellectual, and cognitive disabilities in matters concerning their health and care	**Weaknesses** - Stigma and cultural beliefs hindering service uptake; **Opportunities** - Community engagement and peer support
	Ensuring that people with mental health conditions have equitable access to comprehensive and culturally sensitive mental health services	**Weaknesses** - Stigma and cultural beliefs; **Opportunities** - Reducing barriers through culturally sensitive services
	Increase the availability of peer support programs and peer-led initiatives on mental health to connect and share experiences	**Opportunities** - Community-based support and awareness initiatives

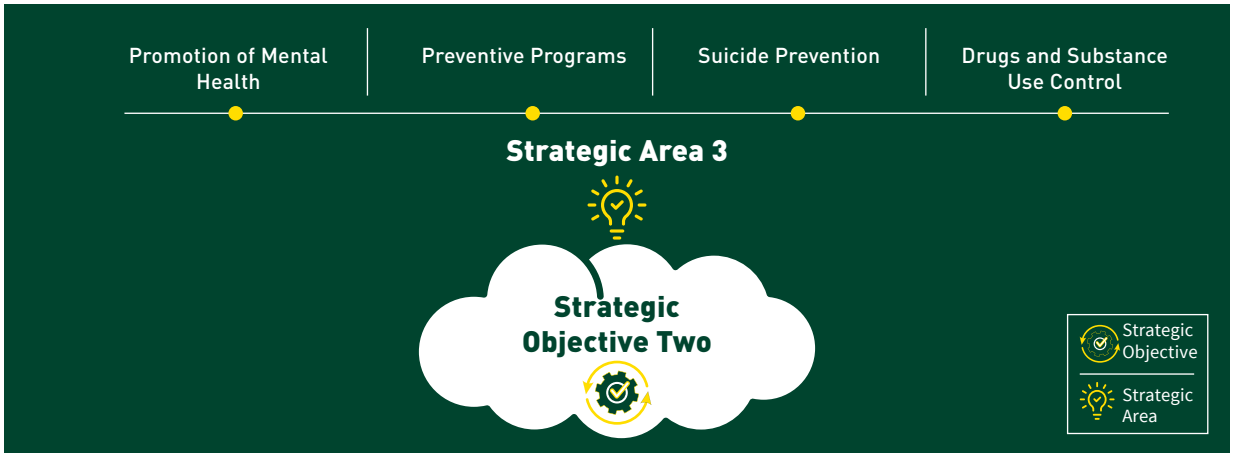
3.4.1.2 Strategic Area Two: Mental Health Financing and Resource Mobilization

Strategic Action : Strengthening the Planning for Mental Health Resources

Focuses on advocating for increased budget allocations, securing budgets, and leveraging research for resource allocation.

Table 10: Strategic Area 2: Mental Health Financing and Resource Mobilization

Strategic Action	Response Initiatives	Situational Analysis Addressed
Strengthening the Planning for Mental Health Resources	Advocate for increased budget allocation towards mental health programs and services commensurate with identified needs and required resources	**Weaknesses** - Insufficient funding for mental health programs
	Ring-fence allocated Mental Health budgets	**Threats** - Political instability and policy inconsistency **Weaknesses** - Insufficient funding for mental health
	Conduct a Mental Health investment case for Donor, Partner and Domestic funding	**Weaknesses** - Insufficient funding for mental health programs
	Conduct cost-benefit analysis and Effect analysis for mental health financing in Nairobi County	**Weaknesses** - Insufficient funding for mental health programs



3.4.2 Strategic Objective Two: To implement culturally sensitive initiatives that promote mental health awareness, reduce stigma, and prevent substance abuse.

The strategic objective to implement culturally sensitive initiatives requires a strategic direction that has a proactive approach that respects the cultural diversity of Nairobi's population while promoting awareness and reducing barriers to care. This strategic direction aims to enhance mental health awareness, reduce stigma, and prevent substance abuse through robust community engagement, targeted educational programs, and accessible support services. By fostering partnerships with local communities, schools, healthcare providers, and stakeholders, Nairobi City County can create an inclusive mental health ecosystem that empowers individuals to seek help, promotes early intervention, and builds resilience against mental health challenges and substance abuse. This approach not only addresses immediate mental health needs but also strengthens preventive measures, ensuring that services are both relevant and accessible to all segments of the population.

3.4.2.1 Strategic Area Three: Preventive, Promotive Mental Health

01

Strategic Action One: Promotion of Mental Health

Involves awareness campaigns, sport-based evidence-informed interventions, community engagement, peer-led support, mental health education in schools, and dissemination of culturally sensitive materials. Set objectives for improved mental health outcomes, such as rates of stigma expressed in the community, reduced rates of untreated mental health disorders, improved experiences for those seeking mental health care, etc.

02

Strategic Action Two: Preventive Programs

Focuses on public awareness, improving access to facilities, integrating screening at primary healthcare points, establishing crisis helplines, and training emergency responders. Co-develop locally relevant and resonant measures of mental wellbeing to measure alongside traditional diagnostic tools.

03

Strategic Action Three: Suicide Prevention

Involves strategic interventions, awareness campaigns, and training for professionals and community leaders to support at-risk groups.

04

Strategic Action Four: Drugs and Substance Use Control

Highlights public awareness, routine screening, and policy advocacy to prevent substance use.

Table 11: Strategic Area 3: Preventive, Promotive Mental Health

Strategic Action	Response Initiatives	Situational Analysis Addressed
1) **Promotion of mental health**	Implement initiatives to raise awareness, reduce stigma, and provide resources supporting mental well-being	**Weaknesses** - Stigma and cultural beliefs hindering service uptake; Opportunities - Public awareness and stigma reduction
	Community engagement to develop programs that address specific mental health needs (e.g., mental health first aid training)	**Opportunities** - Community-based mental health systems; Sport-based mental health interventions
	Train Community Health Providers (CHP) on mental health screening at community level to identify those at risk	**Weaknesses** - Limited integrated mental health services in primary health care
	Integrate mental health education into school health programs	**Opportunities** - Growing public awareness on mental health; potential to reduce stigma from a young age
	Create peer-led support groups where individuals facing similar challenges can share experiences and provide mutual support	**Opportunities** - Increase peer support programs to foster community-driven mental health initiatives
	Develop and disseminate mental health information and education communication materials to the public	**Opportunities** - Public awareness; reduce stigma through community engagement; digital health
	Integrate mental health and parenting skills education into various service delivery points in health facilities (e.g., MCH, CCC, and NCD clinics)	**Weaknesses** - Limited integration of mental health into health services; Opportunities - Use community and healthcare settings to reduce stigma
2) **Preventive Programs**	Launch public awareness campaigns to reduce stigma and enhance understanding of mental health issues and available support services	**Weaknesses** - Stigma; Opportunities - Public awareness and promotion; Sport-based mental interventions
	Improve access to mental health facilities, professionals, and other resources on mental health	**Weaknesses** - Limited facilities and infrastructure; **Opportunities** - Expanding service access for underserved populations
	Implement routine screening for common mental health conditions at all primary healthcare service delivery points	**Weaknesses** - Limited integration in primary health care; **Opportunities** - Use primary care settings for early intervention
	Establish helplines and crisis hotlines to assist those in distress	**Opportunities** - Digital health innovations to provide support beyond physical facilities
	Train emergency responders and law enforcers to handle mental health crises	**Threats** - Rising cases of mental health crises; **Opportunities** - Cross-sector support and better response systems

Strategic Action	Response Initiatives	Situational Analysis Addressed
3) **Suicide Prevention**	Develop and implement comprehensive county strategic interventions for the prevention of suicide, with special attention to vulnerable groups	**Threats** - High mental health burden in vulnerable populations; **Opportunities** - Address suicide prevention among at-risk groups
	Launch awareness campaigns to educate the public about suicide risk factors, warning signs, and available support resources	**Weaknesses** - Stigma; **Opportunities** - Public awareness, community understanding of mental health
	Implement training programs for healthcare professionals, educators, and community leaders to identify individuals at risk of suicide	**Strengths** - Skilled mental health professionals; **Opportunities** - Workforce capacity building and better support structures
4) **Drugs and Substance Use Control**	Conduct public awareness campaigns using various media channels to educate the community about the risks of substance abuse	**Threats** - Rising cases of substance abuse; **Opportunities** - Leverage community awareness and educational campaigns
	Conduct routine screening for substance use through health facilities to identify individuals at risk	**Weaknesses** - Limited screening services in health facilities; **Opportunities** - Use facilities to provide early intervention for substance use
	Plan on advocacy for evidence-based policies that address substance abuse prevention, treatment, and harm reduction	**Threats** - Rising cases of substance abuse; **Opportunities** - Policy advocacy to address public health concerns

3.4.3 Strategic Objective Three: To strengthen the integration of mental health services into primary healthcare

Nairobi City County aims to strengthen the integration of mental health services into primary health care services through comprehensive capacity building for healthcare providers, incorporating routine mental health screening in primary care, fostering interdisciplinary collaboration, and engaging local communities. By empowering primary care providers, establishing effective referral pathways, and involving community health promoters, Nairobi City County can create a more responsive and inclusive mental health system that meets the diverse needs of its residents. This holistic approach not only facilitates timely mental health support but also reduces the burden on specialised facilities, ensuring that mental health care becomes an integral part of overall health and well-being in the county. Outcomes of this objective will include reduced barriers to care, smoother and more navigable referral pathways for patients and improved health worker attitudes towards patients with mental health conditions.

3.4.3.1 Strategic Area Four: Mental Health Integration Into Primary Health Care

01

Strategic Action One: Capacity Strengthening and Training

Focuses on stakeholder sensitisation, training for primary healthcare providers, mentorship, and rotation to ensure mental health integration.

02

Strategic Action Two: Integrating Mental Health Screening in Routine Health Services

Involves incorporating mental health screening tools and training providers for early detection and prevention.

03

Strategic Action Three: Enabling Environment for the Provision of Mental Health Services

Focuses on increasing access to rehabilitation services, supporting vulnerable populations, and linking families with support groups.

04

Strategic Action Four: Referral Pathways and Interdisciplinary Collaboration

Collaboration among providers establishes referral pathways and promotes case conferences for complex cases.

05

Strategic Action Five: Strengthening Community Mental Health

Emphasises training for community health promoters, creating safe support spaces, and conducting mental health outreach campaigns.

