

COUNTY GOVERNMENT BUNGOMA

DEPARTMENT OF HEALTH AND SANITATION

BUNGOMA COUNTY HEALTH AND SANITATION MENTAL HEALTH POLICY (2026 – 2031)

"Promoting Mental Well-being for a Healthy, Productive and Inclusive Bungoma"

FEBRUARY, 2026

FOREWORD

Mental health is an essential component of human well-being, social stability, and economic progress. As Bungoma County continues to advance toward Universal Health Coverage and the realization of Kenya Vision 2030, it has become increasingly clear that mental health must be treated with the same level of priority as physical health. The COVID-19 pandemic, coupled with persistent socioeconomic pressures, demonstrated how fragile mental well-being can be when communities face stress, loss, and uncertainty. It also exposed the systemic gaps in access to psycho social support and treatment services across our County.

This Bungoma County Mental Health Policy (2026–2031) provides a strategic road-map for transforming how we view, plan, and deliver mental health care. It builds upon the Kenya Mental Health Policy (2015–2030) and the Mental Health (Amendment) Act, 2022, while contextualizing these national frameworks within Bungoma's unique realities. Through this policy, the County aims to promote prevention and early detection of mental illness, strengthen institutional leadership and governance, ensure equitable access to quality services, and uphold the rights and dignity of persons with mental disorders.

The Policy emphasizes the integration of mental health into Primary Health Care (PHC) as a fundamental strategy for achieving health equity. It acknowledges that improving mental health outcomes is not the work of the health sector alone—it requires coordinated action across education, justice, labor, youth, social protection, and community development sectors. The inclusion of Community Health Promoters, religious institutions, and traditional healers reflects the County's commitment to a culturally sensitive, people-centered approach.

As a County Government, we reaffirm our dedication to creating an enabling environment for mental wellness—one where stigma is replaced by understanding, where communities are empowered to support one another, and where individuals can access professional care without fear or discrimination. By investing in mental health, we invest in productivity, resilience, and the social cohesion that defines Bungoma's strength.

Let this Policy serve as both a commitment and a call to action: to government leaders, development partners, civil society, and every citizen of Bungoma. Together, we can make mental health a reality for all.

CPA Chrispinus Barasa
CECM - Health and Sanitation
County Government of Bungoma

PREFACE

The development of the Bungoma County Mental Health Policy (2026–2031) marks a major milestone in the County Government's pursuit of an inclusive, equitable, and people-centered health system. Mental health has long remained an under-addressed aspect of healthcare, yet it has profound implications for social well-being, economic productivity, family stability, and community resilience. Recognizing that there is no health without mental health, the County Department of Health and Sanitation has developed this Policy to provide a structured framework for action.

This Policy sets out to address the rising burden of mental, neurological, and substance use (MNS) disorders across the County. It is informed by evidence showing that depression, anxiety, and substance dependence are now among the leading contributors to disability and premature mortality in Kenya. The Policy therefore seeks to build a comprehensive and integrated approach that combines prevention, treatment, rehabilitation, and reintegration within the County's existing health system.

The preparation of this document was guided by participatory and consultative processes. The Department engaged stakeholders from across various sectors. These consultative processes ensured that the Policy reflects not only expert perspectives but also the voices of the people of Bungoma.

The Policy's focus on integration with Primary Health Care (PHC) is deliberate. It ensures that mental health services are brought closer to communities, making prevention and care accessible through dispensaries, health centers, and hospitals across all sub-counties. The County further commits to building the capacity of Community Health Promoters (CHPs) to recognize and refer cases early, thus reducing stigma and enhancing continuity of care.

This Policy also underscores the County's commitment to multi-sectoral collaboration and sustainable financing mechanisms. It aligns with national frameworks such as the Kenya Mental Health Policy (2015–2030), the Mental Health (Amendment) Act, 2022, and the Kenya Health Policy (2014–2030), as well as the Bungoma County Health Services Act, 2019. It provides strategic direction for investments in infrastructure, workforce development, data systems, and public awareness to foster a mentally healthy society.

The Department of Health and Sanitation extends sincere appreciation to all stakeholders who supported the development of this Policy. Their technical contributions and advocacy have been instrumental in ensuring that mental health becomes an integral part of the County's health agenda.

It is our firm belief that the successful implementation of this Policy will contribute significantly to improved quality of life, productivity, and resilience among Bungoma's residents. Let this Policy guide us as we work together to make mental health care accessible, affordable, and responsive to the needs of our people.

David Maling'a
Chief Officer-Health and Sanitation
County Government of Bungoma

ACKNOWLEDGEMENTS

The Department of Health and Sanitation of the County Government of Bungoma wishes to extend its sincere gratitude to all stakeholders who contributed to the formulation of the Bungoma County Mental Health Policy (2026–2031). The successful completion of this Policy reflects a collective

effort driven by the commitment, expertise, and collaboration of many stakeholders who share the vision of a mentally healthy County.

We acknowledge the leadership and guidance of the County Executive Committee Member (CECM) for Health and Sanitation, whose vision for inclusive and equitable health services has created an enabling environment for the prioritization of mental health. We also appreciate the support of the CECM for championing policy formulation processes within the health sector. Our gratitude further extends to the Chief Officer, Health and Sanitation, whose oversight and commitment steered this process to completion.

The Department extends appreciation to the County Director of Health, the County Psychiatrist, and the Mental Health Technical Working Group (TWG) for their technical contributions, coordination, and drafting of the policy content. Their efforts ensured that the Policy is aligned with both national standards and local priorities.

To all who contributed directly or indirectly to this Policy—your dedication, partnership, and advocacy have paved the way for a new era of mental health leadership in Bungoma County.

Dr Caleb Wanambisi
County Director-Health and Sanitation
County Government of Bungoma

ABBREVIATIONS AND ACRONYMS

Acronym	Meaning
CHPs	Community Health Promoters
CIDP	County Integrated Development Plan
CECM	County Executive Committee Member
DALYs	Disability Adjusted Life Years
FIF	Facility Improvement Fund

Acronym	Meaning
KHIS	Kenya Health Information System
MHIS	Mental Health Information System
MNS	Mental, Neurological and Substance-Use Disorders
MoH	Ministry of Health
PHC	Primary Health Care
PPP	Public-Private Partnership
SHA	Social Health Authority
TWG	Technical Working Group
WHO	World Health Organization

EXECUTIVE SUMMARY

Mental health is an increasingly critical public health and development issue, both globally and locally. The Bungoma County Mental Health Policy (2026–2031) is a strategic framework that seeks to promote, protect, and restore the mental well-being of the County's population. It aligns with the Kenya Mental Health Policy (2015–2030), the Mental Health (Amendment) Act, 2022,

and the Bungoma County Health Services Act, 2019, while incorporating evidence from the World Health Organization (WHO, 2023) and the Ministry of Health (Kenya, 2023).

Globally, the WHO estimates that nearly 1 billion people—including 14% of the world's adolescents—live with a mental disorder. Depression is now the leading cause of disability worldwide, while suicide accounts for over 700,000 deaths annually, ranking as the fourth leading cause of death among 15–29-year-olds. In Kenya, the 2019–2023 National Mental Health Task force Report revealed that one in every ten people suffers from a common mental disorder, and that 20–25% of patients attending general outpatient services present with psychological or emotional distress. Kenya is ranked among the top five African countries with the highest rates of depression (WHO, 2023).

