SUICIDE PREVENTION ACTION PLAN FOR KISUMU COUNTY, KENYA

Prepared for: *County Health Management Team, Department of Health, Kisumu County Government*
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Rick Peter Fritz Wolthusen & Brittney Dana Melloy
Master's in Public Policy Candidates
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Seminar Leaders: Professors Julie Boatright Wilson & Christopher Avery (SUP) & Professor Janina Matuszeski (DEV)
Faculty Advisor: Professor Michael Woolcock

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ABBREVIATIONS

CHEW	Community Health Extension Worker
CHV	Community Health Volunteer
CSO	Civil Society Organization
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
ICD-10	International Classification of Diseases, Tenth Revision
LMICs	Low- and middle-income countries
mhGAP	Mental Health Gap Action Programme
NCDs	Noncommunicable Diseases
NGO	Non-governmental Organization
PAE	Policy Analysis Exercise
UHC	Universal Health Coverage
WHO	World Health Organization

ACKNOWLEDGMENTS

First and foremost, we would like to share our sincere gratitude for all focus group discussion participants and key informant interviewees. Every single story, every detail, every perspective broadened our understanding of suicide in the context of Kisumu County. We acknowledge that learning is not one-directional. As promised, we will not limit our interaction with all participants to the actual research data acquisition, but we will reach out again, in collaboration with our client, after the submission of this document to discuss our findings and implications.

We want to extend our thank you to our client, specifically to all supportive members of the Kisumu County Government Health Management Team. We appreciate all the efforts and look forward to working with you in the future. We are delighted to be able to team up with such talented people from all walks of life. None of our interviews, focus group discussions, or data reviews would have happened without your support. As we are sure that we will always forget someone who contributed significantly to our work, we are not listing all supporters in detail; however, be ensured that we are equally grateful for newly formed partnerships but also for long-established collaborations.

We also want to thank Professors Avery, Matuszeski, Wilson, and Woolcock (listed alphabetically) for your continued support as our seminar leaders and as our faculty advisor. Your dedication towards our work is exemplary, and we can only hope that we become equally engaged and knowledgeable mentors with such a distinct ability to provide constructive criticism.

This work would not have been possible without funding. We are grateful for the funding which we received from the Harvard Kennedy School, specifically from the Malcolm Wiener Center for Social Policy and from the Degree Programs and Student Affairs office. The acknowledgment would fall short if we did not mention the financial support Rick received during his time at the Harvard Kennedy School through the McCloy Scholarship program and the ideational support provided by the Social Innovation and Change Initiative in his role as Adrian Cheng Fellow.

Furthermore, we would like to thank Rick's non-governmental organization On The Move e.V. and its Kenya partner Tinada Youth Organization, especially Roy Douglas Otieno and his team. Even before arriving on the ground, we were able to leverage their resources to organize all research parts of the PAE. Once we were in Kisumu, NGO officials, government workers, and community members took great care of us and added significantly to our experiences.

Finally, on a note of thanks, we heartfully want to acknowledge our families and loved ones who have been supportive from the very beginning of our (academic) life. While the topic of suicide prevention can be emotionally distressing, we always knew that we had your back and

ear. Your support, in every way imaginable, keeps us going and makes us fly higher, think more creatively, and change the life of society members positively.

We would fall short if we closed this acknowledgment section without remembering everyone who attempted suicide or has died by suicide. We shall never forget that real individuals with relations, feelings, and stories stand behind every number. We also want to include the loved ones of those who attempted or died by suicide in our thoughts. We sincerely hope that this work can help to address the sensitive and vexing topic of suicides in Kisumu County. All stakeholders need to stand united in the fight against this insidious challenge.

EXECUTIVE SUMMARY

Problem Statement

Battled with a perception of an increased number of suicide cases, the Kisumu County Government tried to understand the quantitative and qualitative aspects of suicide in the County. The County Government aimed to design an evidence-based suicide prevention strategy. It tasked us to understand the suicide landscape in Kisumu County and propose specific recommendations based on our findings.

Research Findings

To better understand suicide in the Kisumu County context, we conducted a literature review, a desk review of death certificates from the Civil Registration Office, police records, and hospital black books, focus group discussions with community members and health workers, and key informant interviews with traditional healers, journalists, and other relevant stakeholders. The key research findings are as follows:

Magnitude/Variation:

- The number of individuals who die by suicide is significantly higher than the number of individuals who attempt suicide.
- The number of individuals who attempted and died by suicide was higher in 2018 compared to 2017 and 2019.
- The number of individuals who died by suicide reported to the police is lower than the number of individuals who died by suicide reported to the Civil Registration Office.
- Not readily available infrastructure exists to match data from different sources (Civil Registration Office, police, black books).
- A significant number of death certificates does not specify the method of suicide.
- For suicide cases with specified methods, organophosphate poisoning was the leading cause of suicides.