Table 12: Strategic Area 4: Mental Health Integration into PHC

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
1) **Training and Capacity Building**	Sensitise stakeholders on the provision of mental health services in primary healthcare facilities	**Weaknesses** - Limited integration of mental health services in primary healthcare **Strengths** - Existing mental health policies supporting integration
	Train primary healthcare providers on identifying, assessing, and managing common mental health conditions	**Weaknesses** - Limited integration of mental health in primary healthcare; **Opportunities** - Growing support for integration at primary healthcare levels
	Train community health providers based on the CHP toolkit as TOTs for other CHPs	**Opportunities** - Community-based mental health support **Strengths** - Skilled professionals, but need for broader task-sharing
	Mentor health workers, including community health promoters, in non-specialised settings	**Strengths** - Skilled workforce; **Weaknesses** - Need for task-sharing and capacity building in non-specialised settings
	Speciality rotation and sharing with mental health workers through the sub-county facilities	**Strengths** - Skilled workforce; **Weaknesses** - Need for task-sharing and capacity building in non-specialised settings
2) **Integration of Mental Health Screening into Routine Health Services**	Incorporate mental health screening tools into routine primary healthcare consultations for early detection	**Weaknesses** - Limited integration and delayed diagnosis **Opportunities** - Early detection and intervention at the primary healthcare level
	Ensure adequate training for primary care providers on administering and interpreting screening tools	**Weaknesses** - Workforce capacity; **Opportunities** - Improved screening can reduce the burden on specialised facilities
3) **Facilitate an Enabling Environment for Provision of Mental Health Services**	Increase rehabilitation services for substance use disorders	**Threats** - Rising cases of substance abuse **Opportunities** - Integrate substance use interventions within mental health services
	Provide equitable access to mental health services for vulnerable and marginalised communities, including PWDs	**Weaknesses** - Limited accessibility for vulnerable populations; **Opportunities** - Expanding services to marginalised groups aligns with public health equity goals
	Linkages for families/ persons with mental illness, Alcoholics with regular support groups	**Opportunities** - Integrate substance use interventions within mental health services
	Youth engagement programs that address mental health concerns	

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
4) Interdisciplinary Collaboration and Referral Pathways	Foster collaboration between mental health specialists, primary care providers, social workers, and other relevant professionals	**Strengths** - Partnerships with NGOs and community organisations; **Opportunities** - Intersectoral collaboration enhances comprehensive care
	Establish regular case conferences or multidisciplinary team meetings to discuss complex cases	**Strengths** - Skilled workforce; **Opportunities** - Interdisciplinary approaches to handle complex cases effectively
	Establish a referral pathway between primary care facilities and specialised centres	**Weaknesses** - Over-reliance on specialised care; **Opportunities** - Formal referral systems support better integration between primary and specialised services
5) Strengthening Community Mental Health	Train community health promoters on the mhGAP-IG, MoH guidelines, screening of mental illness, and basic counselling interventions	**Opportunities** - Community-based mental health support; Weaknesses - Need for enhanced training among community health promoters
	Create safe spaces for support groups and psycho-education sessions	**Opportunities** - Increase community-based mental health support and awareness; **Weaknesses** - Address stigma through safe, supportive environments
	Conduct community mental health outreaches/campaigns in collaboration with community health providers	**Opportunities** - Growing public awareness and community engagement in mental health; **Strengths** - Partnership with community-based organisations

3.4.4 Strategic Objective Four: To strengthen the development of comprehensive infrastructure, a skilled healthcare workforce, and improved access to essential HPT for mental health service delivery

Addressing the growing demand for mental health services in Nairobi City County requires a robust and well-integrated health system that can effectively support diverse mental health patient and population needs. Strengthening health systems in mental health involves a multifaceted approach, focusing on developing comprehensive infrastructure, a skilled healthcare workforce, and improved access to essential Health Products and Technologies (HPT). By investing in dedicated mental health facilities, establishing rehabilitation and safe spaces, and equipping primary and secondary healthcare centres with the necessary resources, Nairobi can create a more accessible and inclusive mental health landscape. Additionally, building workforce capacity through targeted recruitment, training, and upskilling of health professionals will ensure that mental health services are delivered by competent providers at all levels.

Furthermore, securing consistent access to essential medications, equipment, and digital health solutions like telepsychiatry will enhance service quality, continuity, and reach. This strategic focus aligns with Nairobi County's commitment to health systems strengthening (HSS), fostering a responsive, resilient, and sustainable mental health service delivery system for its residents.

3.4.4.1 Strategic Area Five: Mental Health Infrastructure and Service Delivery

Strategic Action: Strengthening Mental Health Infrastructure

Focuses on establishing rehabilitation centres, MH Clinics, safe spaces, outpatient clinics, and electronic medical records (EMR) integration, all aimed at creating accessible and standardised mental health facilities across Nairobi.

Table13: Strategic Area 5: Mental Health Infrastructure and Service Delivery

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
1) **Mental Health infrastructure Strengthening for comprehensive access to mental health services**	Establish two complete rehabilitation centres for alcohol and substance use	**Threats** - Rising cases of substance abuse **Opportunities** - Increasing need for accessible substance abuse treatment facilities
	Establish safe space sites in every sub-county	**Opportunities** - Community engagement and support for mental health **Weaknesses** - Need for stigma reduction and safe environments
	Set up a complete designated outpatient mental health clinic in level 3-4 health facilities	**Weaknesses** - Limited infrastructure and accessibility **Opportunities** - Improve access through outpatient services at lower health levels
	Sensitisation of HCWs and CHPs on the laid down mental health infrastructure norms and standards	**Strengths** - Skilled mental health professionals **Opportunities** - Standardisation and quality improvement for better service delivery
	Avail spaces in existing health facilities for mental health services	**Weaknesses** - Limited infrastructure. **Opportunities** - Utilise existing resources to expand mental health services
	Provision of specification of unique requirements for each mental health service delivery point (e.g., psychiatric review, child assessment, counselling services)	**Weaknesses** - Limited comprehensive mental health infrastructure. **Opportunities** - Standardised care for various patient needs
	Development of mental health Electronic Medical Records (EMR) and integration of EMR to the mental health county dashboard	**Opportunities** - Digital health innovations **Weaknesses** - Limited data tracking and health information systems for mental health
	Developed infrastructural norms and standards, including provision of quality assurance for mental health services	**Strengths** - Skilled mental health professionals **Opportunities** - Standardisation and quality improvement for better service delivery

3.4.4.2: Strategic Area Six: Mental Health Workforce for Service Delivery

Strategic Action: Enhance The Capacity of Healthcare Human Resources for Health

Focuses on workforce assessment, recruitment, and targeted training to address the shortage of mental health specialists and ensure workforce readiness for quality service delivery.

Table14: Strategic Area 6: Mental Health Workforce for Service Delivery

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
Enhance the capacity of healthcare Human Resources for Health	Conduct a baseline workforce and skill set survey to identify gaps in mental health services	**Weaknesses** - Shortage of mental health specialists **Opportunities** - Improving workforce planning and targeted training
	Assess staffing needs for mental health	**Weaknesses** - Shortage of mental health professionals **Opportunities** - Addressing workforce gaps based on needs assessment
	Recruitment of mental health professionals	**Weaknesses** - Shortage of mental health specialists **Opportunities** - Increase workforce capacity for service delivery

3.4.4.3: Strategic Area Seven: Mental Health Products, Digitisation, and Technology

Strategic Action: Strengthen the availability of Mental Health Products and Technologies

Emphasises assessing the availability of essential mental health medications, establishing robust procurement and distribution systems, integrating digital health solutions, and securing a ring-fenced budget to ensure consistent access to necessary mental health resources.

Table15: Strategic Area 7: Mental Health Products, Digitisation, and Technology

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
Strengthen the availability of Mental Health Products and Technologies	Assess the availability and accessibility of essential mental health medications and technologies	**Weaknesses** - Limited access to essential mental health medications **Opportunities** - Improved resource allocation and distribution
	Establish robust procurement and distribution systems for mental health medications and technologies	**Weaknesses** - Insufficient supply chain systems **Opportunities** - Strengthen logistics for consistent availability
	Integrate digital health solutions for mental health services, such as telepsychiatry and mobile health applications	**Opportunities** - Growing support for digital health interventions **Weaknesses** - Limited access to technology for mental health
	Review research findings, clinical guidelines, and other data sources to guide Mental health Informatics, telemedicine, and teleconsultation	**Opportunities** - Digital health innovations and evidence-based approaches

3.4.5 Strategic Objective Five: To strengthen the mental health information system and monitoring and evaluation mechanisms to support research and evidence-based decision-making in Nairobi City County

Health Management Information Systems (HMIS) and monitoring and evaluation (M&E) mechanisms are crucial for informed decision-making and effective Mental health systems strengthening. Comprehensive and reliable data on mental health service utilisation, patient demographics, and treatment outcomes enable policymakers, healthcare providers, and community stakeholders to address mental health needs accurately and efficiently. By improving data gathering systems, standardising data tools, ensuring data security, and fostering collaboration with research institutions, Nairobi City County aims to build a robust mental health information system that supports evidence-based policy and programming. Establishing a centralised health registry, conducting regular data quality assessments, and creating a repository of mental health studies will further enhance Nairobi's capacity to monitor trends, identify emerging issues, and respond proactively. This strategic approach not only improves the quality of mental health care but also fosters accountability, transparency, and resilience within Nairobi City County's health system, ensuring better mental health outcomes for all residents.

3.4.5.1 Strategic Area Eight: HMIS, Monitoring, Evaluation, Research, Learning and Surveillance (MERLS)

Strategic Action: Integrating HMIS Mechanisms

Focuses on improving data collection systems, standardising tools and protocols, establishing a centralised registry, providing data management training, ensuring data security, and conducting data quality assessments for comprehensive and reliable information.

Table 16: Strategic Area 8: HMIS for Mental Health

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
Integration of Mental Health Management Information System	Improve existing data collection systems to capture comprehensive and accurate information on mental health service utilisation, patient demographics, treatment outcomes, and other relevant indicators	**Weaknesses** - Limited comprehensive mental health data **Opportunities** - Enhanced monitoring and evaluation through improved data collection
	Review and standardise data collection tools and protocols across mental health facilities and service providers	**Weaknesses** - Gaps in data consistency and coverage **Opportunities** - Improved quality and comparability of mental health data
	Establish a centralised health registry to systematically record and manage patient information, including diagnoses, treatment history, and follow-up care	**Weaknesses** - Limited access to detailed patient data **Opportunities** - Centralised data for better resource allocation and care continuity
	Provide training and support for mental health professionals and data managers on data management principles, including data entry, analysis, interpretation, and reporting	**Strengths** - Skilled workforce, but need for data management training **Opportunities** - Capacity building for quality data management and utilisation
	Put data security and privacy protocols in place to protect patient confidentiality and ensure compliance with relevant ethical guidelines	**Threats** - Confidentiality issues, especially for sensitive groups **Opportunities** - Strengthening data security under the Data Protection Act 2019 and the Digital Health Act 2023
	Conduct frequent Data Quality Assessments and Data review meetings, County and sub-County	**Weaknesses** - Gaps in data quality and reliability **Opportunities** - Ensuring high-quality data for decision-making
	Establish a mental HIS database and Support reporting, uploading data into KHIS from both public and private health facilities	**Weaknesses** - Limited tracking of mental health data across all facilities **Opportunities** - Use of KHIS to centralise data reporting for public and private sectors
	Conduct a baseline survey to assess mental health Indicators and conditions in Nairobi City County	**Weaknesses** - Fragmentation in Mental Health Data/Conditions
	Development of mental health Electronic Medical Records (EMR) and integration of EMR to the mental health county dashboard	**Opportunities** - Digital health innovations **Weaknesses** - Limited data tracking and health information systems for mental health

3.4.5.2: Strategic Area Nine: Monitoring, Evaluation, and Mental Health Surveillance

Strategic Action: Conducting Mental Health Research and Publications

Focuses on promoting research, fostering collaborations, disseminating research findings, establishing a surveillance system, and creating a repository for all mental health studies to support policy development and programmatic responses. These will go beyond measuring the implementation of activities but will draw out measures of success against mental health outcomes.