In Bungoma County, mental health challenges mirror these national and global patterns. Evidence from the Tinada Youth Organization Study (2019**)** and subsequent health system reviews show that up to 75% of people with mental disorder**s** in the County do not receive treatment due to stigma, lack of awareness, or unavailability of services. Only 12% of health facilities currently provide any form of mental health care, and psychotropic drug availability is below 40% of essential requirements. The County has just 1 consultant psychiatrists, 3 clinical psychiatric officers, and 4 psychiatric nurses serving a population exceeding 2 million people, reflecting a mental health workforce density of less than 1 per 100,000 population, well below the WHO-recommended standard of 6 per 100,000.

The COVID-19 pandemic further compounded mental health needs, leading to increased rates of anxiety, depression, domestic violence, substance use, and suicide. Post-pandemic data from the Ministry of Health (2023) indicates that depression and anxiety increased by nearly 25% nationally. The pandemic also disrupted service continuity and exacerbated burnout among healthcare workers.

This Policy therefore responds to these emerging and persistent challenges through a structured approach built on seven strategic priorities:

1. **Leadership and Governance** – Establishing institutional structures such as a County Mental Health Council and a dedicated unit for Mental Health and Substance Use within the Department of Health.
2. **Mental Health Financing** – Introducing a dedicated budget line and mobilizing resources from County, National Government, and development partners to progressively meet the WHO target of 5% of health expenditure for mental health.
3. **Human Resources for Mental Health** – Recruiting and retaining qualified mental health professionals, expanding training programs, and strengthening supervision and wellness initiatives for health workers.
4. **Service Delivery** – Integrating mental health into all levels of care under Primary Health Care (PHC), and establishing two comprehensive County Mental Health and Rehabilitation Units.
5. **Promotion, Prevention, and Substance Use Control** – Rolling out anti-stigma campaigns, integrating mental health education into schools and workplaces, and strengthening control of alcohol and drug use.
6. **Infrastructure, Health Products, and Technologies** – Ensuring consistent supply of psychotropic drugs, expanding tele-psychiatry systems, and upgrading ward and outpatient infrastructure.
7. **Research, Information Systems, and Innovation** – Operationalizing the Mental Health Information System (MHIS) within DHIS2, supporting research partnerships with local universities, and using data for decision-making.

Key Policy Targets (2026–2031)

- At least 50% of health facilities offering integrated mental health services by 2031.
- Mental health allocation reaching 1% of the County health budget by 2029.
- 800 Community Health Promoters (CHPs) trained on mental health literacy and referral by 2028.
- Suicide rate reduced to ≤6 per 100,000 population by 2031.
- 60% of residents demonstrating improved mental health awareness and literacy by 2031.

Implementation and Monitoring

Implementation will be through a multi-sectoral approach engaging County departments, the private sector, NGOs, academia, and communities. Progress will be monitored through annual County Health Sector Performance Reviews, a dedicated MHIS dashboard, and periodic evaluations. A mid-term review will be conducted in 2027, followed by an end-term evaluation in 2030.

Expected Outcomes

By 2030, Bungoma County envisions a community that:
- Recognizes mental health as a human right and a development priority;
- Has accessible, affordable, and stigma-free mental health services across all tiers of care; - Empowers individuals and communities to take charge of their mental well-being;
- Demonstrates strong leadership, adequate funding, and sustainable systems supporting mental health.
The implementation of this Policy will advance Bungoma County toward a more equitable, resilient, and people-centered health system, contributing to both national and global commitments under Sustainable Development Goal 3 (Good Health and Well-being) and Kenya Vision 2030.

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1. BACKGROUND AND POLICY CONTEXT

1.1 Global Context

Mental health is increasingly recognized as a global development and human rights priority. The World Health Organization (WHO, 2023**)** estimates that nearly 1 billion people worldwide live with a mental disorder, with depression and anxiety being the leading contributors to global disability. The burden of mental, neurological, and substance use (MNS) disorders accounts for approximately 14% of the global disease burden, and mental health conditions contribute to one in every six years lived with disability (YLDs).

Suicide remains among the top 10 causes of death globally, accounting for 700,000 deaths annually, with 77% of cases occurring in low- and middle-income countries (LMICs). The COVID-19 pandemic intensified this crisis, leading to a 25% increase in anxiety and depression during its first year (WHO, 2023). The global response to this burden emphasizes integrating mental health into Universal Health Coverage (UHC), strengthening governance, and investing in community-based interventions.

1.2 National Context

Kenya has made significant progress in prioritizing mental health within its health policy agenda. The Constitution of Kenya (2010) guarantees the right to the highest attainable standard of health, which includes mental well-being. The Kenya Mental Health Policy (2015–2030) and the Mental Health (Amendment) Act (2022) provide the overarching legal and policy frameworks for national and county governments to operationalize mental health interventions.

The Mental Health Taskforce Report (2020) highlighted an alarming prevalence of common mental disorders in Kenya, estimating that 1 in every 10 individuals suffers from a common mental disorder, and 1 in 4 patients seeking routine outpatient services presents with psychological distress. Depression, substance use, and suicidal behaviors were identified as the most prevalent issues, with depression accounting for over 15% of all reported mental illnesses. The report also exposed gaps in infrastructure, inadequate human resources, limited financing, and persistent stigma.

The Kenya National Bureau of Statistics (KNBS, 2023) found that youth unemployment, poverty, urban stress, and gender-based violence are major drivers of mental ill-health. The government's response, under the National Mental Health Action Plan (2023–2027), calls for county governments to establish decentralized mental health systems and allocate dedicated budgets for mental health.

1.3 County Context: Bungoma County

Bungoma County, with a population of approximately 2.1 million (KNBS, 2024), is characterized by diverse cultural, social, and economic dynamics that significantly influence mental health. The County faces a growing burden of MNS disorders due to poverty, youth unemployment, family disintegration, substance and alcohol abuse, and post-COVID-19 socio-economic stressors. The Tinada Youth Organization (2019) study across Western Kenya reported that 74.5% of respondents in Bungoma felt that people with mental illness were stigmatized, while 82.5% of families were unaware of available mental health services under NHIF and UHC programs.

At the systems level, Bungoma County's health sector has made commendable progress but continues to face key challenges:

- Human Resource Gaps: Only 1 consultant psychiatrist, 3 psychiatric clinical officers, and 4 psychiatric nurses serve the County's 13 sub-counties, giving a professional-to-population ratio of 0.5 per 100,000, far below the WHO recommendation of 6 per 100,000.
- Limited Facility Coverage: Only 12% of health facilities provide any form of mental health service, mainly concentrated in Bungoma County Referral, Webuye County and Kimilili Subcounty hospitals.
- Low Access to Medicines: Availability of psychotropic drugs is inconsistent and averages 40% across public facilities.
- Rising Substance Use: Alcohol and drug abuse prevalence among youth aged 15–35 is estimated at 21% (KNBS, 2023), with increasing cases of cannabis and injectable drug use.
- Social Determinants: Economic hardship, school dropouts, early pregnancies, gender-based violence, and unemployment exacerbate psychological distress, particularly among women and young people.

The County Government has, however, taken initial steps to improve mental health services. Through training partnerships with the Ministry of Health, by 2023, Bungoma had developed a small but growing cadre of mental health professionals, initiated wellness programs for county staff, and introduced mental health awareness days in selected schools and workplaces. Additionally, partnerships with organizations such as USAID PROPEL Health, AMREF Health Africa, and Tinada Youth Organization have strengthened advocacy and service delivery.