Risk Factors and Protective Factors:

- Male gender is, consistent with research from industrialized countries, a risk factor for suicide.
- Unlike in industrialized countries, individuals between 19 and 45 years of age and married individuals are at higher risk for suicide.
- According to the death certificates, most of the individuals who died by suicide had a primary education level and worked in farming.
- A significant number of death certificates do not specify the level of education or occupation of the deceased.
- Community members identified the following risk factors related to suicide attempts and completions: marital and relationship issues, family feuds, economic insecurity and poverty, substance abuse, land disputes, Satan, rape, and job security.

Perception of Suicides:

- While perceptions of suicide vary across the county, the Dholuo term *derwuok*, or “killing one’s self” is the term most often used to describe suicide. Suicide is often taboo and associated with negative spirits.
- Following a suicide, community members perform rituals, such as caning the body and removing the tree in a suicide by hanging, in order to remove bad spirits and prevent more suicides.
- Suicide attempt survivors are often caned in order to remove bad spirits from the body. Traditional healers typically treat suicide attempt survivors and those with mental health issues.
- Community members are divided over whether suicide should remain illegal. Since suicide is illegal, suicide attempts and completions are often covered up by the family.

Potential Solutions Proposed by Community Members:

- Access to counselors and mental health workers should be increased across the county. The role of traditional healers in providing services should be included.
- Community organizations such as *Boda Boda* (motorbike) organizations, youth and student groups, and churches should be utilized as support systems for individuals at risk of suicide.
- Campaigns to increase awareness and reduce stigmas associated with mental health and suicide could include public forums with various stakeholders.

- Improved data collection on the number of suicide attempts and completions will enable the county government to allocate funds for mental health better.
- Putting restrictions on organophosphates will prevent access to a common means of suicide in the county.

Recommendations

Based on these findings, our Policy Analysis Exercise recommends that the Kisumu County government implement the Suicide Prevention Action Plan. The **goals** of this action plan are:

1. Collect data that further examines the role of risk and protective factors in suicides, and that establishes suicides as an important public health issue, and
2. Decrease cases of suicide attempts and completions by
   - Increasing public awareness about suicide
   - Identifying individuals at risk for suicide
   - Providing biopsychosocial care to affected individuals

To achieve these goals, we recommend a data collection framework and a preventative health framework, summarized in Figure 1.

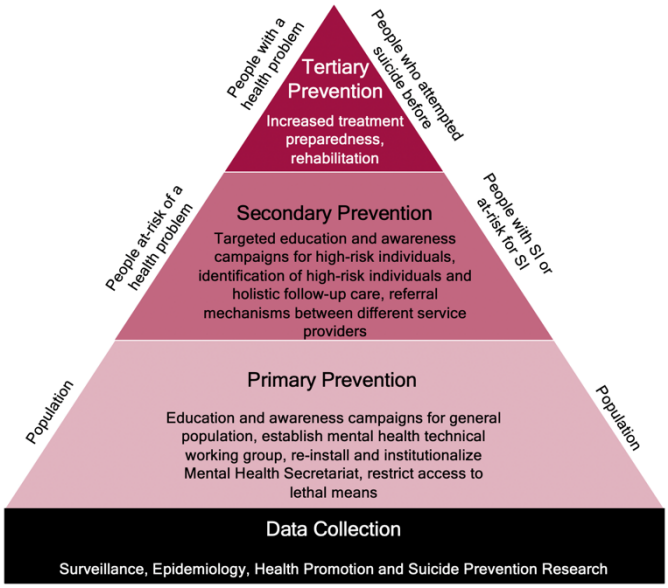


Figure 1: Suicide Prevention Action Plan

The **data collection framework** includes data collection for surveillance, epidemiology, and health promotion and disease prevention research purposes. Accurate data collection will allow the Kisumu County Health Management Team of the Ministry of Health and the Kisumu County Assembly to locate resources and ring-fence a budget for suicide prevention, and mental health overall.

Strategy 1: Surveillance for suicide prevention, including a harmonized database that documents all cases of suicide attempts and completions

Strategy 2: Epidemiology Research on the biopsychosocial determinants and risk and protective factors for suicide

Strategy 3: Prevention Research on (Mental) Health Promotion and Suicide Prevention

The **preventative health framework** includes suicide prevention focused on the primary, secondary, and tertiary levels of prevention.