Table 17: Strategic Area 9: Monitoring, Evaluation, and Mental Health Surveillance

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
Conducting Mental Health Research and Publications	Carry out a County mental health baseline assessment survey	**Weaknesses** - Limited comprehensive data on mental health Limited Mental Health M&E tools
	Conduct bi-annual mental health surveys	
	Review and develop mental health standardised M&E data tools and Protocols	**Opportunities** - Surveillance to proactively address emerging mental health issues
	Identify emerging issues, and inform policy and programmatic responses	
	Train mental health professionals and data managers on data management for effective surveillance	

3.4.5.3: Strategic Area Ten: Monitoring, Evaluation, Research and Surveillance

Strategic Action: Mental Health Research and Learning

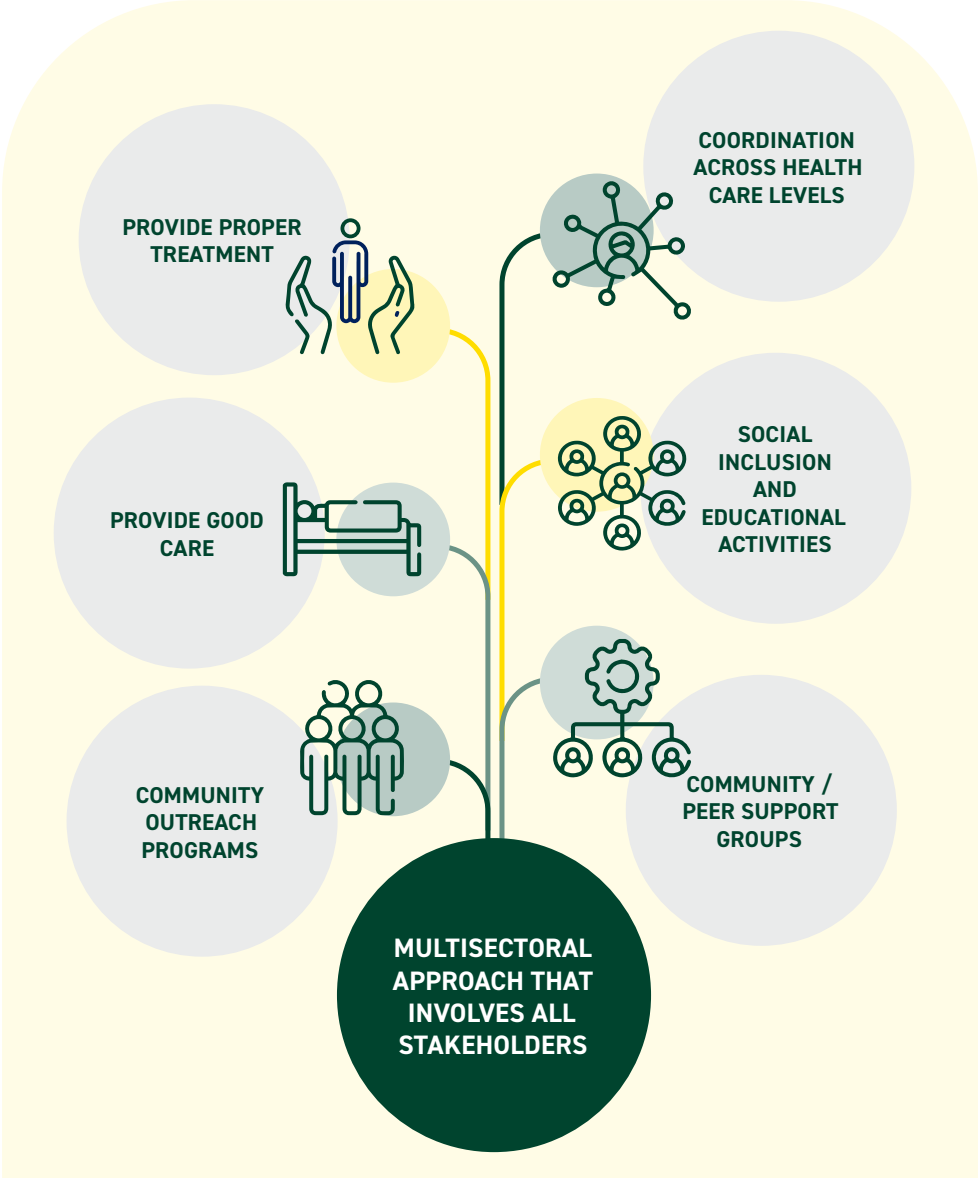
Involves establishing an M&E surveillance to monitor trends in mental health indicators, identify emerging issues, and inform policy, programmatic responses and decision-making. These activities will measure, wherever possible, outcomes-level progress and utilise this data in performance management.

Table 18: Strategic Area 10: Research, Learning and Surveillance

Strategic Action	Strategic Response Initiatives	Situational Analysis Addressed
Mental health research and learning	Promote and support research initiatives aimed at generating evidence on mental health epidemiology, risk factors, interventions, and outcomes specific to Nairobi City County	**Weaknesses** - Limited research data **Opportunities** - Evidence-based decision-making to support policy development
	Foster collaboration and partnerships with academic institutions, research organisations, and other stakeholders to leverage expertise, resources, and networks for mental health research	**Strengths** - Partnerships with NGOs and community-based organisations **Opportunities** - Leveraging partnerships for more comprehensive research
	Facilitate the dissemination of research findings through publications, conferences, workshops, and other knowledge-sharing platforms	**Opportunities** - Learning and sharing through workshops and symposiums for improved mental health policies and practices
	Create a repository for all mental health studies conducted in Nairobi City County for evidence-based decision-making	**Weaknesses** - Limited centralised mental health research data; **Opportunities** - Use of a repository for data-driven policy and programming

4 Implementation and Co-ordination Framework

A successful implementation of this Strategic Action Plan (SAP) requires a multisectoral approach that involves all stakeholders. This includes the Nairobi City County government, international organisations, development partners, non-governmental organisations, professional bodies, faith-based organisations, community-based organisations, communities, and families. All these groups have shared responsibilities in ensuring that citizens have access to mental health services and enjoy mental well-being. To maximise the use of available resources, partners should collaborate through information sharing, adopting innovative approaches, and avoiding conflicts of interest and duplication of efforts.



4.1 Roles and Responsibilities of Mental Health Stakeholders

Table 19: Roles and Responsibilities of Mental Health Stakeholders

Stakeholders	Roles and Responsibilities
National Government	1. Provide an enabling environment for implementing key activities in the Mental Health Strategic Action plan. 2. Allocate necessary resources using existing national initiatives for the Implementation of the strategy 3. Provide regulatory services to maintain the quality of MH care 4. Ensure regular monitoring and evaluation of progress made by stakeholders 5. Engage the private sector, NGOs, FBOs, and CBOs operating at different levels of health care through monitoring and coordination of their activities. 6. Mobilise and provide technical and financial support for the planning, implementation, monitoring, and evaluation. 7. Recognise the need, strengthen rehabilitation services, and train personnel
County Governments	1. To implement the Strategic plan and guidelines for MH 2. To integrate the Mental Health Strategic Action plan into the county-integrated development plan. 3. To identify and appoint MH focal persons
Development Partners	1. Place Mental health and Mental well-being on the global public health agenda 2. Advocate for more resources 3. Support national and regional capacity building of policy and decision-makers on the Strategic Action plan. 4. Support social mobilisation activities to promote appropriate practices in MH 5. Support the monitoring and evaluation of the implementation of this SAP Support the revision of pre-service curricula for healthcare workers at different levels to incorporate MH
Private Sector, NGOs, FBOs, CBOs	1. Participate in the provision of ear and hearing care 2. Provide their members with accurate information on MH 3. Provide community-based support through existing community support groups and initiatives 4. Advocate for MH services at local, national, and international levels.
Education, Training and Research Institutions	1. Review and integrate MH into the existing curricula in their respective institutions. 2. Train competent and skilled human resources for MH 3. Support the County government in ensuring the maintenance of quality MH. 4. To regularly conduct operations and outcomes research and disseminate findings to all stakeholders. 5. To support the health sector at the county level in the translation of research findings into programming and service delivery.

Stakeholders	Roles and Responsibilities
Professional Associations	**Collaborate with the Ministry of Health in the following:** 1. Establish Mental health clinics/ Centres in the sub-county 2. Provide health services 3. Monitor service provision 4. Monitor diseases including the establishment of registries, 5. Provide rehabilitation services 6. Conduct research and share findings to inform policy
Individuals, Families and Communities	**Individuals, Parents, and Caregivers are of utmost importance as they have a direct responsibility over their health. They therefore need to:** 1. Observe preventive and promote health care practices 2. Timely seek health care 3. Comply with treatment and advice from health care workers 4. Participate in awareness creation on positive health care practices 5. Advocate for resources 6. Hold their leaders accountable and demand services
Media	1. Advocacy, communication and health promotion

4.1.1 Nairobi City County Intersectoral Coordination Framework

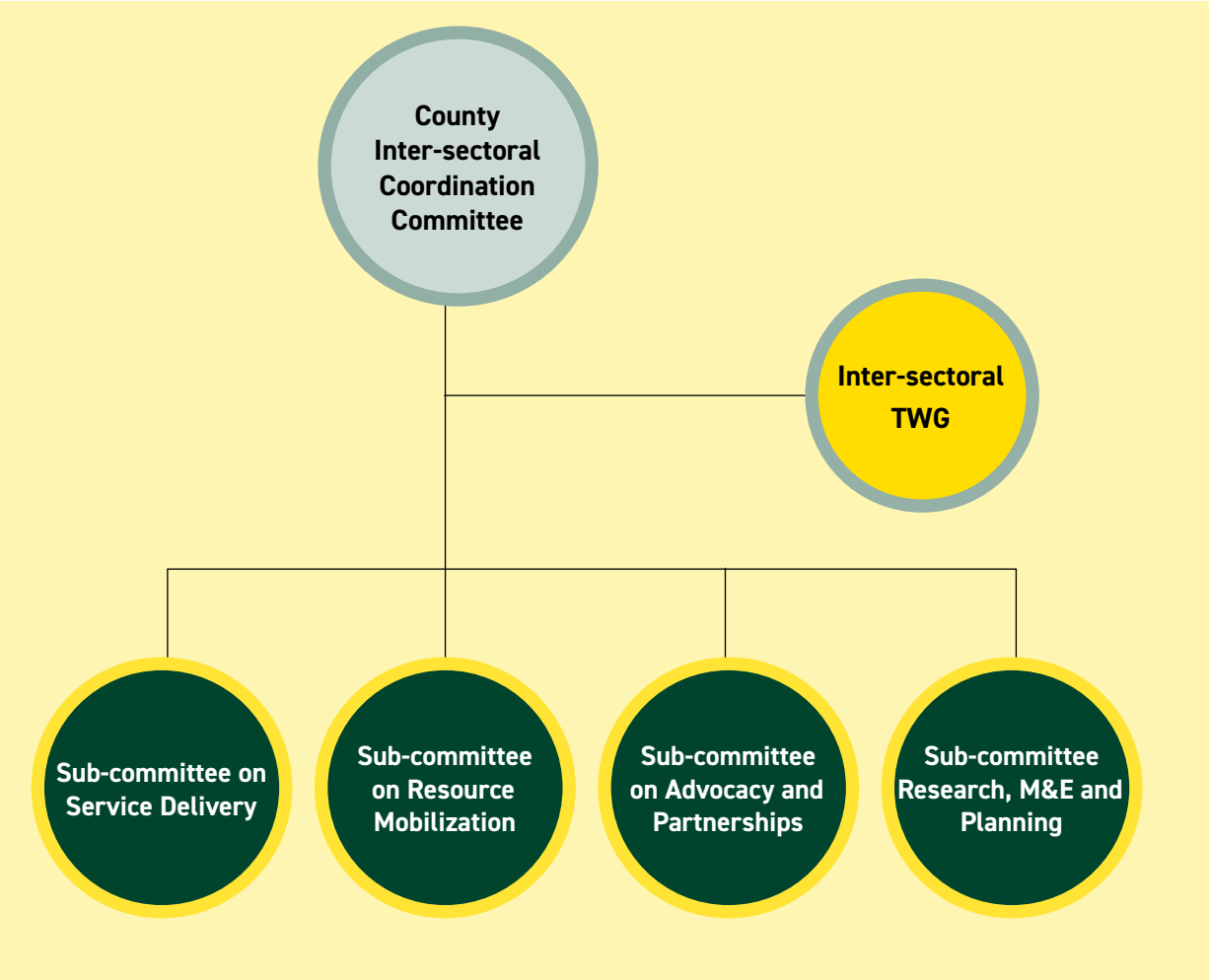


Figure 3: Proposed Nairobi City County Intersectoral Coordination Framework

5 Monitoring and Evaluation Framework

The Monitoring and Evaluation (M & E) process will adopt action research, a term used for a variety of methodologies that, at their core, are cycles of planning, action, and reflection. This is a useful approach because we are integrating M&E into the ongoing plans and activities of every Strategic action in this Plan. Monthly, Quarterly and Annual data will be collected and recorded to track Mental health indicators in each county. Review meetings and workshops will be scheduled through the County and Sub-County Mental Health Units to review performance. The following M&E indicators will be tracked for each strategic objective.