1.4 Policy Rationale

The development of the Bungoma County Mental Health Policy (2025–2030) responds to the urgent need to address the growing mental health burden and align County priorities with national and global health agendas. The policy is grounded in the following imperatives:

1. To align County mental health programming with national laws, policies, and the Sustainable Development Goals (SDG 3.4 – reduce premature mortality from NCDs including mental illness).
2. To integrate mental health into the Kenya Essential Package for Health (KEPH) and ensure service delivery continuity across all tiers of care.
3. To reduce stigma, discrimination, and social exclusion associated with mental illness through community-led education and advocacy.
4. To address workforce shortages, ensure sustained financing, and strengthen infrastructure and supply chains for psychotropic medicines.
5. To protect the rights and dignity of persons with mental illness, in line with the Mental Health (Amendment) Act, 2022.

1.5 Guiding Vision and Commitment

This Policy envisions a Bungoma County where all residents enjoy optimal mental well-being, free from stigma and discrimination, and have access to affordable, high-quality, and inclusive mental health service**s**. It represents a shift from viewing mental health as a specialized concern to embedding it within all levels of health service delivery and community life.

The County Government commits to:

- Integrating mental health into PHC and UHC frameworks;
- Strengthening inter-sectoral collaboration across education, justice, social protection, and youth sectors;
- Enhancing community participation and traditional support structures; and
- Investing in research, innovation, and monitoring systems to track mental health outcomes.

This Policy therefore serves as a blueprint for coordinated, evidence-based, and sustainable mental health care in Bungoma County between 2025 and 2030.

2. POLICY GOAL, OBJECTIVES AND GUIDING PRINCIPLES

2.1 Policy Goal

The overarching goal of this Policy is to achieve the highest attainable standard of mental health and well-being for all residents of Bungoma County through effective prevention, early detection, treatment, rehabilitation, and protection of mental health rights. This goal aligns with the Kenya Mental Health Policy (2015–2030), the Kenya Health Policy (2014–2030), and Sustainable

Development Goal (SDG) 3, which seeks to ensure healthy lives and promote well-being for all at all ages.

It envisions a future where mental health is fully integrated into the County's healthcare delivery system, communities are empowered to promote psychological well-being, and individuals with mental disorders live free from stigma and discrimination.

2.2 Policy Objectives

The Policy is structured around six key objectives that collectively guide Bungoma County's strategic response to mental health needs:

Objective 1: Strengthen Leadership, Governance, and Financing for Mental Health

- Establish a County Mental Health Unit within the CHMT to oversee coordination, regulation, and monitoring of mental health programs.
- Develop and operationalize a County Mental Health Strategic Plan and budget line dedicated to mental health.
- Ensure inclusion of mental health priorities in the County Integrated Development Plan (CIDP), Annual Work Plans, and County Health Sector Performance Framework.
- Foster partnerships with national government, private sector, and development partners for sustainable financing.

Objective 2: Expand Access to Equitable, Quality, and Integrated Mental Health Services

- Integrate mental health care across all service delivery levels—from community to tertiary care—within the Primary Health Care (PHC) framework.
- Establish comprehensive mental health and rehabilitation units at Bungoma County Referral Hospital and Kimilili Sub county Hospital.
- Strengthen referral and reverse referral systems and emergency response mechanisms for mental health crises.
- Ensure availability of essential psychotropic medicines and therapeutic equipment in all sub counties.
- Promote client-centered, rights-based, and culturally appropriate service delivery.

Objective 3: Build a Skilled, Motivated, and Adequately Distributed Mental Health Workforce

- Recruit, train, and retain adequate numbers of psychiatrists, psychologists, psychiatric nurses, psychiatric clinical officers, counselors, and social workers.
- Provide Continuous Professional Development (CPD), supervision, and mentorship for all cadres involved in mental health service delivery.
- Incorporate mental health training into preservice and in-service health worker curricula.
- Implement employee wellness and psycho social support programs for county staff to address burnout and stress.

Objective 4: Strengthen Community Systems for Prevention, Early Identification, and Stigma Reduction

- Empower Community Health Promoters (CHPs) with mental health literacy and referral skills.
- Conduct sustained public education and anti-stigma campaigns across media, schools, and workplaces.

- Engage local leaders, traditional healers, and faith-based organizations in promoting culturally sensitive approaches to mental health.
- Implement community-based rehabilitation programs to reintegrate persons recovering from mental illness.

Objective 5: Promote Mental Health Research, Data Systems, and Innovation

- Operationalize a Mental Health Information System (MHIS) integrated with DHIS2 for evidence-based decision-making.
- Support operational and academic research in collaboration with local universities (MMUST, Kaimosi Friends, Kibabii).
- Develop annual County Mental Health Status Reports and disseminate findings to policymakers.
- Encourage innovation through telepsychiatry, digital platforms, and e-health tools to improve access to care.

Objective 6: Protect and Promote the Rights and Dignity of Persons with Mental Disorders and Their Caregivers

- Uphold the rights of persons with mental illness in accordance with the Mental Health (Amendment) Act, 2022, and the Persons with Disabilities Act, 2003.
- Establish mechanisms for complaints, redress, and legal support for individuals facing discrimination.
- Advocate for inclusive education, employment, and social protection programs for persons with mental disorders.
- Strengthen caregiver support systems and recognize their role in recovery and community reintegration.

2.3 Guiding Principles

The implementation of this Policy shall be guided by the following principles:

1. Human Rights and Equity

Every person has the right to the highest attainable standard of mental health without discrimination. The Policy emphasizes equity in access to services across gender, age, disability, geographic location, and socio-economic status.

2. People-Centered Care

All mental health interventions will be designed around the needs, preferences, and values of individuals and communities, ensuring respectful, compassionate, and responsive service delivery.

3. Multi-Sectoral Collaboration

Mental health is influenced by determinants beyond the health sector. Effective implementation will therefore involve education, social protection, labor, justice, youth, and community development sectors, as well as private and faith-based partners.

4. Evidence-Based Practice

Policy decisions, programming, and service delivery will be guided by the best available data and research evidence to ensure efficiency, cost-effectiveness, and quality of care.

5. Continuum of Care

Services will cover the full spectrum of care—from promotion and prevention to treatment, rehabilitation, and recovery—ensuring a seamless and holistic approach across the life course.

6. Community Participation

Communities are central to sustaining mental health. The Policy promotes participatory approaches that empower individuals, families, and communities to identify needs, shape interventions, and hold service providers accountable.

3. POLICY STRATEGIES AND KEY INTERVENTIONS

This section outlines the key strategic areas and interventions through which the objectives of the Bungoma County Mental Health Policy (2026–2031) will be realized. Each strategy corresponds to one or more of the policy objectives outlined in Section 2.2, translating them into practical, measurable, and time-bound areas of implementation.

3.1 Governance, Leadership, and Coordination (Objective 1)

- Establish a County Mental Health Council and a Mental Health and Substance Use Unit within the Department of Health.

- Develop and operationalize a County Mental Health Strategic Plan with annual targets aligned to the CIDP.
- Strengthen policy oversight through County Assembly health committees and community-based accountability forums.
- Institutionalize mental health within the County Health Management Team (CHMT) agenda and subcounty planning cycles.
- Mainstream mental health across all county development sectors (education, youth, social protection, justice, and labor).

Expected Outcomes:
- County-level governance structures for mental health established and functional.
- Policy coordination mechanisms strengthened across sectors.