The **primary level** interventions include:

Strategy 4: Education and Awareness Campaigns to sensitize the population

Strategy 5.1: Improve governance by setting up a technical mental health working group

Strategy 5.2: Re-establish and institutionalize the Mental Health Secretariat

Strategy 6: Restrict access to legal means for suicide

The **secondary level** interventions include:

Strategy 7.1: Education and Awareness Campaigns to sensitize professionals working with target populations at-risk, e.g., teachers and law enforcement

Strategy 7.2: Education and Awareness Campaigns to reduce the number of copycat suicides

Strategy 7.3: Education and Awareness Campaigns to targeting professional groups at risk for suicide

Strategy 8: Develop the mental health workforce that can identify and follow-up on cases of mental illness and suicidal ideation in the community

Strategy 9: Strengthen the collaboration between conventional medical practitioners and alternative medical professionals

Strategy 10: Customize training modules to allow holistic mental health counseling and suicide prevention

The **tertiary level** interventions include:

Strategy 11: Improve readiness to respond to suicide cases and cases of organophosphate poisoning

Strategy 12: Offer medical and biopsychosocial rehabilitation

INTRODUCTION AND PROBLEM STATEMENT

Members of the Department of Health of the Kisumu County Government in Kenya were devastated when they learned about the passing of one of their most senior and talented nurses in the county in early 2020. Investigations revealed that the nurse died by suicide. This case is one of many in the constant rise of suicide cases all over Kisumu County and Kenya overall; the media covers numerous suicide cases every single day. In trying to understand what happened, members of the County Health Management Team talked to the family of the nurse and found that the woman had disappeared for a couple of days in the past already. Furthermore, despite a need for counseling, she did not meet up with a therapist. This tragic case, in addition to all heartbreaking cases in Kisumu County, made the Mental Health Secretariat think about suicide as a public health issue that needs to be tackled from multiple dimensions. Recognizing the increase in suicide cases brought to life by media coverage, the Mental Health Secretariat began trying to understand the factors contributing to suicides in the county and exploring options for reducing suicides.

Our Policy Analysis Exercise (PAE) aims to provide the Kisumu County Government with recommendations for a suicide prevention strategy in Kisumu County, Kenya. To better inform a suicide prevention strategy, we first provide analysis on the following topics related to suicide:

- ***Magnitude/Variation***: Which institutions collect the number of suicide cases (attempts and completions) in Kisumu County? How many suicide cases were reported in Kisumu County over the last years? What is the trend? What are the characteristics of people attempting or completing suicide in the county (gender, age, etc.)? What are the methods of suicide?
- ***Risk Factors and Protective Factors:*** What factors contribute to suicides in Kisumu County? What factors have been successful in preventing suicides in Kisumu (from the perspectives of local (mental) health professionals, non-conventional health practitioners, community members)?
- ***Perception of Suicides:*** What are the perceptions about suicides in Kisumu County? What taboos about suicide persist in Kisumu County?
- ***Potentials Solutions:*** What suicide prevention strategies may apply to Kisumu County? What potential solutions do community members have to in mind?

We explored these topics through a literature review, a desk review of death certificates from the Civil Registration Office, police records, and hospital black books, focus group discussions with community members and health workers, and key informant interviews with traditional healers, journalists, and other relevant stakeholders. Based on these findings, we developed a Suicide Prevention Action Plan for the Kisumu County Government. The Suicide Prevention Action Plan aims to increase public awareness of suicide as an important public health issue and provide biopsychosocial care to decrease cases of suicide attempts and completions.

BACKGROUND

Kisumu County, one of 47 counties in Kenya, is in western Kenya. The county has an estimated population of 1,155,574, according to the 2019 Kenya National Census.[1] About half of the population resides in Kisumu, the county's capital city, a port city on the shore of Lake Victoria. Kisumu County is divided into seven sub-counties.

Figure 2: Map of Kenya Retrieved on February 13th, 2020 from: https://commons.wikimedia.org/wiki/File:Ke-map.png.