Table 20: Monitoring and Evaluation Framework

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
STRATEGIC OBJECTIVE 1: TO STRENGTHEN LEADERSHIP AND COORDINATION FOR EFFECTIVE IMPLEMENTATION OF MENTAL HEALTH POLICIES, RESOURCE ALLOCATION, AND STAKEHOLDER COLLABORATION													
Strategic Area 1: Leadership, Governance and Coordination													
1) Adoption and Implementation of National Mental Health Policies to Strengthen Governance	Provide training and capacity building for stakeholders on mental health policies and guidelines	Number of stakeholders trained	Proportion of trained MH stakeholders demonstrating compliance with mental health policies	**TBD**	**80%**	Compliance, surveys, and training follow-up, assessments, surveys	Annually	Mental Health Unit,	**10%**	**30%**	**50%**	**70%**	**80%**
	Establish Nairobi City County Mental Health Council	Existence of an operational Mental Health Council in Nairobi County	Functional Mental Health Council in place	**0**	**1**	Council records, county reports, and meeting minutes	Annually	Mental Health Unit,	**N/A**	**1**	**N/A**	**N/A**	**N/A**
	Strengthen County Mental Health coordination units by appointing Sub-County mental health focal persons	Number of sub-counties with designated mental health focal persons	Number of sub-counties with an appointed sub-County mental health focal person	**0**	**18**	County HR reports, sub-county records, county health department reports	Every 6 Months	MH Unit, County HR, County PSC	**5**	**5**	**4**	**2**	**1**
2) Mainstreaming Mental Health Across Sectors (Stakeholder Collaboration)	Establish intersectoral coordination mechanisms for joint planning and implementation in line with the existing partnership framework	Number of coordination mechanisms established	Number of joint mental health initiatives implemented across sectors	**1**	**20**	Project reports, partnership records, and health department data	Quarterly	Mental Health Unit	**4**	**4**	**4**	**4**	**4**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
2) Mainstreaming Mental Health Across Sectors (Stakeholder Collaboration)	Leverage existing Partnership Frameworks to mainstream Mental Health into existing programs	Number of programs incorporating mental health components	Proportion of programs with integrated mental health components	**TBD**	**100%**	Program records, health department data, and implementation reports	Every 6 Months	Mental Health Unit	**20%**	**30%**	**60%**	**70%**	**100%**
	Increase inclusion of mental health education and awareness programs among employers and employees	Number of workplaces implementing mental health awareness programs	Percentage increase in mental health literacy among employers and employees	**TBD**	**50%**	Pre- and post-surveys	Annually	Mental Health Unit	**10%**	**20%**	**30%**	**40%**	**50%**
3) Strengthening and Empowerment of People with Mental Health Conditions and Psychosocial Disabilities and Their Organisations	Engagement and participation of people with mental health conditions, persons living/lived with MH conditions, psychosocial, intellectual, and cognitive disabilities in matters concerning their health and care	Number of user organisations / PLWMH individuals participating in mental health planning	Proportion of mental health planning sessions with PLWMH, user organisation involvement	**TBD**	**50%**	Meeting records, session attendance sheets, and planning reports	Every 6 Months	County HMT and MH Unit	**10%**	**20%**	**30%**	**40%**	**50%**
	Ensuring that people with mental health conditions have equitable access to comprehensive and culturally sensitive mental health services	Number of facilities providing culturally sensitive mental health services	Percentage increase in MH service utilisation among VMGs/population with special characteristics	**TBD**	**90%**	Baseline Surveys: Service utilisation records, demographic data, and facility reports	Quarterly	Mental Health Unit,	**50%**	**60%**	**70%**	**80%**	**90%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
	Increase the availability of peer support programs and peer-led initiatives on mental health to connect and share experiences	Number of peer support programs and initiatives available	Percentage increase in participation in peer-led mental health initiatives	**TBD**	**100%**	Survey, Initiative attendance records, community engagement reports	Annually	Mental Health Unit,	**30%**	**50%**	**70%**	**90%**	**100%**
Strategic Area 2: Mental Health Financing and Resource Mobilization													
1) Strengthening the Planning for Mental Health Resources	Allocate resources for the implementation of adopted policies	Amount of resources allocated for mental health	Proportion of planned mental health policy or strategic actions implemented	**TBD**	**80%**	MH Surveys, Policy Strategic Actions, reports, M&E data	Annually	Mental Health Unit,	**10%**	**30%**	**50%**	**70%**	**80%**
	Advocate for increased budget allocation towards mental health programs and services commensurate with identified needs and required resources	Number of advocacy initiatives conducted	Proportion of county health budget allocation for mental health	**0%**	**20%**	County financial records, budget reports	Annually	County Treasury, CDH, CEC Health	**3%**	**5%**	**10%**	**15%**	**100%**
	Ring-fence allocated Mental Health budgets	Existence of a dedicated, ring-fenced budget for mental health	Proportion of the budget consistently ring-fenced for mental health	**0%**	**20%**	County budget records, financial reports	Annually	County Treasury, CDH, CEC Health	**3%**	**5%**	**10%**	**15%**	**100%**
	Conduct a Mental Health investment case for Donor funding	Completion of Mental Health investment case report	Amount of donor/Partner funding secured	**No**	**YES**	Donor/Partner funding records, financial statements	Every 2 years	Mental Health Unit	**0%**	**YES**	**0%**	**YES**	**0%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) Strengthening the Planning for Mental Health Resources	Conduct Cost-benefit analysis and Effect analysis for mental health financing in NCC	Completion of cost-benefit-effect analysis report	Number of financial decisions based on cost-benefit analysis	**No**	**YES**	Financial decision reports, cost-benefit analysis documents	Every 2 years	Mental Health Unit	**0**	**YES**	**0**	**YES**	**0**
STRATEGIC OBJECTIVE 2: TO IMPLEMENT CULTURALLY SENSITIVE INITIATIVES THAT PROMOTE MENTAL HEALTH AWARENESS, REDUCE STIGMA, AND PREVENT SUBSTANCE ABUSE													
Strategic Area 3: Preventive, Promotive Mental Health													
1) Promotion of Mental Health	Implement initiatives to raise awareness, reduce stigma, and provide resources supporting mental well-being	Number of awareness and stigma reduction initiatives conducted	Proportion respondents demonstrating mental health stigma redaction	**TBD**	**80%**	Surveys, public health research	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Community engagement to develop programs that address specific mental health needs (e.g., mental health first aid training)	Number of community engagement programs developed	Proportion of population participating in mental health programs	**TBD**	**80%**	Surveys, MH Program attendance records, demographic data	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Train Community Health Providers (CHP) on mental health screening at community level to identify those at risk	Number of CHPs trained in mental health screening	Proportion of the population screened for mental health at the community level	**TBD**	**50%**	Facility Screening records, CH surveys, eCHIS	Quarterly	Mental Health Unit, HRI Office	**10%**	**20%**	**30%**	**40%**	**50%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) Promotion of Mental Health	Integrate mental health education into school health programs	Number of schools with mental health education programs	Proportion of students demonstrating improved mental health awareness post-testing	**TBD**	**80%**	Pre- and post-test assessment surveys, school health records	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Create peer-led support groups where individuals facing similar challenges can share experiences and provide mutual support	Number of peer-led support groups formed	Proportion of participants participating in peer-led support groups	**TBD**	**80%**	Surveys, Program records, and support group attendance	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Develop and disseminate mental health information and educational communication materials to the public	Number of materials developed and distributed	Proportion of people engaged with MH IEC Materials	**TBD**	**80%**	Surveys, Media analytics, program outreach reports	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Integrate mental health and parenting skills education into various service delivery points in health facilities (e.g., MCH, CCC, and NCD clinics)	Number of service delivery points offering mental health and parenting skills education	proportion of households who have received mental health parenting education	**TBD**	**80%**	Echis, Program records, survey data	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
3) Establish Suicide Prevention Strategies	Launch public awareness campaigns to reduce stigma and enhance understanding of mental health issues and available support services	Number of awareness campaigns conducted	Proportion of public respondents demonstrating mental health literacy	**TBD**	**80%**	Survey data, literacy assessments	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Improve access to mental health facilities, professionals, and other resources on mental health	Number of mental health facilities and professionals available	Percentage increase in facility utilisation for service accessibility	**TBD**	**50%**	Facility utilisation records, Facility Assessment Survey	Quarterly	Mental Health Unit, HRI Office	**10%**	**20%**	**30%**	**40%**	**50%**
	Implement routine screening for common mental health conditions at all primary healthcare service delivery points	Number of screenings conducted at primary healthcare points	Proportion of MH early screening and diagnosis made	**TBD**	**50%**	Surveys, Health records, diagnostic reports	Quarterly	MH Unit, HRI Office	**10%**	**20%**	**30%**	**40%**	**50%**
	Establish helplines and crisis hotlines to assist those in distress	Number of helplines and hotlines established and functional	Number of MH calls received and resolved through helplines	**TBD**	**100%**	Helpline call logs, resolution reports, and mental health Reports	Monthly	Mental Health Unit,	**100%**	**100%**	**100%**	**100%**	**100%**
	Train emergency responders and law enforcers to handle mental health crises	Number of emergency teams responders trained	Proportion of emergency teams demonstrating the ability to handle mental health crisis	**TBD**	**100%**	Surveys, Training records, and emergency service reports	Annually	Mental Health Unit	**100%**	**100%**	**100%**	**100%**	**100%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
3) Establish Suicide Prevention Strategies	Develop and implement comprehensive county strategic interventions for the prevention of suicide, with special attention to vulnerable groups	Existence of a strategic plan and the number of interventions implemented	Number of reported deaths by suicide per 100,000 populations.	**TBD**	**0**	Vital statistics, health surveillance systems, MH Reports	Monthly	Mental Health Unit, HRI Office					
	Launch awareness campaigns to educate the public about suicide risk factors, warning signs, and available support resources	Number of awareness campaigns conducted											
	Implement training programs for healthcare professionals, educators, and community leaders to identify individuals at risk of suicide	Number of individuals trained on suicide risk identification											
4) Drugs and Substance Use Control	Conduct public awareness campaigns using various media channels to educate the community about the risks of substance abuse	Number of media campaigns conducted and reach metrics	Proportion of increase in awareness levels in the community	**TBD**	**80%**	Community surveys, public awareness assessments	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
4) Drugs and Substance Use Control	Conduct routine screening for substance use through health facilities to identify Adolescents and Young persons and individuals at risk	Number of screenings conducted and referrals made	Proportion of adolescents and young adults saved from early substance use in Nairobi City County.	**TBD**	**80%**	MH Intervention program records, MH surveys	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Plan on advocacy for evidence-based policies that address substance abuse prevention, treatment, and harm reduction	Number of advocacy initiatives and policy brief recommendations presented	Number of policy changes/new policies implemented	**TBD**	**80%**	MH Unit records, publications	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
STRATEGIC OBJECTIVE 3: TO STRENGTHEN THE INTEGRATION OF MENTAL HEALTH SERVICES INTO PRIMARY HEALTHCARE													
Strategic Area 4: Mental Health Integration Into Primary Health Care													
1) Training and Capacity Building	Sensitize stakeholders on the provision of mental health services in primary healthcare facilities	Number of sensitization sessions conducted	Proportion of PHC providers who have been trained in various mental health sensitisations and Training Modules	**TBD**	**80%**	Training records, health department data	Every 6 Months	County Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Train primary healthcare providers on identifying, assessing, and managing common mental health conditions	Number of providers trained in mental health management											
	Train community health providers based on the CHP toolkit as TOTs for other CHPs	Number of CHPs trained as TOTs											