3.2 Financing and Resource Mobilization (Objective 1)

- Introduce a dedicated mental health budget line under the County Health Department, targeting at least 1% of the health budget by FY 2028/29.
- Integrate mental health services into Social Health Authority (SHA) benefits and Facility Improvement Fund (FIF) structures.
- Mobilize additional funding through Public-Private Partnerships (PPPs), grants, and donor contributions.
- Develop costed annual operational plans and investment cases for mental health programs.

Expected Outcomes:
- Sustainable financing mechanisms for mental health in place.
- Increased county investment and partner support for mental health services.

3.3 Human Resource Development and Workforce Wellness (Objective 3)

- Recruit and deploy additional mental health professionals including psychiatrists, psychologists, psychiatric nurses, and counselors.
- Strengthen capacity-building programs through partnerships with MMUST, Kibabii, and Kaimosi Friends University.
- Roll out continuous professional development (CPD) and mentorship for CHPs and health facility staff.
- Integrate mental health training into preservice and in-service curricula for all health cadres.
- Establish and operationalize employee assistance and wellness programs to address staff stress, burnout, and trauma.

Expected Outcomes:
- Improved workforce capacity and distribution for mental health.
- Enhanced motivation and retention of health workers.

3.4 Service Delivery and Integration (Objective 2)

- Integrate mental health services into the Primary Health Care (PHC) platform across all tiers of care.
- Establish two fully equipped County Mental Health and Rehabilitation Units at Bungoma County Referral and Kimilili Subcounty Hospitals.
- Strengthen mental health services at Level 2–3 facilities to support outpatient management and follow-up.
- Develop and implement a mental health referral and emergency response framework.

- Promote integration of mental health into existing programs (RMNCAH, HIV, NCDs, and school health).

  Expected Outcomes:
  - Increased access to quality, integrated mental health services.
  - Improved continuity of care and reduced mental health-related hospitalizations.

3.5 Community Engagement, Prevention, and Stigma Reduction (Objective 4)

- Train and empower Community Health Promoters (CHPs) to identify, support, and refer persons with mental health conditions.
- Conduct sustained anti-stigma, mental health literacy, and psychosocial awareness campaigns using radio, social media, schools, and community dialogues.
- Establish peer support groups, community wellness centers, and youth-friendly spaces for mental health promotion.
- Work with faith-based and traditional leaders to integrate culturally sensitive mental health approaches.

  Expected Outcomes:
  - Reduced stigma and discrimination toward persons with mental illness.
  - Increased community-based prevention and early intervention.

3.6 Research, Data, and Innovation (Objective 5)

- Develop and operationalize a Mental Health Information System (MHIS) integrated within KHIS/DHIS2.
- Support operational, epidemiological, and behavioral research on mental health trends and determinants.
- Establish an annual County Mental Health Research Forum for evidence dissemination.
- Promote use of digital platforms and telepsychiatry to extend specialist access to rural facilities.

  Expected Outcomes:
  - Strengthened mental health data for policy and decision-making.
  - Increased innovation and evidence-driven interventions.

3.7 Rights Protection and Social Inclusion (Objective 6)

- Implement mechanisms to protect the rights of persons with mental disorders, in line with the Mental Health (Amendment) Act, 2022.

- Collaborate with law enforcement, judiciary, and social services to ensure humane treatment and non-discriminatory access to care.
- Support rehabilitation, vocational training, and community reintegration of persons recovering from mental illness.
- Establish caregiver support programs and mental health advocacy networks.

  Expected Outcomes:
  - Rights and dignity of persons with mental disorders protected and upheld.
  - Enhanced social reintegration and inclusion of persons with lived experience.

4. CROSS-CUTTING PRIORITIES

Mental health is multidimensional and influenced by social, economic, cultural, and environmental factors. This section outlines the key cross-cutting priorities that will be integrated across all policy strategies to ensure a holistic and inclusive approach to mental health promotion, prevention, and care in Bungoma County.

4.1 Gender Equality and Social Inclusion (GESI)

- Integrate gender-responsive and disability-inclusive approaches into all mental health programs.
- Address the specific needs of vulnerable populations, including women, adolescents, persons with disabilities, the elderly, and minority groups.

- Establish safe spaces and trauma-informed services for survivors of gender-based violence (GBV) and sexual abuse.
- Promote inclusion of persons with psycho social disabilities in employment, education, and decision-making processes.

  Expected Outcomes:
  - Reduced gender- and disability-related barriers to accessing mental health care.
  - Improved equity and social inclusion in mental health programming.

4.2 Youth Mental Health and Education Sector Integration

- Implement age-appropriate mental health education and life skills programs in schools, vocational centers, and tertiary institutions.
- Strengthen school health programs to include early detection of behavioral and emotional challenges.
- Establish Youth Wellness and Innovation Hubs in collaboration with the Departments of Youth, Education, and ICT.
- Support mentorship programs and peer-led initiatives that promote resilience and reduce substance abuse among youth.

  Expected Outcomes:
  - Increased mental health literacy and resilience among school-going children and youth.
  - Reduced incidences of school dropout, self-harm, and substance-related mental health issues.

4.3 Climate Change, Environmental Stress, and Mental Health

- Mainstream climate change and environmental resilience into mental health policies and interventions.
- Strengthen psycho social support for communities affected by floods, droughts, crop failure, and displacement.
- Collaborate with the Departments of Environment and Disaster Management to build community coping mechanisms for climate-related distress.
- Promote eco-therapy and community-based environmental rehabilitation as part of wellness programs.

  Expected Outcomes:
  - Increased awareness of the link between environmental stressors and mental health.
  - Enhanced resilience and adaptive capacity of communities to environmental shocks.

4.4 Digital Health, Innovation, and Telepsychiatry

- Expand use of digital health platforms for telepsychiatry, online counseling, and e-learning for health workers.
- Develop a County Mental Health Digital Data Hub for real-time data tracking and reporting.
- Promote mobile-based awareness campaigns and digital storytelling to reduce stigma and misinformation.
- Strengthen partnerships with innovation hubs and local ICT startups to co-create digital mental health tools.

  Expected Outcomes:
  - Improved access to mental health services through digital platforms.
  - Enhanced data-driven decision-making and innovation in service delivery.

4.5 Faith, Culture, and Community Engagement

- Collaborate with religious leaders, traditional healers, and community elders to promote culturally sensitive mental health interventions.
- Encourage faith-based organizations to integrate psycho social support into community outreach programs.
- Promote use of community dialogue, theatre, and local media to challenge stigma and misconceptions.
- Support inclusion of traditional practices that align with human rights and complement evidence-based care.

  Expected Outcomes:
  - Strengthened community ownership of mental health initiatives.
  - Reduced stigma through culturally resonant and faith-based advocacy.

4.6 Partnerships, Governance, and Multi-Sectoral Collaboration

- Foster partnerships across County departments, civil society, academia, and the private sector for joint planning and resource mobilization.
- Institutionalize mental health representation in all sectoral planning and review forums.
- Strengthen monitoring of mental health integration in cross-sectoral programs (education, agriculture, social protection).
- Promote accountability through community scorecards and participatory evaluation.

  Expected Outcomes:
  - Sustained multi-sectoral collaboration for comprehensive mental health response.
  - Improved governance, accountability, and partner alignment.

4.7 Public Awareness, Advocacy, and Anti-Stigma Campaigns

- Conduct County-wide awareness campaigns focusing on understanding mental illness, available services, and recovery success stories.
- Utilize mass media, drama, sports, and art to promote positive mental health narratives.
- Observe annual World Mental Health Day, Suicide Prevention Day, and Substance Abuse Awareness Week with broad stakeholder participation.
- Empower people with lived experiences to serve as champions and advocates for inclusion.