Kisumu County currently has limited mental health services to support individuals at risk of suicide. The Kisumu County and Referral Hospital has a capacity of just 30 patients (15 males and 15 females). There is one government psychiatric outpatient department (OPD). No government health facility offers both in- and outpatient psychiatric services. Moreover, there is only one Medical Assisted Treatment (MAT) facility and no official psychiatric rehabilitation center. There is only one private hospital, Kilimani Hospital, that focuses exclusively on mental health. Kisumu County employs five psychiatric nurses and two clinical officers that are trained in mental health; however, there is currently no working psychiatrist in Kisumu County. Kisumu is one of the four counties selected to pilot universal health coverage (UHC), but UHC covers mostly first-line medications, meaning that if a patient needs to switch medications because of side effects, the new medication will not be covered.[2]

In 2010, health service delivery was formally devolved to the county government level when the government passed a new constitution that established 47 county governments.[3] The decentralization of health gave the county governments "significant decision making, autonomy, and minimal central level control."[4] The increased decision-making power of the county governments has led to "greater ability for influence at the county level."[5]

Despite a significant number of mental health cases, government funding for mental health services in Kisumu County is very limited. The Kisumu County Government spends more than 25% of its budget on health; however, in the fiscal year 2016/2017, the Kisumu County Government spent only 0.9% of its health budget on noncommunicable diseases (NCDs; mental disorders fall under this category). By comparison, Kenya's national government spent 1.87% of its current health expenditure on NCDs in 2017. No county-by-county data are available. Kenya's general 2017 government expenditure on NCDs in percentage of current health expenditure compares, for the same year, to 4.03%, 4.87%, and 5.57% in Uganda, Ethiopia, and Tanzania, respectively.[6] In the fiscal years of 2017/2018 and 2018/2019, the Kisumu County Government did not allocate any money directly to NCDs. Despite the lack of funding, the Kisumu County Government has shown increased support for mental health services by establishing a Mental Health Secretariat in 2019 to plan and coordinate mental

health activities, mobilize resources as well as monitor and evaluate mental health interventions.

Outside of the government, the Lake Region Public Benefit Network, a consortium of more than 30 CSOs within Kisumu County, coordinates mental health activities. The African Foundation for Suicide Awareness and Prevention is an NGO focused exclusively on suicide prevention and awareness.

In 2019, there were 1,195 reported cases under the category "Mental Disorders" in Kisumu County. Figures 3 and 4 show the trend in reported mental disorder cases from 2010 to 2019 and the breakdown of mental health cases by sub-county from 2016 – 2018, respectively.

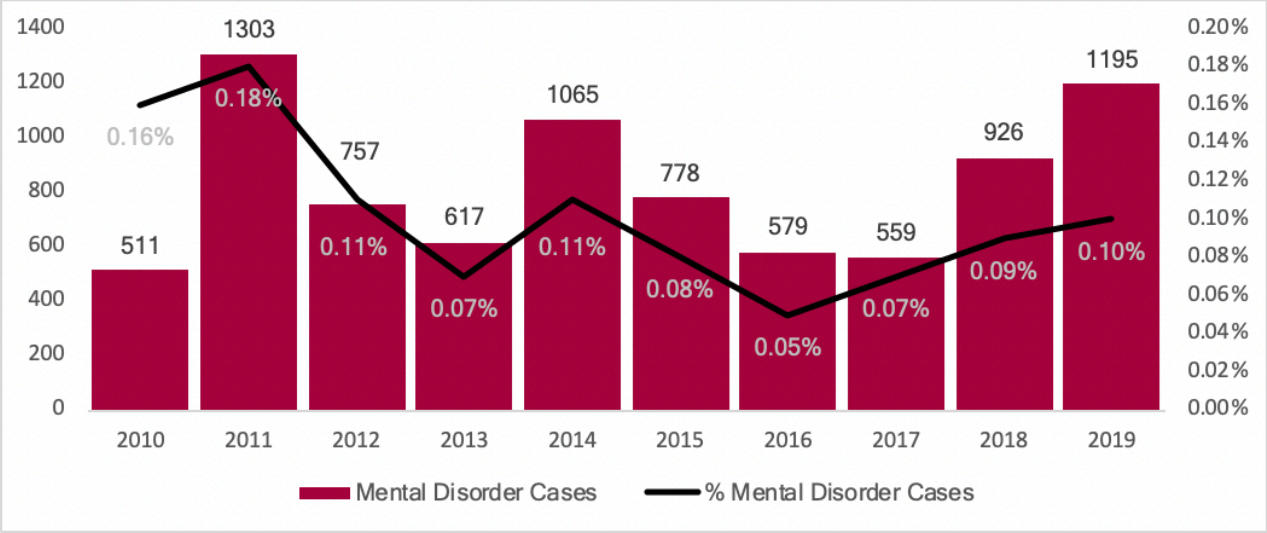


Figure 3: Kisumu County mental health cases from District Health Information Software (DHIS) from 2010-2019 (% mental disorder cases: share of mental disorder cases out of total number of reported cases); Kisumu County Population: 1,155,574; nota bene: cases are from the facility level only and do not include cases from the community level

Sub-County	2016	2017	2018
Kisumu Central	92	98	157
Kisumu East	17	16	94
Kisumu West	98	157	213
Muhoroni	184	84	99
Nyakach	39	121	198
Nyando	69	46	67
Seme	80	37	91
Unknown	0	0	7
Kisumu County	579	559	926

Figure 4: Breakdown of mental health cases by year and sub-county

Many Kenyans prefer to seek advice and treatment from traditional healers when they experience mental health issues. There are 73 registered traditional healers in Kisumu

County. However, it is unclear how many patients they receive per year because not all traditional healers maintain records.