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) Training and Capacity Building	Mentor health workers, including community health promoters, in non-specialised settings	Number of health workers mentored	Proportion of facilities that implement Support supervision and mentorship programs	**TBD**	**50%**	Facility records, MH program reports,	Quarterly	County Mental Health Unit	**10%**	**20%**	**30%**	**40%**	**50%**
	Establish MDT (multidisciplinary care teams) for Mental health at PHC levels	Number of MDTs established	Proportion of PHC facilities with active MH MDT for managing mental health cases	**TBD**	**50%**	Multidisciplinary teams (MDT) meeting minutes records, facility reports	Every 6 Months	County Mental Health Unit	**10%**	**20%**	**30%**	**40%**	**50%**
	Specialty rotation and sharing to mental health workers through the sub-county facilities	Number of rotations conducted											
2) Integration of Mental Health Screening into Routine Health Check-ups	Incorporate mental health screening tools into routine primary healthcare consultations for early detection	Number of screenings conducted	Proportion of PHC facilities conducting mental health (MH) screening	**TBD**	**80%**	Screening records, health department data	Quarterly	County Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Ensure adequate training for primary care providers on administering and interpreting screening tools	Number of providers trained on screening tool usage											

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
3) Facilitate an Enabling Environment for Provision of Mental Health Services	Increase rehabilitation services for substance use disorders	Number of rehabilitation centres established or expanded	Proportion of patients' admissions for substance use/ rehabilitation admissions	**TBD**	**50%**	Admission records, rehabilitation centre reports	Quarterly	County MH Unit, County HRI Office	**10%**	**20%**	**30%**	**40%**	**50%**
	Provide equitable access to mental health services for vulnerable and marginalised communities, including PWDs	Number of services or facilities accessible to vulnerable groups	Proportion of vulnerable marginalised groups or PLWMH utilising mental health services	**TBD**	**80%**	Facility utilisation records, community health reports, HRIO	Quarterly	County MH Unit, County HRI Office	**15%**	**35%**	**50%**	**70%**	**80%**
	Linkages for families/ persons with mental illness, Alcoholics with regular support groups	Number of support groups formed	Percentage increase in support group attendance	**TBD**	**80%**	Assessment surveys, MH Support group attendance records,	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Youth engagement programs that address mental health concerns	Number of youth engagement programs conducted	Proportion of youth participating in mental health programs	**TBD**	**80%**	Program participation records, Assessment survey	Every 6 Months	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
4) Interdisciplinary Collaboration and Referral Pathways	Foster collaboration between mental health specialists, primary care providers, social workers, and other relevant professionals	Number of interdisciplinary meetings or collaborations	Proportion of complex cases managed through collaborative efforts	**TBD**	**80%**	Facility reports, Case records, MDT meeting minutes	Quarterly	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
4) Interdisciplinary Collaboration and Referral Pathways	Establish regular case conferences or multidisciplinary team meetings to discuss complex cases	Number of MDT meetings held	Proportion of cases with positive outcomes following MDT discussions	**TBD**	**80%**	MDT records, patient outcome assessments	Annually	Mental Health Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Establish a referral pathway between primary care facilities and specialised centres	Existence and use of referral protocols for MH cases	Proportion of MH cases referrals completed	**No**	**YES**	MH QOC reports, Surveys, Referral records	Annually	Mental Health Unit	**YES**	**YES**	**YES**	**YES**	**YES**
5) Strengthening Community Mental Health	Train community health promoters on MH GAP, MOH guidelines, screening of mental illness, and basic counselling interventions	Number of community health promoters trained	Proportion of mental health cases identified and referred by community health promoters	**TBD**	**100%**	eCHIS, facility referral records, cases, facility records	quarterly	CH Department, MH Unit	**100%**	**100%**	**100%**	**100%**	**100%**
	Create safe spaces for support groups and psycho-education sessions	Number of safe spaces established	Proportion of safe spaces established	**TBD**	**60%**	Assessment survey, Attendance records, MH reports	Annually	MH Unit	**10%**	**30%**	**40%**	**60%**	**80%**
	Conduct community mental health outreaches/campaigns in collaboration with CHPs	Number of outreach activities conducted	Percentage increase in community participation/ engagement	**TBD**	**60%**	Community event attendance records, outreach reports	Annually	MH Unit, Community Health Unit	**10%**	**30%**	**40%**	**60%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
STRATEGIC OBJECTIVE 4: TO STRENGTHEN THE DEVELOPMENT OF COMPREHENSIVE INFRASTRUCTURE, A SKILLED HEALTHCARE WORKFORCE, AND IMPROVED ACCESS TO ESSENTIAL HPT FOR MENTAL HEALTH SERVICE DELIVERY													
Strategic Area 5: Mental Health Infrastructure and Service Delivery													
1) **Improve Mental Health Infrastructure for Comprehensive Access to Mental Health Services**	Developed infrastructural norms and standards, including the provision of quality assurance for mental health services	Existence of documented norms and standards	Proportion of MH service delivery points adhering to MH specifications	**TBD**	**80%**	Facility inspection, Survey reports, quality assurance records	Annually	MH Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Provision of specification of unique requirements for each mental health service delivery point (e.g., psychiatric review, child assessment, counselling services)	Number of service delivery points with defined specifications											

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) **Improve Mental Health Infrastructure for Comprehensive Access to Mental Health Services**	Establish two complete rehabilitation centres for alcohol and substance use	Number of rehabilitation centres established	Proportion of level 4 facilities with infrastructure for mental health services (renovated, constructed, or upgraded, categorised by facility type, psychiatric hospitals, outpatient clinics, and community-based MH centres)	**TBD**	**80%**	Facility inspection, Survey reports, Facility infrastructure records, construction and upgrade reports	Annually	MH Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Establish safe spaces sites in every sub-county	Number of safe spaces established											
	Set up a complete designated outpatient mental health clinic in level 3-4 health facilities	Number of outpatient clinics established											
	Avail spaces in existing health facilities for mental health services	Number of health facilities with designated mental health spaces											
	Sensitisation of HCWs and CHPs on laid down mental health infrastructure norms and standards	Number of HCWs and CHPs sensitised	Proportion HCWs who are aware of MH infrastructural norms and standards	**TBD**	**80%**	Training records, assessments, surveys	Annually	MH Unit,	**10%**	**30%**	**40%**	**60%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
Strategic Area 6: Mental Health Workforce for Service Delivery													
1) **Enhance the Capacity of Healthcare Human Resources for Health**	Conduct a baseline workforce and skill set survey to identify gaps in mental health services	Completion of the workforce survey	Number of identified gaps and skills needs	**TBD**	**Number**	Survey, Workforce assessment reports, training needs analysis	Annually	MH Unit, County HR	**Num**	**Num**	**Num**	**Num**	**Num**
	Assess staffing needs for mental health	Completion of staffing assessment	Proportion of staffing needs met after assessment	**TBD**	**80%**	HR records, staffing reports	Annually	County PSC, County HR, Mental Health Unit	**10%**	**30%**	**40%**	**60%**	**80%**
	Recruitment of mental health Workers	Number of MH Workers	Proportion of mental health workers in Nairobi City County	**TBD**	**80%**	County HR and workforce database, facility staffing reports	Annually	County PSC, County HR, Mental Health Unit	**10%**	**30%**	**40%**	**60%**	**80%**
2) **Strengthen Availability of Mental Health Products and Technologies**	Assess the availability and accessibility of essential mental health medications and technologies	Completion of the assessment report	Proportion of mental health facilities with consistent availability of essential medications,	**TBD**	**80%**	MH Inventory management records, facility HPT stock reports	Quarterly	County Pharmacist, MH Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Establish robust procurement and distribution systems for mental health medications and technologies	Number of systems established and operational											

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
2) Strengthen Availability of Mental Health Products and Technologies	Integrate digital health solutions for mental health services, such as telepsychiatry and mobile health applications	Number of digital solutions integrated into service delivery	Proportion of patients using digital Mental health solutions	**TBD**	**80%**	Survey, Facility assessments, Patient records, digital solution usage logs	Every 6 Months	MH Unit	**40%**	**50%**	**60%**	**70%**	**80%**
	Review research findings, clinical guidelines, and other data sources to guide Informatics, telemedicine and teleconsultation	Number of guidelines and research findings reviewed	Number of healthcare providers or facilities utilising digital MH solutions	**TBD**	**80%**	Digital health platform usage data, provider usage records	Every 6 Months	MH Unit	**40%**	**50%**	**60%**	**70%**	**80%**
STRATEGIC OBJECTIVE 5: TO STRENGTHEN THE MENTAL HMIS, MONITORING AND EVALUATION MECHANISMS TO SUPPORT RESEARCH EVIDENCE-BASED DECISION-MAKING IN NAIROBI CITY COUNTY													
Strategic Area 8: Health Management Information Systems													
1) Integration of Mental Health Management Information System	Improve existing data collection systems to capture comprehensive and accurate information on mental health service utilisation, patient demographics, treatment outcomes, and other relevant indicators	Completion and functionality of improved data collection systems	Proportion of accurate and complete data entries	**TBD**	**85%**	Data entry audits, facility records	Quarterly	Health Information Department	**65%**	**70%**	**75%**	**80%**	**85%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) **Integration of Mental Health Management Information System**	Review and standardise data collection tools and protocols across mental health facilities and service providers	Number of facilities using standardised tools	Proportion of facilities using standardised tools	**TBD**	**95%**	Facility reports, data tool usage logs	Annually	Facility Management	**60%**	**70%**	**80%**	**90%**	**95%**
	Establish a centralised health registry to systematically record and manage patient information, including diagnoses, treatment history, and follow-up care	Existence and functionality of a centralised registry	Proportion of facilities linked to the centralised registry	**TBD**	**95%**	Registry linkage records, facility infrastructure data	Quarterly	IT Department / Health Registry	**55%**	**65%**	**75%**	**85%**	**95%**
	Provide training and support for mental health professionals and data managers on data management principles, including data entry, analysis, interpretation, and reporting	Number of professionals trained	Proportion improvement in data accuracy and reporting	**TBD**	**90%**	Data quality assessments, facility records	Bi-annually	Quality Assurance Team	**55%**	**65%**	**75%**	**85%**	**90%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) Integration of Mental Health Management Information System	Put data security and privacy protocols in place to protect patient confidentiality and ensure compliance with relevant ethical guidelines	Number of facilities with data security protocols	Proportion of facilities compliant with data privacy regulations	**TBD**	**95%**	Privacy compliance audits, facility inspection reports	Annually	HMIS office, Compliance, and Legal Department, MH Unit	**45%**	**60%**	**75%**	**85%**	**95%**
	Conduct frequent Data Quality Assessments and Data review meetings at County and SC	Number of assessments and meetings conducted	Proportion improvement in data quality scores	**TBD**	**90%**	Data quality assessment reports	Bi-annually	Quality Assurance Team, MH Unit	**55%**	**65%**	**75%**	**85%**	**90%**
	establish mental HIS database and Support reporting, uploading into KHIS of data in both public and private facilities	Number of facilities reporting to KHIS	Proportion of facilities uploading data to KHIS	**TBD**	**95%**	KHIS data submission records	Quarterly	Health Management and Information Department, MHU	**75%**	**80%**	**85%**	**90%**	**95%**
	Conduct a baseline M&E survey to assess mental health Indicators and conditions in Nairobi City County	Completion of M&E survey	Proportion of data gaps addressed following baseline assessment	**TBD**	**95%**	Baseline assessment report, follow-up evaluation reports	Annually	Monitoring and Evaluation Unit	**40%**	**60%**	**75%**	**85%**	**95%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) **Integration of Mental Health Management Information System**	Development of mental health Electronic Medical Records (EMR) and integration of EMR into mental health county dashboard	Number of facilities using EMR integrated with the county dashboard	Proportion of mental health records digitized and accessible in EMR	**TBD**	**95%**	EMR system records, facility reports	Quarterly	IT Department / EMR Support Team	**40%**	**55%**	**70%**	**85%**	**95%**
Strategic Area 9: Monitoring, Evaluation, and Mental Health Surveillance													
1) **Operationalise Monitoring and Evaluation Mechanisms for Mental Health Indicators and Trends for Evidence-based Decision-Making**	Carry out the County Mental Health Baseline assessment survey	Completion of the baseline assessment survey	Proportion of planning decisions informed by baseline data	**TBD**	**50%**	Planning documents, CIDP, MH Program reports and records	Annually	Planning and Strategy Department, MH Unit	**10%**	**20%**	**30%**	**40%**	**50%**
	Conduct Bi-Annual Mental health surveys in Nairobi City County	Number of surveys conducted biannually	Number of mental health surveys for surveillance conducted	**0**	**5**	Survey records, surveillance reports	Annually	Surveillance and Research Department	**2**	**3**	**4**	**5**	**5**
	Review and develop mental health standardised M&E data tools and Protocols	Completion of review and development of M&E tools and protocols	Proportion of mental health facilities using standardised data collection tools/protocols	**0**	**95%**	Facility reports, data collection logs	Annually	Facility Management Team, MH Unit	**60%**	**70%**	**80%**	**90%**	**95%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) Operationalise Monitoring and Evaluation Mechanisms for Mental Health Indicators and Trends for Evidence-based Decision-Making	Identify emerging issues, and inform policy and programmatic responses	Number of emerging issues identified and addressed	Number of adjustments made in response to emerging mental health issues	**TBD**	**5**	Program reports, policy adjustment records	Bi-annually	MH Unit, Health Policy and Planning Unit	**1**	**2**	**3**	**4**	**5**
	Train mental health professionals and data managers on data management principles	Number of professionals trained in data management	Proportion of mental health professionals and data managers trained on data management principles	**TBD**	**90%**	M&E Assessment, surveys, Training records, attendance sheets	Quarterly	MH Unit	**50%**	**60%**	**70%**	**80%**	**90%**
Strategic Area 10: Research and Learning													
1) Mental Health Research and Surveillance	Promote and support research initiatives aimed at generating evidence on mental health epidemiology, risk factors, interventions, and outcomes	Number of research initiatives supported	Proportion of policies informed by local research findings	**TBD**	**80%**	Policy documents, research reports, and decision records	Annually	MH Unit	**10%**	**30%**	**40%**	**60%**	**80%**
	Foster collaboration and partnerships with academic institutions, research organisations, and other stakeholders to leverage expertise, resources, and networks for mental health research	Number of partnerships and collaborations formed	Proportion of collaborative MH research projects	**TBD**	**80%**	Assessments, surveys, Research program records, MH project documentation	Annually	MH Unit	**10%**	**30%**	**40%**	**60%**	**80%**