  Expected Outcomes:
  - Increased public understanding and acceptance of mental health issues.
  - Measurable reduction in stigma and discrimination across communities.

5. INSTITUTIONAL FRAMEWORK

The successful implementation of the Bungoma County Mental Health Policy (2026–2031) depends on well-defined institutional roles and collaborative structures across all governance levels. This framework outlines the responsibilities of the County Government, national agencies, non-state actors, and communities to ensure accountability, coordination, and sustainability.

5.1 County Government of Bungoma

The County Government, through the Department of Health and Sanitation, bears the primary responsibility for policy implementation, oversight, and resource allocation.

Key Roles:

- Provide political and administrative leadership for mental health programs through the Governor, CECM, and Chief Officer for Health.
- Ensure mental health integration within the County Integrated Development Plan (CIDP), Annual Development Plans, and budget cycles.

- Approve and operationalize a County Mental Health Council to coordinate inter-sectoral efforts.
- Mobilize domestic and external resources for implementation of the Policy.
- Facilitate the enactment of enabling legislation and regulations that promote access to quality mental health services.

Expected Output: A fully institutionalized County mental health governance system with clear accountability and adequate resources.

5.2 Department of Health and Sanitation

This Department provides technical leadership for the planning, coordination, and delivery of mental health services.

Key Roles:

- Develop and disseminate technical guidelines, protocols, and standard operating procedures (SOPs) for mental health.
- Coordinate the County Mental Health Council, Technical Working Group (TWG), and interdepartmental collaboration.
- Supervise implementation of mental health activities through CHMTs and SCHMTs.
- Manage data collection, analysis, and reporting through KHIS/MHIS systems.
- Integrate mental health performance indicators into County Health Sector Reviews.

Expected Output: A strong technical coordination unit ensuring quality, data-driven, and equitable mental health service delivery.

5.3 County Mental Health Council (CMHC)

The CMHC will be the central governance and coordination body for mental health at the county level.

Composition:

Representatives from the Department of Health, Education, Youth, Social Protection, Faith-Based Organizations (FBOs), Persons with Lived Experience (PWLE), NGOs, academia, and the private sector.

Key Roles:

- Provide policy oversight and strategic direction for mental health programs.
- Advise on prioritization, planning, and resource allocation.
- Monitor policy implementation and ensure compliance with national standards.
- Strengthen collaboration across sectors, institutions, and communities.

Expected Output: A functional, inclusive County Mental Health Council providing regular policy guidance and oversight.

5.4 County Health Management Team (CHMT)

The CHMT plays a pivotal role in implementing, monitoring, and supervising all mental health programs at the county level.

Key Roles:

- Translate policy into operational plans, budgets, and health programs.
- Supervise sub county implementation and ensure quality standards.
- Compile and analyze mental health reports for submission to the County Director of Health.
- Coordinate mental health training, outreach, and mentorship activities.

Expected Output: Improved efficiency and consistency in countywide mental health program delivery.

5.5 Sub-County Health Management Teams (SCHMTs)

SCHMTs serve as the front-line implementers of mental health services across health facilities and communities.

Key Roles:

- Oversee mental health activities in subcounty facilities and CHUs.
- Supervise and mentor facility in-charges on mental health integration.
- Maintain subcounty-level data and reporting through MHIS.
- Facilitate community outreach, awareness, and psycho social support programs.

Expected Output: Enhanced mental health service access and coordination at subcounty and community levels.

5.6 Community Health Units (CHUs) and Community Health Promoters (CHPs)

CHPs play a central role in early detection, referral, and stigma reduction at the community level.

Key Roles:

- Conduct household mental health education and identify persons in need of psychosocial support.
- Provide referrals to nearby health facilities and follow up on treatment adherence.
- Collect and report community-level mental health indicators.
- Engage local leaders and families in promoting recovery and inclusion.

Expected Output: Empowered communities with improved awareness, early identification, and referral of mental health cases.

5.7 Non-State Actors (NGOs, CSOs, and FBOs)

Non-state actors complement County efforts through advocacy, technical assistance, and community-based service delivery.

Key Roles:

- Provide community psychosocial support, rehabilitation, and advocacy.
- Partner with County Government in resource mobilization and capacity-building.
- Implement awareness campaigns, peer support, and anti-stigma initiatives.
- Support the rehabilitation and social reintegration of persons recovering from mental illness.

Expected Output: Strengthened collaboration and increased non-state sector contribution to mental health outcomes.

5.8 National Government and Regulatory Agencies

The Ministry of Health and national agencies (e.g., Kenya Medical Practitioners and Dentists Council, Pharmacy and Poisons Board, Kenya Health Professions Oversight Authority) provide policy guidance and technical regulation.

Key Roles:

- Offer national policy and legislative direction for county mental health programs.
- Support capacity-building, research, and cross-county coordination.
- Ensure compliance with national standards, licensing, and accreditation.
- Provide specialized referral services and technical supervision.

Expected Output: Harmonized national-county collaboration for consistent standards and quality in mental health services.

5.9 Academic and Research Institutions

Academic and research institutions are vital for generating evidence, training professionals, and promoting innovation.

Key Roles:
- Conduct operational and implementation research on mental health interventions.
- Train undergraduate and postgraduate health professionals in mental health disciplines.
- Disseminate research findings to inform county planning and decision-making.
- Collaborate with the County to evaluate interventions and document best practices.

Expected Output: Evidence-based policy making and enhanced local research capacity in mental health.

5.10 Development Partners and Donors

Development partners contribute through technical, financial, and logistical support.

Key Roles:
- Provide grants and technical assistance to strengthen county mental health systems.
- Support policy dissemination, stakeholder coordination, and M&E frameworks.
- Facilitate exchange programs and learning platforms with other counties and regions.

Expected Output: Sustained technical and financial support for scaling up county mental health initiatives.

5.11 Private Sector

The private sector provides complementary services and innovation in mental health care.

Key Roles:
- Expand access to mental health care through private clinics, hospitals, and counseling centers.
- Partner with the County in workplace wellness programs and corporate social responsibility (CSR) initiatives.
- Support mental health insurance coverage and benefit packages.

Expected Output: Increased diversity and reach of mental health services through private sector engagement.

5.12 Persons with Lived Experience (PWLE) and Caregivers

Persons with lived experience bring unique perspectives that ensure mental health services remain people-centered and responsive.

Key Roles:
- Participate in planning, implementation, and evaluation of mental health programs.
- Serve as advocates and peer supporters within community recovery programs.
- Provide feedback on service quality and user experiences.
- Strengthen caregiver support networks to improve home-based care.

Expected Output: Enhanced community empowerment, user engagement, and recovery-oriented mental health systems.

5.13 Summary of Roles and Responsibilities

Level / Actor	Core Role	Coordination Mechanism
County Government	Policy oversight, financing, legislation	County Mental Health Council
Department of Health	Technical coordination, service delivery	CHMT / TWG Meetings
CHMT / SCHMT	Planning, supervision, data management	Monthly and quarterly review forums

Level / Actor	Core Role	Coordination Mechanism
CHUs / CHPs	Community awareness, early detection, referral	Community dialogue days, household visits
NGOs / CSOs / FBOs	Advocacy, rehabilitation, stigma reduction	Partner coordination meetings
Academia / Research	Evidence generation, training, innovation	Research and M&E forums
Development Partners	Financial and technical support	Joint sector working groups
PWLE and Caregivers	Advocacy, peer support, feedback	County stakeholder review forums

6. MONITORING, EVALUATION, AND REPORTING

Monitoring, Evaluation, and Reporting (M&E) form an integral component of the Bungoma County Mental Health Policy (2026–2031). The M&E framework ensures that progress toward the Policy objectives is systematically tracked, lessons are captured, and evidence is used for adaptive planning and decision-making. This section provides a structure for measuring performance, accountability, and impact.