In Kenya, attempted suicide is against the law, meaning anyone who survives a suicide attempt may be required to serve up to two years in jail, pay a fine, or both.[7] The data on suicide in Kenya is limited and questionable in terms of validity. The World Health Organization (WHO) documents that the number of suicides reported in Kenya in 2017 was 421, which is up 58% from 2008.[8] The WHO further estimates a suicide rate of 3.2 cases for every 100,000 people in 2016, which comes out to 1,453 suicides given Kenya's population of 45.4 million people back then.[9] The Kenyan Ministry of Health reports that four people die from suicide every day in the eastern part of Kenya alone.[10] Researchers note that the data on suicide rates is inaccurate and limited because suicide data is not systematically collected in Kenya.[11] Additionally, the cause of death is often incorrectly reported due to cultural stigmas and the criminalization of suicide in the country.[11]

There is no comparable data from other counties in Kenya available because there has never been a national survey on suicide in Kenya. Data from the WHO suggests that Kenya has one of the lowest suicide mortality rates in the WHO Africa Region, well below the regional average of 7.4 deaths by suicide per 100,000 people (see Figure 5). The WHO Africa Region average also falls below the global average of 10.6 deaths by suicide per 100,000 people.

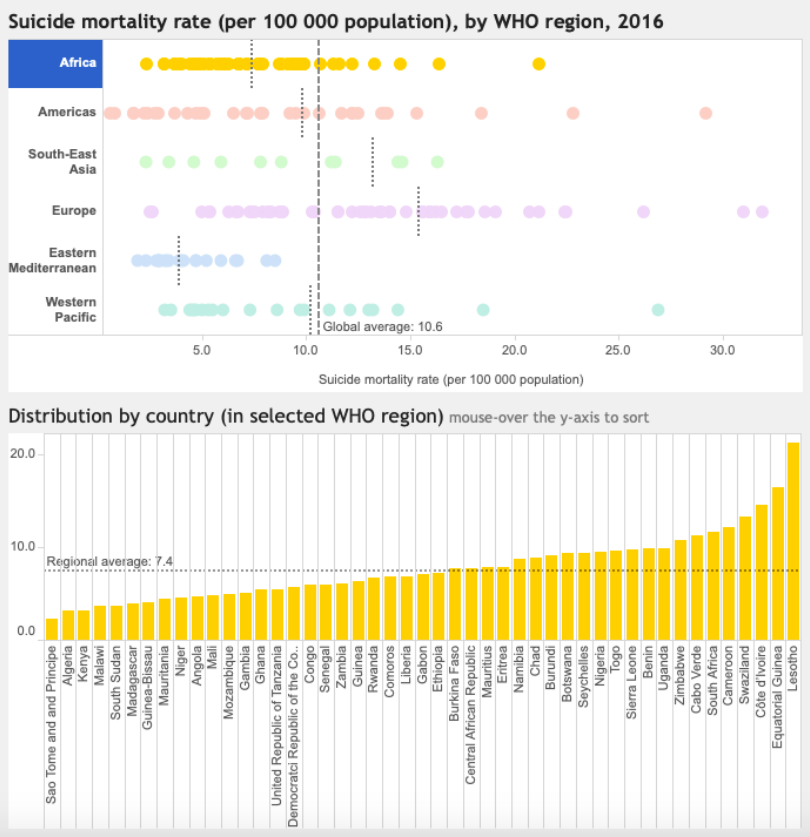


Figure 5: Suicide mortality rate by WHO region, 2016 (source: World Health Organization. (2020). Global Health Observatory Data. Suicide rates per (100.000 population). Retrieved on March 23rd, 2020 from: https://www.who.int/gho/mental_health/suicide_rates_crude/en/.