Strategic Action	Activities	Process Indicators (outputs)	Performance Indicator (outcome)	Baseline	Target by Yr 5	Data Sources	Frequency of Data Collection	Lead Entity	Target FY 1	Target FY 2	Target FY 3	Target FY 4	Target FY 5
1) **Mental Health Research and Surveillance**	Facilitate the dissemination of research findings through publications, conferences, workshops, and other knowledge-sharing platforms	Number of dissemination events and publications	Number of Annual Mental Health Publications Made	**TBD**	**25**	county MH publication records, journal archives	Annually	MH Unit	**5**	**10**	**15**	**20**	**25**
	Create a repository for all mental health studies conducted in Nairobi City County for evidence-based decision-making	Existence and accessibility of the repository	Proportion of decision-making processes utilising data from the repository	**TBD**	**80%**	Facility HMT reports, county Director Health records, repository usage logs	Every 6 Months	MH Unit,	**10%**	**30%**	**40%**	**60%**	**80%**

6 Financial Resources Requirements, Costing and Budgeting

6.1 Strategic Costing

Strategic costing is the process of determining the monetary value of the inputs required to achieve specific outputs for the Mental Health Strategic Action Plan (MHSAP) for the period 2025 to 2030. This process involved estimating the quantity of inputs needed by the Nairobi City County mental health program. It included a quantitative analysis to assess both operational and capital costs associated with the Nairobi County Mental Strategic Action Plan.

The aim was to ensure that the resources needed to implement actions under each strategic objective are both effective and affordable. Costs were allocated based on each intervention and activity necessary to meet the strategic objectives. The costing process identified cost drivers and traced all activity costs back to strategic actions and areas.

This chapter provides a detailed overview of the resource requirements for the MHSAP period, the existing resources, and the gap between what is anticipated and what is required.

6.1.1 Costing and Budgeting

The One Health International tool was utilised to define most of the tenets and cost approaches. Costing and budgeting were conducted factoring in inflation, with expert consultation from the health systems strengthening specialist, the monitoring and evaluation team, the health economist, the Mental Health Specialist, and the Psychologist.

This brought forward the normative unit costs of all the MH services by cost centres, level of care, and for each of the five years. These methods consequently allowed for the estimation of the budget for the years under consideration from both the unit costs established with projected inflation costs as well as Nairobi City County's Mental Health Systems costs and operationalisation costs of the Strategic Action Plan. This led to summaries of financial requirements. This budgetary financial requirement will help as an input to implement every strategic mental health action in Nairobi City County.

This chapter provides a detailed overview of the resource requirements for the MHSAP period, the existing resources, and the gap between what is anticipated and what is required.

6.1.2 Financial Costing and Budgeting Approach

This MHSAP also applied a result-based costing to estimate the total resources required for implementing the action plan over five years. Specifically, the approach used was Activity-Based Costing (ABC), a bottom-up, input-based method that allocates costs to specific activities based on the inputs.

The process involved several key steps:

a. Identifying the activities needed to achieve the expected outcomes for each strategic pillar.

b. Determining the types of inputs required for each activity, such as labour, venue, and materials.

c. Quantifying these inputs by assessing their unit costs, quantities, and frequency.

d. Calculating the total costs for each activity by summing the input costs.

e. Aggregating the costs of all activities to derive the costs for each output, followed by the costs for each objective, ultimately leading to the total budget.

This approach enabled a detailed and accurate estimation of resource needs, tracing all input costs directly to their respective strategic objectives and eventually the overall financial resource requirement budget for implementing the MHSAP 2025 – 2030.

6.2 Total Financial Resource Requirements

The cost over time for all the strategic actions provides important details that are necessary for the county leadership, together with their development partners, to discuss priorities and decide on effective resource allocation and optimisation. The strategic objectives provide strategic actions to be executed within the period 2025 – 2030. Based on the costs for the strategic plan computation, MHSAP 2025 – 2030 to fully actualise Ksh 2.03 billion, cumulatively across the 5 years required. Figure 4 presents the annual breakdown of cost requirements, while Table 21 presents the elaborate costing.

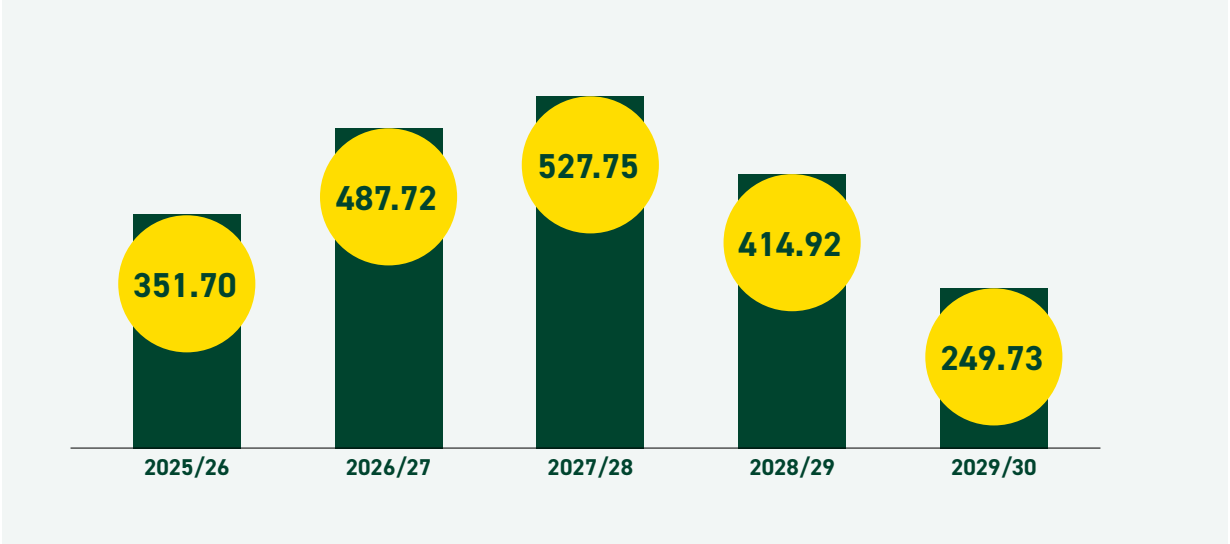


Figure 4: Annual Financial Requirement (Ksh, Millions)

6.3 Financial Requirements Per Strategic Objective

The Ksh 2.03 billion is further disaggregated by the strategic objectives (Figure 5).

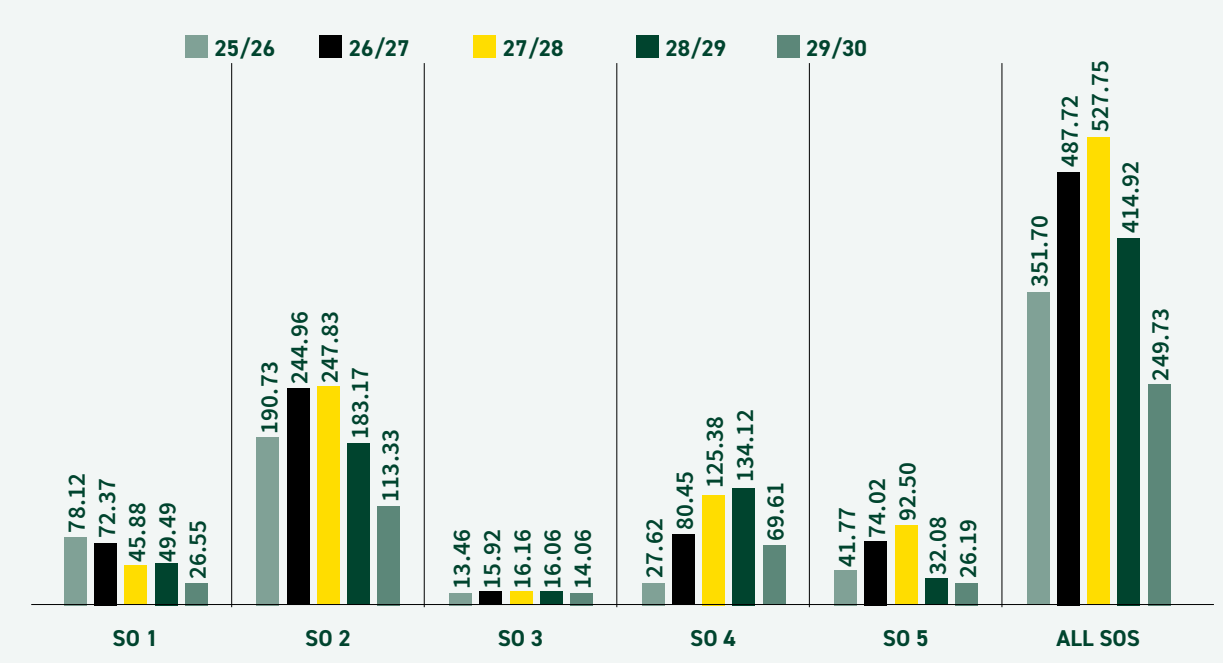


Figure 5: Financial Requirement Disaggregated by Strategic Objective (Ksh, millions)

6.3.1 Proportionate Requirements

Figure 6 illustrates the proportionate required cost allocation of the KES 2.03 billion budget across five mental health strategic objectives (SOs). Nearly half of the total funding (48%) is directed toward community-based mental health promotion, stigma reduction, and substance abuse prevention (SO2), reflecting the NCC's prioritisation of public education and engagement. This is followed by significant investments in infrastructure and workforce development (SO4) at 21.5%.