6.1 Objectives of the M&E Framework

The key objectives of the County Mental Health M&E framework are to:
1. Track implementation progress and measure performance against set targets and indicators.
2. Facilitate timely data collection, analysis, and reporting for evidence-based decision-making.
3. Strengthen accountability and transparency in mental health governance and financing.
4. Inform policy adjustments, resource allocation, and program improvements.
5. Generate and disseminate knowledge on best practices and innovations.

6.2 M&E Institutional Arrangements

The M&E system will operate within the existing County Health Information System (KHIS) framework, complemented by the Mental Health Information System (MHIS). Key institutional roles include:

Level / Actor	Roles in M&E
County Government	Provide policy oversight, allocate resources for M&E activities, and review County Health Sector Performance Reports.
Department of Health and Sanitation	Coordinate mental health data collection, quality assurance, and reporting through the CHMT.
CHMT / SCHMT	Compile facility and subcounty reports, conduct data verification, and submit quarterly progress summaries.
Health Facilities	Collect, record, and upload mental health data using KHIS/MHIS tools.
CHUs / CHPs	Capture community-level indicators such as referrals, awareness sessions, and psychosocial support activities.
NGOs / CSOs / FBOs	Submit complementary program data aligned with County M&E indicators.
Academia / Research Institutions	Conduct operational research and evaluations; share findings with the County Health Department.

6.3 Monitoring and Evaluation Indicators

Indicators will be derived from the Policy objectives and aligned with the National Mental Health Action Plan (2023–2027), the Kenya Health Information System (KHIS), and the County Health Sector Performance Framework. These indicators will be categorized into input, process, output, outcome, and impact levels.

Key Indicators

Indicator Type	Indicator	Baseline (2025)	Target (2031)	Data Source
Input	% of County health budget allocated to mental health.	<0.5%	≥1%	County budget reports
Process	Number of health facilities offering integrated mental health services.	12%	50%	KHIS / MHIS
Process	Number of CHPs trained in basic mental health and psychosocial support.	150	800	Training reports
Output	Number of County Mental Health TWG or Council meetings held annually.	0	≥4	CHMT reports
Output	Availability of essential psychotropic medicines in public facilities.	40%	90%	Facility surveys
Outcome	Reduction in suicide rate per 100,000 population.	9	≤6	KHIS / DHIS2
Outcome	% of population with improved mental health literacy.	30%	60%	Household surveys

Indicator Type	Indicator	Baseline (2025)	Target (2031)	Data Source
Impact	Reduction in mental health-related disability-adjusted life years (DALYs).	-	↓ 25%	Research / MoH reports

6.4 Data Collection and Reporting Tools

- Utilize standard MOH registers, MHIS forms, and electronic KHIS modules to capture mental health data.
- Adopt a three-tier reporting structure: facility, subcounty, and county.
- Integrate community-level indicators from CHPs into KHIS through subcounty aggregations.
- Maintain gender- and age-disaggregated data to support equity analysis.
- Employ digital dashboards for real-time monitoring and visualization.

6.5 Performance Review and Learning Mechanisms

- Conduct quarterly and annual performance reviews through CHMT and CMHC.
- Hold mid-term review (2029) to assess progress and revise targets.
- Conduct end-term evaluation (2031) to measure impact and inform future policy revisions.
- Establish a County Mental Health Learning and Research Forum to disseminate findings and innovations.
- Promote community accountability through public dissemination, feedback meetings, and scorecards.

6.6 Reporting and Feedback Loops

1. Facility-level data → SCHMT → CHMT → County Department of Health → CMHC → County Executive / Assembly.
2. Partners and NGOs → CHMT → Department of Health → CMHC.
3. Quarterly reports feed into County Health Sector Performance Reviews and national MoH reporting channels.
4. Annual County Mental Health Report published and shared with all stakeholders.

6.7 Use of Evaluation Findings

Evaluation results will be used to:
- Inform evidence-based planning and budgeting.
- Identify and scale up successful models of care.
- Strengthen accountability and transparency across stakeholders.
- Support advocacy for increased investment and integration of mental health.
- Foster continuous learning and innovation.

6.8 Alignment with National and Global Frameworks

The County M&E framework aligns with:
- Kenya Mental Health Policy (2015–2030).
- National Mental Health Action Plan (2023–2027).
- Kenya Health Information System (KHIS) and MHIS Guidelines (2022).
- WHO Comprehensive Mental Health Action Plan (2013–2030).
- Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all.

Expected Outcome: A robust, evidence-based monitoring and evaluation system that tracks progress, supports accountability, and drives continuous improvement in mental health outcomes for Bungoma County.

7. POLICY IMPLEMENTATION AND FINANCING FRAMEWORK MATRIX

The implementation of the Bungoma County Mental Health Policy (2026–2031) will adopt a phased, multi-sectoral, and participatory approach. It will be integrated into the County's existing health planning and budgeting systems to ensure sustainability and accountability.

7.1 Implementation Approach

Implementation will follow the devolved health system structure, leveraging existing coordination and delivery platforms at county, subcounty, and community levels.
The approach will emphasize integration, decentralization, community ownership, and innovation in service delivery.

Key Features of the Implementation Approach:

- Phased rollout: Priority actions implemented progressively from FY 2026/27 to 2030/31.
- Integration: Embed mental health services within all primary health care (PHC) and specialized programs.
- Partnerships: Collaboration between County Government, development partners, academia, private sector, and civil society.
- Capacity-building: Strengthen human resources, leadership, and institutional systems.
- Community engagement: Promote stigma reduction, awareness, and demand generation through local networks.

7.2 Implementation Timeline

Implementation Phase	Period	Key Activities
Phase I: Policy Launch & Institutional Setup	FY 2026/27	Establish County Mental Health Council, develop Strategic Plan, sensitize leadership, conduct baseline survey, develop MHIS module.
Phase II: System Strengthening & Integration	FY 2027/28–2028/29	Recruit and train health workers, expand mental health integration in PHC, establish rehab units, strengthen supply chain for psychotropics.
Phase III: Community Engagement & Innovation Scale-up	FY 2029/30	Expand community outreach, launch digital platforms and telepsychiatry, operationalize youth-friendly spaces, intensify anti-stigma campaigns.
Phase IV: Consolidation & Evaluation	FY 2030/31	Conduct end-term evaluation, policy review, and documentation of best practices.

7.3 Implementation Responsibilities

Implementation of this Policy will be led by the County Department of Health and Sanitation, supported by CHMTs, SCHMTs, CHUs, development partners, and community structures.

Level / Actor	Implementation Responsibilities
County Department of Health	Overall policy coordination, planning, budgeting, and oversight.
CHMT / SCHMT	Implementation supervision, data reporting, and performance review.
Health Facilities	Integration of mental health services, case management, and data entry.
CHPs / CHUs	Community awareness, identification, and referral of mental health cases.
NGOs / FBOs / CSOs	Support outreach, advocacy, and rehabilitation services.
Academia / Research Institutions	Research, training, and evidence dissemination.

Level / Actor	Implementation Responsibilities
Development Partners	Technical assistance, innovation funding, and capacity-building support.