The WHO reports that 79% of suicides occur in low-and-middle-income countries (LMICs).[12] Yet, most of the research informing suicide prevention strategies is generated from high-income countries. An example is the finding that up to 90% of suicides in high-income countries result from underlying mental disorders and substance use disorders.[13,14] This number goes down to only 68 % in LMICs.[15] This fact highlights the importance of understanding the differing nature of suicides and suicide attempts in various contexts (e.g., high- vs. low- and middle-income countries). In fact, it prompts us to move from a biomedical understanding of suicide (i.e., suicide due to a mental disorder) to a biopsychosocial approach, which incorporates cultural values and attitudes. Akotia and colleagues also state in 2019 that "unlike Western data, which present psychiatric disorders as risk factors for suicide, research in LMICs suggests that social, economic, political, and cultural factors are significant precipitants of suicide."[16] The shift to a more holistic framing of suicide resonates with Boldt, who wrote in 1988 that "no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community."[17] This perspective is confirmed by a study of Oboke and colleagues who examined in Northern Uganda the reasons for suicidal behavior in 141 individuals. They found that interpersonal conflict was the leading course (33.1%), followed by anger (22.5%), chronic physical illness (16.2%), loss of significant others or property (14.8%), sense of failure (6.3%), domestic violence (3.5%), neglect by spouse or parent (2.1), revenge motifs (0.2%), and infection (0.2%).[18,i]

Additionally, the WHO recommends that each country has a national suicide prevention strategy. However, no country in the Africa WHO region has a current national suicide prevention strategy.[19] While the Kenyan national government is currently applying for funding to develop a national suicide prevention strategy, a bottom-up approach from the county level may have more potential for success due to decentralized government and the country's cultural and ethnic diversity that result in very different views on suicide. Furthermore, developing a county-level suicide prevention strategy also allows for the community to take ownership of the policy and can serve as a role model for other counties and for Kenya as a nation. The WHO also provides many resources to be used as a reference in developing suicide prevention strategies.[20]

[i] Uganda is neighboring Kenya, and the Ugandan border is about 2.5 hours away from Kisumu. Nota bene: the presented numbers only add up to 98.9%; no rationale is given for the missing 1.1%.

METHODOLOGY

To develop recommendations for a county-level suicide prevention strategy, we used different research methods (see appendix for more details). All focused on four aspects of suicide: magnitude and variation, risk and protective factors, perception, and potential solutions.

Literature review:
We reviewed literature as well as scientific papers and documents. For the most parts, we focused on Kenya specifically; however, whenever appropriate, we also reviewed material (e.g., suicide prevention strategy, data on suicide) from other countries and multilateral organizations (e.g., WHO). Finally, we also studied different aspects of the Kenyan health system (e.g., the devolution of health) to situate our recommendations appropriately. Most of our findings are included in the background section.

Desk review:
First, we reviewed the mental health situation in Kisumu County. We looked at both: the number of mental health cases across sub-counties over time as well as the current landscape of mental health service providers. Secondly, we screened all available death certificates from the last three years at the Civil Registration Offices to find cases of individuals who died by suicide to collect some basic demographic information. We then cross-checked these findings with police report data and data from black books, which are used at hospitals. We also collected suicide notes from the Kisumu County police headquarters.

Key Informant Interviews:
We recruited participants for key informant interviews from many walks of life (e.g., traditional healers, journalists, government workers etc.). We did not talk directly with individuals who have attempted suicide or family members of individuals who have successfully or unsuccessfully attempted suicide. All interviews were semi-structured and probed for different aspects of suicide, including the magnitude and variation, risk and protective factors, perception, and potential solutions. Each participant signed a consent form (see appendix). The main findings of the key informant interviews are included in the qualitative section of the research findings. A summary of each key informant interview can be found in the appendix.

Focus Group Discussions:
We conducted one focus group on suicide per sub-county. The focus groups were organized by local community health extension workers (CHEWs) and included the following community members: two community health volunteers (CHVs), two village elders (including one chief or assistant chief, if possible), one woman community leader, one woman of reproductive age, one woman and one man between 18 – 25 years of age. Again, we did not talk directly with individuals who have attempted suicide or family members of individuals who have successfully or unsuccessfully attempted suicide, with the exception of those individuals who are committed to being public spokespeople on this issue. Similar to the key information

interviews, each subject signed a consent form before the actual focus group started. The focus groups were conducted by a government worker who is trained in mental health and by a certified psychologist in English, Kiswahili, and Dholuo. The compiled transcripts for all focus groups were finally analyzed, and the findings were clustered along the four main aspects spelled out above. We include the full transcript of the focus group discussions in the appendix.