Strategic investments in leadership, governance, and information systems (SO1 and SO5) each receive approximately 13% of the budget, underscoring the importance of coordination, monitoring, and evidence-based decision-making. A smaller share (3.7%) is allocated to the integration of mental health into primary healthcare (SO3). Overall, the distribution reflects a strategically weighted approach that balances prevention, system strengthening, and sustainable service delivery.

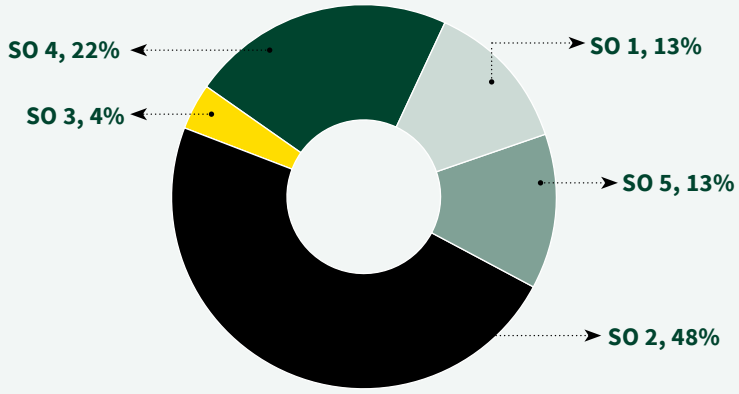


Figure 6: Proportionate Required Allocation

6.4 Financial Gap Analysis

Secondary data sources were used to establish the available financial resources for the NCC MHSAP 2025 – 2030. Financial commitments, both on-budget and off-budget, were obtained from Fiscal Space to establish available funding for mental health in Nairobi City County. Planning assumptions factoring in inflation were applied to estimate future financing available each year of the planning period.

The difference between the resource requirements and the available resource-based budgets measures the funding gap that must be met for this MHSAP to be fully implemented. Identifying the funding gap allows potential stakeholders to see when additional resources will be most useful. The financing gap was estimated by generating the difference between the available resources from the county government donors and development partners based on the last 3 years, and projected to the next 5 years, and the cost of implementing the MHSAP.

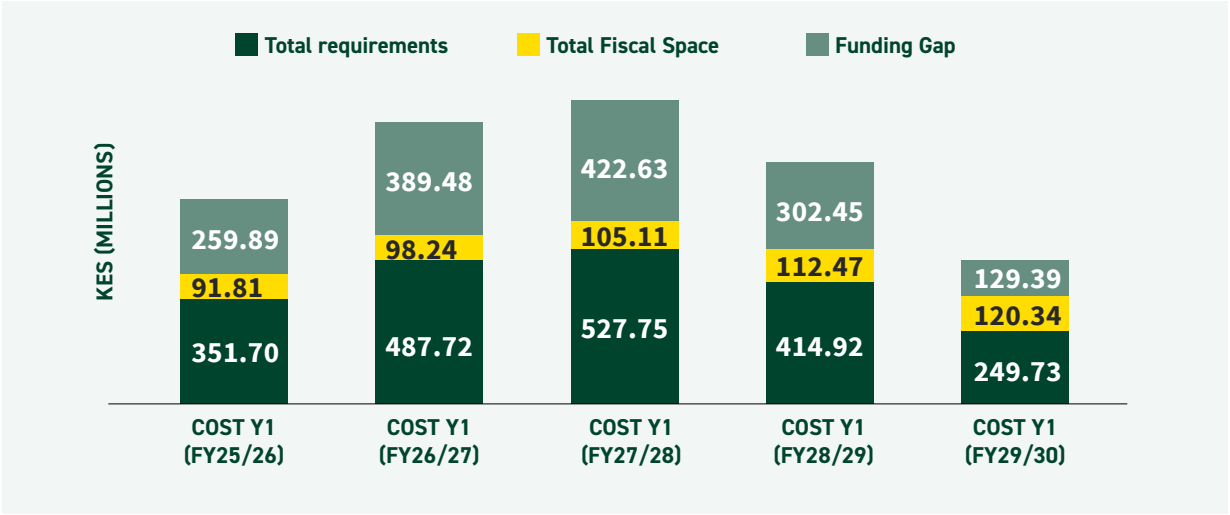


Figure 7: Financial Gap Outlay (Kes, Millions)

Figure 8 presents past costs and project funding needs over five years, revealing a Kes 1.503.85 million funding gap for the NCCG Mental Health Department during the MHSAP.

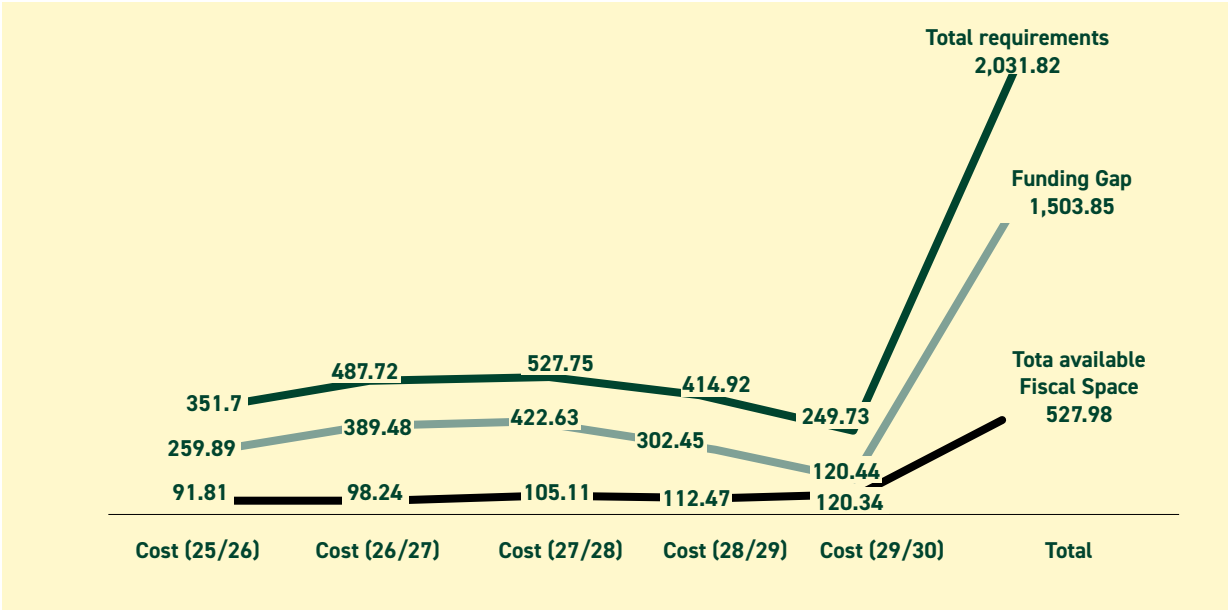


Figure 8: Financial Gap Analysis (Kes, millions)

Table 21: Mental Health Strategic Action Plan Implementation - Five-Year Financial Requirements (Kes)

Strategic area	Strategic actions	Fy 2025/26	Fy 2026/27	Fy 2027/28	Fy 2028/29	Fy 2029/30	Total
Strategic Objective 1: To strengthen leadership and coordination for effective implementation of mental health policies, resource allocation, and stakeholder collaboration							
SA1: Leadership, governance and coordination	1.1: Adoption and Implementation of National Mental Health Policies to Strengthen Governance	**52,840,500**	**44,051,900**	**25,288,551**	**27,058,750**	**22,088,000**	**171,327,701**
	1.2: Mainstreaming Mental Health Across Sectors (Stakeholder Collaboration)	**3,650,000**	**1,041,110**	**496,887**	**531,669**	**434,000**	**6,153,665**
	1.3: Strengthening and Empowerment of People with Mental Health Conditions and Psychosocial Disabilities and Their Organisations	**10,759,900**	**11,520,262**	**7,706,322**	**3,248,814**	**2,652,000**	**35,887,298**
	Sub Total	**67,250,400**	**56,613,272**	**33,491,760**	**30,839,232**	**25,174,000**	**213,368,664**
SA2: Mental health Financing & Resource Mobilization	1.4 Strengthening the planning for mental health resources	**10,873,780**	**15,754,980**	**12,388,322**	**18,652,431**	**1,375,780**	**59,045,293**
	SO #1, Sum Total	**78,124,180**	**72,368,252**	**45,880,081**	**49,491,664**	**26,549,780**	**272,413,957**

Strategic area	Strategic actions	Fy 2025/26	Fy 2026/27	Fy 2027/28	Fy 2028/29	Fy 2029/30	Total
Strategic Objective 2: To implement culturally sensitive initiatives that promote mental health awareness, reduce stigma, and prevent substance abuse							
SA3: Preventive, promotive mental health	2.1: Promotion of Mental Health	122,181,500	120,003,068	119,358,802	97,624,412	67,335,400	526,503,181
	2.2: Establish and initiate Preventive Programs	33,089,000	99,397,650	105,298,743	60,759,683	26,320,000	324,865,076
	2.3: Establish Suicide Prevention	23,594,295	12,896,475	9,625,896	10,299,708	7,848,030	64,264,403
	2.4: Drugs and Substance Use Control	11,868,000	12,666,660	13,541,877	14,489,809	11,828,000	64,394,346
	Sub Total	**190,732,795**	244,963,853	**247,825,317**	**183,173,611**	**113,331,430**	**980,027,006**
	SO #2, Sum Total	**190,732,795**	244,963,853	**247,825,317**	**183,173,611**	**113,331,430**	**980,027,006**
Strategic Objective 3: To strengthen the integration of mental health services into primary healthcare							
SA4: Mental health integration into Primary Health Care (PHC)	3.1: Training and Capacity Building	8,962,494	11,288,240	10,673,231	12,068,036	11,465,744	54,457,746
	3.2: Integration of Mental Health Screening into Routine Health Check-ups	1,111,500	-	-	-	-	1,111,500
	3.3: Facilitate an Enabling Environment for Provision of Mental Health Services	1,139,000	1,374,415	2,757,205	1,720,573	932,000	7,923,193
	3.4: Interdisciplinary Collaboration and Referral Pathways	1,735,826	1,885,689	1,793,287	2,158,925	1,566,326	9,140,053
	3.5: Strengthening Community Mental Health	511,000	1,370,135	934,696	111,479	91,000	3,018,310
	Sub Total	**13,459,820**	15,918,479	**16,158,419**	**16,059,013**	**14,055,070**	**75,650,802**

Strategic area	Strategic actions	Fy 2025/26	Fy 2026/27	Fy 2027/28	Fy 2028/29	Fy 2029/30	Total
Strategic Objective 4: To strengthen the development of comprehensive infrastructure, a skilled healthcare workforce, and improved access to essential hpt for mental health service delivery							
SA5: Mental Health Infrastructure and Service Delivery	4.1: Improve mental health infrastructure for comprehensive access to mental health services	19,159,000	36,773,760	105,909,112	113,281,588	59,728,560	334,852,020
SA6: Mental Health Workforce for service delivery	4.2: Enhance the capacity of healthcare Human Resources for Health	4,593,000	1,670,270	18,318	19,601	16,000	6,317,189
SA7: Health Products, Digitisation, and Technology for Mental Health	4.3: Strengthen availability of Mental Health Products and Technologies	3,865,000	42,001,245	19,452,183	20,813,836	9,861,720	95,993,984
	SO #4 Sum Total	27,617,000	80,445,275	125,379,613	134,115,025	69,606,280	437,163,193
Strategic Objective 5: To strengthen the mental health information system and monitoring and evaluation mechanisms to support research and evidence-based decision-making in nairobi county							
SA8: HMIS	5.1: Integration of Mental Health Management Information System	20,783,592	62,113,777	79,761,837	18,449,716	15,060,464	196,169,385
SA9: Monitoring, Evaluation and mental health Surveillance	5.2 Operationalise monitoring and evaluation mechanisms for mental health indicators, trends for evidence-based decision-making	11,975,000	2,481,330	2,655,023	2,840,875	2,319,000	22,271,228
SA10: Research and Learning	5.3: Mental Health Research and Surveillance	9,010,100	9,426,807	10,086,683	10,792,751	8,810,100	48,126,442
	SO #5, Sum Total	**41,768,692**	74,021,914	**92,503,543**	**32,083,342**	**26,189,564**	**266,567,054**
	GRAND TOTAL	**351,702,487**	487,717,772	**527,746,975**	**414,922,654**	**249,732,123**	**2,031,822,012**