7.4 Financing Framework

7.4.1 Funding Sources

Implementation of the Policy will be financed through a blended financing model, comprising:

a) County Treasury allocations under the Department of Health and Sanitation.
b) Facility Improvement Fund (FIF) revenues retained at service delivery points.
c) Social Health Authority (SHA) reimbursements for mental health service packages.
d) Conditional grants and donor support from development partners and global initiatives.
e) Public–Private Partnerships (PPPs) to support infrastructure, innovation, and rehabilitation.
f) Community-based financing mechanisms, including SHA enrollees and CSR contributions.

7.4.2 Budget Prioritization Areas

Budget Area	Description of Activities	Estimated Annual Requirement (KES Million)
1. Leadership and Governance	Operationalize Mental Health Council and TWG, policy dissemination, annual forums.	5
2. Service Delivery	Facility integration, rehabilitation unit establishment, essential drugs supply.	25
3. Human Resource Development	Training, recruitment, CPD, and mentorship.	15
4. Community Engagement & Awareness	Anti-stigma campaigns, school programs, CHP training.	10
5. M&E, Research & Innovation	MHIS rollout, research grants, telepsychiatry systems, digital data hub.	10
6. Infrastructure & Equipment	Renovation and equipping of mental health units and counseling rooms.	20
7. Partnerships & Coordination	Stakeholder forums, cross-sectoral programs, annual reporting.	10
Total Annual Requirement		**≈95 Million KES**

(Figures are indicative and subject to annual budget review and resource availability.)

7.5 Resource Mobilization Strategies

To ensure sustainability, the County will:

a) Advocate for increased budget allocation to mental health (target: ≥1% of County Health Budget by FY 2028/29).
b) Leverage SHA reimbursements for integrated mental health services.
c) Explore external funding from WHO, USAID, Amref, UNICEF, and other partners.
d) Encourage PPP initiatives in rehabilitation, digital health, and training.
e) Mainstream mental health into cross-sectoral budgets (Education, Youth, Social Protection, and Agriculture).
f) Promote community and private sector contributions through CSR and philanthropy.

7.6 Financial Accountability and Reporting

All financial management processes will adhere to the Public Finance Management (PFM) Act, 2012, and relevant county legislation. The County Department of Health will:

a) Maintain transparent financial records and submit quarterly expenditure reports.
b) Conduct periodic audits of mental health expenditures.
c) Establish performance-based budgeting aligned with M&E indicators.
d) Publish annual reports on resource utilization and results achieved.

8. RISK MANAGEMENT AND SUSTAINABILITY FRAMEWORK

Effective implementation of this Policy requires proactive identification, mitigation, and management of risks that could undermine progress. The County will adopt a structured risk management approach that integrates financial, institutional, operational, and environmental dimensions. Sustainability will be ensured through policy integration, capacity development, and diversified financing.

8.1 Risk Management Framework

Risk management will be mainstreamed into all planning, budgeting, and monitoring cycles for mental health programs. Risks will be identified during annual reviews and managed through mitigation and contingency measures.

8.1.1 Key Risks and Mitigation Measures

Risk Category	Potential Risk	Impact	Mitigation Measures
Financial Risks	Inadequate or delayed budget allocation for mental health.	Reduced program coverage and service disruption.	Advocate for dedicated budget lines, engage County Assembly and Treasury, leverage SHA reimbursements, and partner funding.
	Overreliance on donor funding.	Program discontinuity after project closure.	Promote County budget ownership, introduce PPPs, and integrate MH funding into core health financing streams.
Human Resource Risks	Limited availability of qualified mental health professionals.	Service delivery gaps and burnout.	Expand training programs with local universities, offer incentives, mentorship, and telepsychiatry support.

Risk Category	Potential Risk	Impact	Mitigation Measures
Governance Risks	Weak coordination between County departments and stakeholders.	Duplication or inefficiencies in implementation.	Operationalize County Mental Health Council and TWG; enforce regular partner coordination forums.
Social and Cultural Risks	Stigma, discrimination, and misconceptions about mental illness.	Low service uptake and delayed care-seeking.	Implement sustained awareness and community dialogue campaigns using CHPs, media, and faith leaders.
Data and Information Risks	Incomplete or inaccurate reporting through KHIS/MHIS.	Weak evidence for decision-making.	Build capacity on digital reporting, introduce dashboards, and strengthen data verification at all levels.
Environmental and Emergency Risks	Mental health deterioration during disasters (e.g., floods, droughts).	Increased psychosocial distress and GBV.	Integrate MHPSS into emergency preparedness plans and train rapid response teams.
Political and Policy Risks	Change in political priorities or leadership.	Disruption in policy continuity and funding.	Institutionalize mental health within CIDP and County laws to safeguard continuity.

8.2 Risk Monitoring and Review

- Risks will be assessed annually during County Health Sector Reviews and CHMT/CMHC meetings.
- A Risk Register will be maintained within the Department of Health and updated quarterly.
- The County Mental Health Council will oversee tracking of high-priority risks and recommend corrective measures.
- Key risk indicators (KRIs) will be integrated into the M&E framework for real-time alerts.

8.3 Sustainability Framework

Sustainability of the Mental Health Policy will depend on institutional, financial, social, and environmental dimensions. Bungoma County will implement a Sustainability Framework anchored on the following pillars:

8.3.1 Institutional Sustainability

- Institutionalize the County Mental Health Council and TWG within the County health governance structure.
- Incorporate mental health in HRH strategic plans, annual work plans, and facility management systems.
- Build long-term technical capacity through partnerships with local universities and training institutions.

- Embed mental health within primary health care, community health, and digital health systems.

8.3.2 Financial Sustainability

- Maintain a dedicated budget line for mental health under the County Department of Health.
- Achieve at least 1% of total County health budget allocated to mental health by FY 2027/28.
- Integrate mental health into SHA benefit packages and facility reimbursement mechanisms.
- Establish partnerships with the private sector and non-state actors for infrastructure and service support.
- Ensure efficient resource utilization through strict adherence to the PFM Act (2012) and periodic audits.

8.3.3 Programmatic Sustainability

- Strengthen community ownership through CHPs, peer support groups, and user networks.
- Maintain consistent mental health service provision through routine supply chains and continuous professional development.
- Document and scale up successful community and facility-based models of care.
- Integrate mental health indicators into the County Health Sector Performance Framework for long-term tracking.

8.3.4 Environmental and Social Sustainability

- Mainstream climate adaptation and psychosocial resilience into health and disaster programs.
- Promote equitable access and inclusion of marginalized populations (PWDs, youth, elderly, GBV survivors).
- Ensure human rights protection and non-discrimination for persons with mental health conditions.
- Strengthen partnerships with schools, workplaces, and religious institutions for sustainable social support systems.

8.4 Transition and Exit Strategy

To ensure long-term continuity:

- Gradually transfer donor-supported programs into County budgetary frameworks.
- Build local capacity for research, data management, and innovation to reduce external dependence.
- Institutionalize mental health within County health legislation to guarantee recurrent funding.
- Develop a Post-2031 Mental Health Roadmap during the final year of this Policy.

8.5 Expected Outcomes

By 2030, Bungoma County expects to achieve:

- Stable institutional frameworks sustaining mental health governance beyond donor support.
- Predictable, domestic financing for mental health programs.
- A skilled, motivated, and adequately supported mental health workforce.
- Communities empowered to prevent, detect, and manage mental health issues sustainably.
- Resilient systems able to withstand financial, environmental, and health shocks.