RESEARCH FINDINGS

Magnitude & Variation

Total number of suicide deaths and attempts in Kisumu County

To determine the number of suicide deaths in the county, we reviewed the death certificates from the Civil Registration Offices from the past three years. The death certificates revealed that there were 31, 48, and 36 individuals that died by suicide in Kisumu County in 2017, 2018, and 2019, respectively (Figure 6). The total number of deaths per year fluctuates between approximately 3,500 – 4,000 for 2017 – 2019. On average (across years), suicides contribute to around 1% of the deaths in the county. This number is slightly lower than a recent finding from the researchers Fazel and Runeson, who report that "suicide accounts for approximately 1.5% of deaths per year worldwide."[21] However, it is consistent with other research data that show an increase in the share of death from suicides from 0.63% in 1995 to 1.06% in 2017.[22]

We did not have access to county-specific data, which allows us to compare the percentage of deaths caused by suicide (about 1%) to the percentage of deaths caused by other medical conditions. For Kenya, overall, HIV/AIDS contributes to about 19% of deaths, followed by conditions arising during the perinatal period (9%), lower respiratory infections (8.1%), tuberculosis (6.3%), and diarrheal diseases (6%).[23] Finally, most death certificates that listed "suicide" as a cause of death did not list other medical conditions. Therefore, we are unable to say to what extent suicides overlap with other causes of death or what typical comorbidities are.

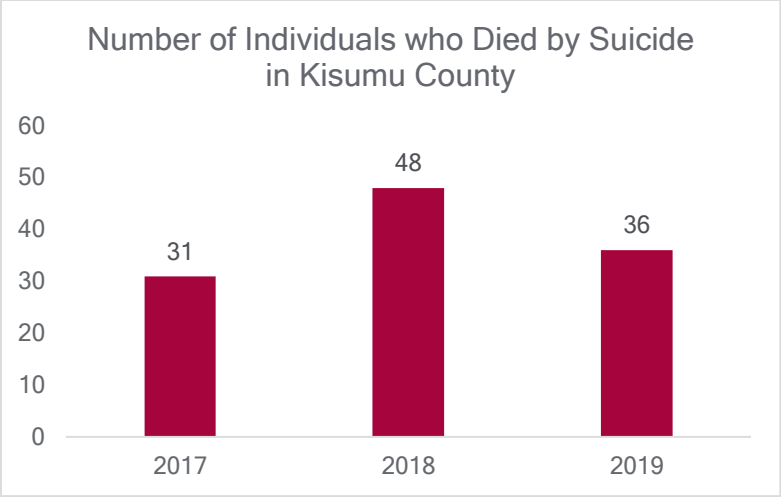


Figure 6: Number of individuals that died by suicide in Kisumu County

The number of suicide deaths compiled from the death certificates is higher than the number of nonfatal suicide attempts that were reported to the police. A review of the police data (see appendix for a detailed breakdown by sub-county and year) from the last three years indicated that one, six, and two individual(s) in Kisumu County attempted suicide in 2017, 2018, and 2019, respectively. Gender-specific data are not shown; however, in 2017, one male individual attempted suicide; in 2018, one male individual and five female individuals attempted suicide; and in 2019, one male and one female individual attempted suicide.

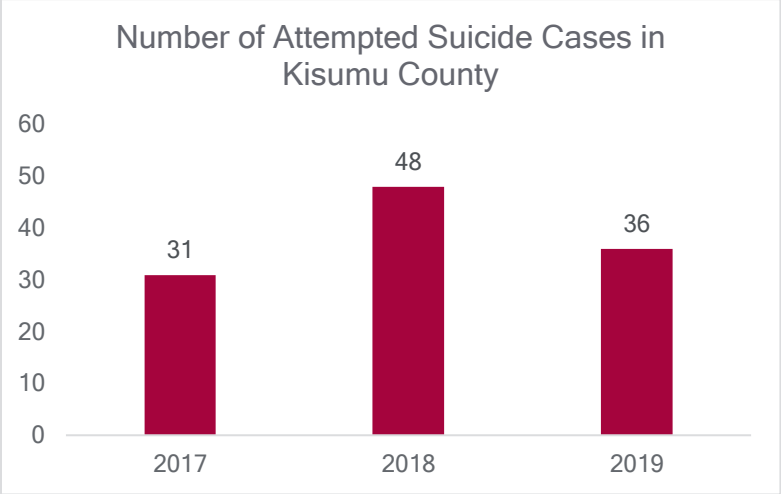


Figure 7: Number of Attempted Suicide Cases in Kisumu County

Key Findings

The number of individuals who die by suicide is significantly higher than the number of individuals who attempt suicide.