7 Annexes

7.1 Annex 1 Definition of Indicators

Key performance indicator	Numerator	Denominator
STRATEGIC OBJECTIVE 1: TO STRENGTHEN LEADERSHIP AND COORDINATION FOR EFFECTIVE IMPLEMENTATION OF MENTAL HEALTH POLICIES, RESOURCE ALLOCATION, AND STAKEHOLDER COLLABORATION		
Strategic Area 1: Leadership, Governance and Coordination		
1. Proportion of trained MH stakeholders demonstrating compliance with mental health policies	Number of trained MH stakeholders demonstrating compliance	Total number of trained MH stakeholders
2. Functional Mental Health Council in place	1 (if the council is functional)	1 (indicating the existence of a council)
3. Number of sub-counties with appointed sub-county mental health focal persons	Number of sub-counties with appointed mental health focal persons	Total number of sub-counties
4. Number of joint mental health initiatives implemented across sectors	Number of mental health initiatives implemented jointly across sectors	N/A (total initiatives tracked directly)
5. Proportion of programs with integrated mental health components	Number of programs with integrated mental health components	Total number of programs
6. Proportion increases in mental health literacy among employers and employees	Increase in the number of employers/employees with mental health literacy post-initiative	Baseline number of employers/ employees with mental health literacy
7. Proportion of mental health planning sessions with PLWMH, user organisation involvement	Number of planning sessions with user organisation involvement	Total number of planning sessions
8. Proportion increases in MH service utilisation among VMGs/population with special characteristics	Number of VMGs/population with special characteristics groups utilising mental health services	Baseline number of diverse populations utilising services
9. Proportion increases in participation in peer-led mental health initiatives	Increase in the number of participants in peer-led mental health initiatives post-initiative	Baseline number of participants in peer-led initiatives
Strategic Area 2: Mental Health Financing and Resource Mobilization		
10. Proportion of planned mental health policy or strategic actions implemented	Number of mental health policies or strategic actions implemented	Total planned mental health policy or strategic actions
11. Proportion of county health budget allocation for mental health	The amount of the County health budget allocated to mental health	Total county health budget

Key performance indicator	Numerator	Denominator
STRATEGIC OBJECTIVE 2: TO IMPLEMENT CULTURALLY SENSITIVE INITIATIVES THAT PROMOTE MENTAL HEALTH AWARENESS, REDUCE STIGMA, AND PREVENT SUBSTANCE ABUSE		
Strategic Area 3: Preventive, Promotive Mental Health		
12. Proportion of respondents demonstrating mental health stigma reduction	Number of respondents showing reduced stigma	Total survey respondents
13. Proportion of population participating in mental health programs	Number of participants in mental health programs	Total population
14. Proportion of the population screened for mental health at the community level	Number of people screened for mental health	Total community population
15. Proportion of students demonstrating improved mental health awareness post-testing	Number of students with improved awareness post-testing	Total number of students tested
16. Proportion of participants participating in peer-led support groups	Number of participants in peer-led support groups	Total participants in mental health programs
17. Proportion of people engaged with MH IEC Materials	Number of people reached and engaged with mental health materials	Total target audience
18. Proportion of households that have received mental health parenting education	Number of households with mental health parenting education	Total households in community
19. Proportion of public respondents demonstrating mental health literacy	Number of respondents with mental health literacy	Total survey respondents
20. Proportion increases in facility utilisation for service accessibility	Increase in the number of facility visits for mental health services	Baseline number of visits
21. Proportion of MH early screening and diagnosis made	Number of early MH diagnoses	Total MH diagnoses
22. Number of MH calls received and resolved through helplines	Total number of calls received and resolved	N/A
23. Proportion of emergency teams demonstrating the ability to handle mental health crisis	Number of emergency teams trained and handling the MH crisis	Total emergency teams
24. Number of reported deaths by suicide per 100,000 population.	Total reported deaths by suicide	Population/100,000
25. Proportion increases in awareness levels in the community	Increase in the number of aware individuals post-intervention	Baseline number of aware individuals
26. Proportion of adolescents and young adults saved from early substance use in Nairobi City County	Number of adolescents and young adults saved from early substance use	Total adolescents and young adults
27. Number of policy changes/ new policies implemented	Number of new policies or changes implemented	N/A

Key performance indicator	Numerator	Denominator
STRATEGIC OBJECTIVE 3: TO STRENGTHEN THE INTEGRATION OF MENTAL HEALTH SERVICES INTO PRIMARY HEALTHCARE		
Strategic Area 4: Integration of Mental Health into PHC		
28. Proportion of PHC providers who have been trained in various mental health sensitisations and training modules	Number of PHC providers trained in mental health sensitisation	Total number of PHC providers
29. Proportion of facilities that implement Support supervision and mentorship programs	Number of facilities with support supervision and mentorship programs	Total number of facilities
30. Proportion of PHC facilities with active MH MDT for managing mental health cases	Number of PHC facilities with active MDTs	Total number of PHC facilities (Level 4,3,2)
31. Proportion of PHC facilities conducting mental health screening	Number of PHC facilities conducting mental health screening	Total number of PHC facilities
32. Proportion of patient admissions for substance use/ rehabilitation admissions	Number of patients admitted for substance use rehabilitation	Total number of patients in need of substance use treatment
33. Proportion of vulnerable marginalised groups or PLWMH utilising mental health services	Number of vulnerable marginalised groups or individuals or PLWMH utilising mental health services	Total number of vulnerable marginalised groups or individuals or PLWMH in the target population
34. Proportion increases in support group attendance	Increase in the number of participants in support groups post-intervention	Baseline support group attendance
35. Proportion of youth participating in mental health programs	Number of youth participating in mental health programs	Total number of youth in the target population
36. Proportion of complex cases managed through collaborative efforts	Number of complex cases managed through collaborative efforts	Total number of complex cases
37. Proportion of cases with positive outcomes following MDT discussions	Number of cases with positive outcomes after MDT discussions	Total number of cases discussed by MDT
38. Proportion of MH cases referrals completed	Number of MH referrals completed	Total number of referrals made
39. Proportion of mental health cases identified and referred by community health promoters	Number of mental health cases identified and referred by community health promoters	Total number of mental health cases
40. Proportion of safe spaces established	Increase in the number of participants in safe spaces	Baseline number of participants in safe spaces
41. Proportion increases in community participation/ engagement	Increase in the number of community participants in mental health programs	Baseline community participation rate

Key performance indicator	Numerator	Denominator
STRATEGIC OBJECTIVE 4: TO STRENGTHEN THE DEVELOPMENT OF COMPREHENSIVE INFRASTRUCTURE, A SKILLED HEALTHCARE WORKFORCE, AND IMPROVED ACCESS TO ESSENTIAL HPT FOR MENTAL HEALTH SERVICE DELIVERY		
Strategic Area 5: Mental Health Infrastructure and Service Delivery		
42. Proportion of MH service delivery points adhering to MH specifications	Number of MH service points adhering to MH specifications	Total number of service points
43. Proportion of level 4 facilities with infrastructure for mental health services (renovated, constructed, or upgraded, categorised by facility type, psychiatric hospitals, outpatient clinics, and community-based MH centres)	Number of level 4 facilities with adequate mental health infrastructure (renovated, constructed, or upgraded, categorised by facility type, psychiatric hospitals, outpatient clinics, and community-based MH centres)	Total number of level 4 facilities
44. Proportion of HCWs who are aware of MH infrastructural norms and standards	Number of HCWs aware of MH infrastructural norms and standards	Total number of HCWs
Strategic Area 6: Mental Health Workforce for Service Delivery		
45. Number of identified gaps and skills needed	Number of identified gaps and skills needed	Not applicable
46. Proportion of staffing needs met after assessment	Number of staffing positions filled after assessment	Total number of staffing needs identified
47. Proportion of mental health workers in Nairobi County	Number of mental health workers in Nairobi County	Total healthcare workforce in Nairobi County
Strategic Area 7: Health Products, Digitisation, and Technology (HPDT) for Mental Health		
48. Proportion of mental health facilities with consistent availability of essential medications	Number of mental health facilities with essential medications consistently available	Total number of mental health facilities
49. Proportion of patients using digital Mental health solutions	Number of patients using digital mental health solutions	Total number of mental patients
50. Number of healthcare providers or facilities utilising digital MH solutions	Number of healthcare providers or facilities utilising digital mental health solutions	NA
STRATEGIC OBJECTIVE 5: TO STRENGTHEN MENTAL HEALTH INFORMATION SYSTEMS AND MONITORING AND EVALUATION MECHANISMS TO SUPPORT RESEARCH AND EVIDENCE-BASED DECISION-MAKING IN NAIROBI CITY COUNTY		
Strategic Area 8: HMIS		
51. Proportion of accurate and complete data entries	Number of accurate and complete data entries	Total number of data entries
52. Proportion of facilities using standardised tools	Number of facilities using standardised data collection tools	Total number of facilities
53. Proportion of facilities linked to the centralised registry	Number of facilities linked to the centralised registry	Total number of facilities

Key performance indicator	Numerator	Denominator
54. Proportion improvement in data accuracy and reporting	Increase in the accuracy of data entries over the baseline	Baseline data accuracy percentage
55. Proportion of facilities compliant with data privacy regulations	Number of facilities compliant with data privacy regulations	Total number of facilities
56. Proportion improvement in data quality scores	Increase in data quality scores over baseline	Baseline data quality score
57. Proportion of facilities uploading data to KHIS	Number of facilities uploading data to KHIS	Total number of facilities
58. Proportion of data gaps addressed following baseline assessment	Number of data gaps addressed	Total number of data gaps identified in baseline assessment
59. Proportion of mental health records digitised and accessible in EMR	Number of mental health records digitised and accessible in EMR	Total number of mental health records
Strategic Area 9: Monitoring, Evaluation, and Mental Health Surveillance		
60. Proportion of planning decisions informed by baseline data	Number of planning decisions informed by baseline data	Total number of planning decisions
61. Number of mental health surveys for surveillance conducted	Number of mental health surveys conducted	Not applicable
62. Proportion of mental health facilities using standardised data collection tools and protocols	Number of mental health facilities using standardised tools	Total number of mental health facilities
63. Number of adjustments made in response to emerging mental health issues	Number of adjustments made based on emerging issues	Not applicable
64. Proportion of mental health professionals and data managers trained on data management principles	Number of trained mental health professionals and data managers	Total number of mental health professionals and data managers
Strategic Area 10: Research and Learning		
65. Proportion of policies informed by local research findings	Number of policies informed by local research findings	Total number of policies
66. Proportion of collaborative MH research projects	Number of new collaborative research projects	Baseline number of collaborative research projects
67. Number of Annual Mental Health Publications Made	Number of mental health publications produced annually	Not applicable
68. Proportion of decision-making processes utilising data from the repository	Number of decision-making processes using repository data	Total number of decision-making processes

7.2 Annex 2 List of Contributors

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Partners

APHRC
African Population and Health Research Center
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NAIROBI CITY COUNTY

Medical Services - Mental Health Unit

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