Reducing the poverty of Kenyan Nomads stabilized from mental illness through sustainable livelihoods

End of year project report –December 2016

This one year project was implemented in Kajiado County in the Southern Rift Valley of Kenya. The project originally started in 2012 in a small village in the western region of Kajiado County. It addresses unmet needs and the treatment gap of nomads who are often excluded from mainstream development. Nomads with mental disorders are triply marginalized by their illnesses, the geographical isolation and abject poverty that involves them in a vicious cycle with little hope of getting out.

The aim of the project was to provide sustainable livelihood opportunities to Kenyan pastoralist nomads stabilized from mental disorders, and their carers, to improve their social and economic lives.

Specific Objective: 360 people with mental illness or epilepsy (PWMIE) and their carers are enabled to participate in sustainable livelihood activities and earn above the poverty line.

The Main Activities to meet the objective were:

1. Formation of 12 Self Help Groups

The project founded 6 of the anticipated 12 groups. Four sessions were held with each group to train them in the development of group statutes, leadership, group management, conflict resolution, resource mapping and engagement with the county government. The trainings were carried out by BasicNeeds in collaboration with the department of Social Services in the County. Simultaneously, Community Based Volunteers facilitated sharing sessions for the group members to help them not to feel overwhelmed by their illness, and for the carers not to feel overwhelmed by their burden of care. The group sessions also provided a forum where members initiated productive activities like beading, crafts, dancing, storytelling and other culturally appropriate activities that are therapeutic and entertaining. 85 % of the people in the programme participated in the groups and reported that they were beneficial.

Another 4 groups are in a nascent stage because the outreach clinics on which they are based were started in the later part of the year; their development will be followed through in the coming months.

2. Training of groups in livelihood skills and activities

A total of 216 people with mental disorders and their carers were trained in assorted skills like candle and soap making, jik, basket weaving, tie and dye material decoration, and making ornaments and adornments. The trainings were conducted by BasicNeeds field staff and Community Based Volunteers. The procedures were made simple for ease of comprehension and replication. All the items above are practical and applicable in the house, and easily sold in the communities. Some group participants reported dividends of up to 25 USD per month from the sale of detergent soap, adornments and baskets per month which is a big improvement from zero at baseline.

3. Training of health workers

- 85 health workers (Nurses, Clinical Officers and Medical Officers) participated in 3 Continuous Medical Education (CME) sessions each to refresh their knowledge and skills in management of common mental disorders in the primary care facilities or to refer for further management. The sessions are conducted by Psychiatric Nurses from the county government of Kajiado. Health workers have reported improved confidence in the management of common mental disorders and referral where appropriate.
- 91 Community Based Volunteers were trained in common mental disorders, their identification and referral. To train the Community Based Volunteers we use training manuals developed by the Ministry of Health jointly with BasicNeeds and other stakeholders to contribute to the reduction of the mental health gap in communities. The training has greatly enhanced the capacity of CBVs to function as foot soldiers and lay mental health workers; they motivate nomadic pastoralists to start treatment, and walk with them the journey of recovery and social re-integration.

4. Sustainable livelihoods for children with mental disorders

This year the project aimed to support children with epilepsy to build their resilience and to improve their academic outcomes. 21 children with epilepsy were supported with drugs to enable them to stabilize their condition and continue going to school. Monitoring of the children is now in the 6th month and we hope to document the patterns of stabilization and retention in school. All the children supported in the project report drastic reduction in seizure episodes, increased ability to participate in play groups and acceptance by peers and teachers, while the carers feel less anxious about their children, and can now take time off to participate in paid jobs to improve family welfare and income.

- 9 deaf girls with epilepsy were supported with drugs, school provisions and boarding facilities to cushion them against adverse impacts of the condition, the disability and eminent Female Genital Mutilation and early marriages. The programme will continue to monitor their progress and performance in school, their recovery and social integration.

Challenges and opportunities

1. Mental illness-related poverty is widespread in nomadic communities and this makes it harder for persons to recover. During times of drug shortages, those unable to procure drugs from the local chemists see their treatment gains reversed and find it harder to regain their stability.
2. Persons with mental health conditions take a long time to stabilise and to work, while others are denied the opportunity to work or lose their opportunities to work.
3. Care givers and family members, especially in the semi-settled areas, perpetuate the stigma and isolation associated with mental illness making it hard for their sick family members to seek early treatment and social care. Treatment delayed is treatment denied and this infringes on the right to treatment which is a constitutional right in Kenya.
4. Stabilised persons with mental disorders find it difficult to advocate for their needs for fear of victimisation. This contributes to mental health being a very low-priority development need in the communities, which authorities can ignore with impunity.
5. The need for mental health and psychosocial care far outstrips the capacity of one organization to manage. Stronger partnerships and commitment from the county still require much effort.

Lessons

1. Once you build trust with the communities in nomadic life, you are likely to develop very sustainable programmes especially the social care aspects.
2. Stigma towards persons with mental disorders is much less among nomadic people compared to the semi-settled and settled communities.
3. Good social care provided by Community Based Volunteers, family members, age sets and other social structures provided over 50% of what it takes for persons living with mental illness or epilepsy to recover in nomadic communities.
4. Traditional systems in nomadic communities, if well managed and negotiated, have potential to provide a number of therapeutic and social care benefits to persons recovering from mental health problems.
5. High levels of epilepsy, mental retardation and other developmental disorders experienced in nomadic communities are intertwined in a complex interrelationship with maternal health, childbirth and child care practices.
6. Projects that deliver sustainable livelihoods simultaneously with treatment and social care to nomadic pastoralists have a higher chance of success as they build resilience and social / economic advantage.
7. The partnerships approach is a productive way of delivering and sustaining treatment and social care in nomadic communities.

Way forward for the project

1. Support the growth of the 6 groups founded under the project and form 6 new groups in newer outreach areas of Namanga and Loitokitok (near the Tanzanian border), Ongata Rongai, Kitengela and Ellimit Hills.
2. Extend livelihood opportunities to 12 groups.
3. Monitor the health and education outcomes for the 21 children supported under the project.
4. Document and share information from the project to enhance the understanding of nomadic mental health by the county government.
5. Lobby and advocate for the implementation of the Kenya National Mental Health Policy (2015-2030) to unlock resources and other benefits for nomadic pastoralists.
6. Forge collaboration with other departments of health and education in the advancement of nomadic mental health and especially prevention and health promotion.