9. POLICY REVIEW AND AMENDMENT FRAMEWORK

The Bungoma County Mental Health Policy (2026–2031) is a living document that will evolve in response to new evidence, emerging challenges, and policy shifts at the county, national, and global levels. Regular review and amendment will ensure the Policy remains relevant, effective, and aligned with the County's health priorities, legal frameworks, and global commitments.

9.1 Purpose of Policy Review

The purpose of reviewing this Policy is to:

- Assess progress in achieving the Policy's goals and objectives.
- Integrate lessons learned and best practices from implementation.
- Align with new legislation, national strategies, or institutional reforms.
- Respond to emerging public health trends, socio-economic changes, and technological advances.
- Strengthen policy coherence with other county and national sectoral frameworks.

9.2 Review Cycle

The Policy will undergo a mid-term review in FY 2028/29 to assess implementation progress, identify bottlenecks, and adjust priorities or targets as needed.
A comprehensive end-term review will be conducted in FY 2030/31, coinciding with the conclusion of the County Integrated Development Plan (CIDP) cycle.
Interim updates may be made upon recommendation of the County Mental Health Council (CMHC) or as guided by the Department of Health and Sanitation, especially in response to new national or global directives.

9.3 Review and Amendment Process

The review and amendment process will follow the participatory, evidence-driven approach below:

- Initiation:

The review process may be initiated by the Department of Health and Sanitation or upon recommendation of the CMHC, CHMT, or County Executive Committee Member (CECM) for Health.

- Review Committee Formation:

A Policy Review Committee comprising representatives from the Department of Health, County Assembly Health Committee, County Treasury, civil society, academia, and persons with lived experience will be constituted.

- Evidence Gathering and Evaluation:

Analyze data from the MHIS, County Health Sector Reviews, and evaluation reports.
Assess alignment with the Kenya Mental Health Policy (2015–2030) and National Mental Health Action Plan (2023–2027).
Review progress toward SDG 3 and other global frameworks.

- Stakeholder Consultation:

Conduct countywide consultative forums with CHMTs, SCHMTs, CHPs, facility managers, NGOs, and the public.
Ensure inclusion of marginalized and special interest groups in the review process.

- Drafting and Validation:

Prepare a revised policy draft incorporating findings and stakeholder inputs.
Present the draft for validation through the County Health Stakeholders Forum.

- Approval and Adoption:

The revised Policy will be submitted to the County Executive Committee for endorsement and subsequently to the County Assembly for adoption through a formal resolution.
The final version will be gazetted and disseminated widely.

9.4 Linkage to County and National Planning Cycles

The Policy review and amendment process will align with:

- The County Integrated Development Plan (CIDP) 2025–2030 and subsequent CIDP cycles.

- The National Mental Health Action Plan (2023–2027).
- The Kenya Health Policy (2014–2030).
- The Public Finance Management (PFM) Act (2012) annual planning and reporting cycles.
- WHO Mental Health Action Plan (2013–2030) for global alignment.

9.5 Documentation and Dissemination

Following each review, the Department of Health and Sanitation will:

- Prepare a Policy Review Report summarizing progress, challenges, and recommendations.
- Disseminate the updated Policy to all stakeholders, including health facilities, CHUs, CSOs, and development partners.
- Publish the report on the County Government website and share with the Ministry of Health and Council of Governors (CoG).
- Conduct sensitization sessions to orient implementers on policy changes.

9.6 Accountability for Review Implementation

- The County Mental Health Council (CMHC) will oversee the implementation of review recommendations.
- The Chief Officer for Health will ensure integration of recommendations into subsequent work plans and budgets.
- The County Assembly Health Committee will track legislative follow-up and ensure policy alignment with county laws.
- The County Health Management Team (CHMT) will operationalize revised implementation strategies at subcounty and facility levels.

9.7 Expected Outputs

- Updated and responsive Mental Health Policy aligned to emerging priorities.
- Increased stakeholder ownership and accountability in policy implementation.
- Improved coordination and integration with national and county planning frameworks.
- Enhanced adaptability and sustainability of mental health programs.
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9.8 Policy Review Timeline

Review Type	Year	Responsible Entity	Key Output
Mid-Term Review	FY 2028/29	Department of Health & CMHC	Mid-Term Review Report; Revised Implementation Matrix
End-Term Review	FY 2030/31	Department of Health, County Assembly, Development Partners	Final Evaluation Report; Policy Revision Proposal
Interim Review (if needed)	As required	Department of Health & Stakeholders	Policy Addendum or Amendment Note

Expected Outcome:
An adaptive and evidence-responsive policy framework that evolves with changing contexts,

ensuring continuous improvement in mental health governance, service delivery, and outcomes across Bungoma County.

10. ANNEXES

Annex 1: Implementation Matrix (2026–2031)

Objective	Key Strategies	Key Activities	Indicators	Responsible Actor(s)	Timeline	Estimated Annual Budget (KES M)
1. Strengthen leadership, governance, and financing for mental health.	Establish governance structures and financing frameworks.	• Establish County Mental Health Council (CMHC). • Develop and cost County	• CMHC established. • MH budget line operational. • % of health budget for MH.	DoH, CHMT, County Treasury, CMHC	2026–2031	20

Objective	Key Strategies	Key Activities	Indicators	Responsible Actor(s)	Timeline	Estimated Annual Budget (KES M)
		Mental Health Strategic Plan. • Integrate MH into CIDP and County budget. • Hold quarterly TWG meetings.				
2. Expand access to equitable, quality, and integrated mental health services.	Integrate MH into PHC and health programs.	• Train facility staff • Establish MH units at BCRH and Kimilili SCH • Strengthen referral systems. • Integrate MH in HIV, RMNCAH, and NCDs.	• # facilities offering MH services. • % with essential MH drugs. • Referral system in place.	DoH, CHMT, SCHMT, Partners	2026–2031	80
3. Build a skilled and motivated mental health workforce.	Enhance HRH capacity and wellness.	• Recruit mental health staff. • Conduct CPD and mentorship. • Integrate MH in pre-service curricula. • Implement staff wellness programs.	• # MH professionals trained. • Retention rate. • # CPD sessions.	DoH, HRH Unit, Academia, Partners	2026–2031	35
4. Strengthen	Empower CHPs and	• Train CHPs in MHPSS.	• # CHPs trained.	DoH, CHUs,	2026–2031	25

Objective	Key Strategies	Key Activities	Indicators	Responsible Actor(s)	Timeline	Estimated Annual Budget (KES M)
community systems for prevention, early identification, and stigma reduction.	communities.	• Conduct community dialogues. • Run anti-stigma campaigns. • Form peer and youth support groups.	• % increase in MH literacy. • # anti-stigma events.	NGOs, FBOs, CBOs		
5. Promote mental health research, data systems, and innovation.	Strengthen MHIS and innovation.	• Operationalize MHIS within KHIS. • Conduct operational research. • Implement telepsychiatry services. • Establish County MH Data Hub.	• MHIS functional. • # research outputs. • # digital innovations.	DoH, Research Institutions, ICT Dept, Partners	2026–2031	30
6. Protect and promote the rights and dignity of persons with mental disorders and caregivers.	Uphold rights-based approach.	• Enforce MH (Amendment) Act 2022.• Train justice and police officers .• Establish legal aid linkages. • Support rehabilitation and reintegration.	• # rights violations addressed. • # persons reintegrated • % with legal access.	DoH, Judiciary, NCPWD, CSOs	2026–2031	10

Annex 2: References and Source Documents

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WHO & Africa CDC (2023). Strengthening Mental Health Systems in Africa Framework.

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