The number of individuals who attempted and died by suicide was higher in 2018 compared to 2017 and 2019.

Total number of individuals who died by suicide reported by different institutions

In addition to the Civil Registration Office, the county police office also has reports on suicide deaths. For all three years under investigation, the number of suicide deaths reported to the police was lower than the number of suicide deaths reported to the Civil Registration Office (see Figure 8). It is noteworthy that the police mostly records cases of suicide attempts given that individuals who died by suicide can no longer be charged under the Penal Code. We

also want to emphasize the fact that only 45.2% of deaths were officially recorded in Kisumu County in 2017, according to the Kenya National Bureau of Statistics (compared to 41.2% for Kenya overall).[24]

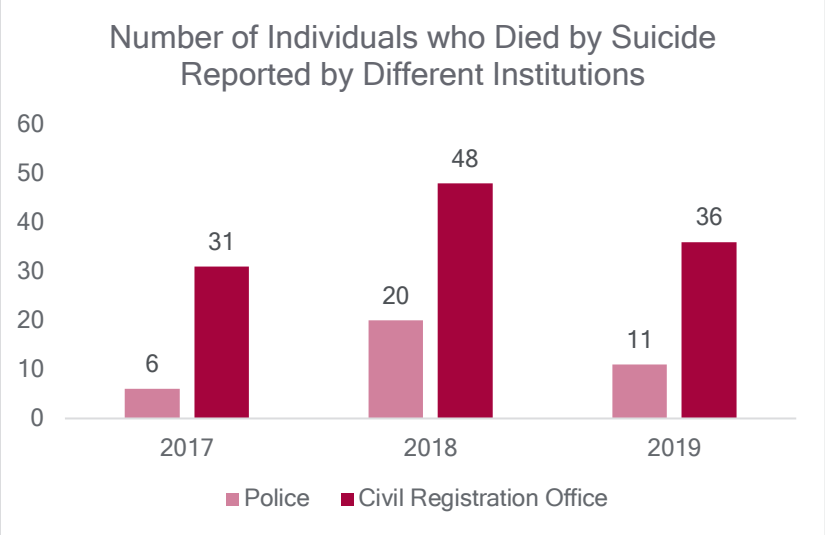


Figure 8: Number of individuals who died by suicide reported by different institutions

Interestingly, the proportion of female individuals who died by suicide and were reported to the police (baseline: all reported individuals) was much higher than the proportion of female individuals who died by suicide and were reported to the Civil Registration Office (see Figure 9). Because we did not have access to the specific police files with the names of the deceased, we could not verify if all individuals who died by suicide reported to the police were also reported to the Civil Registration Office.

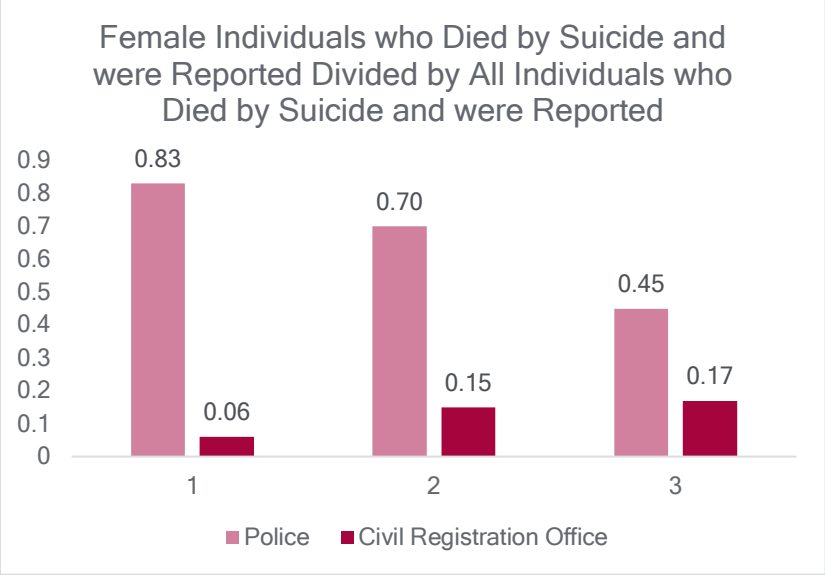


Figure 9: Female individuals who died by suicide and were reported divided by all individuals who died by suicide and were reported

For 2018, by reviewing the hospital black book at the Kisumu County and Referral Hospital, we also found two cases of individuals who died by suicide who did not have a corresponding death certificate at the Civil Registration Office. Again, we could not verify if these two individuals were reported to the police.

Still, the numbers compiled from the death certificates and police offices may not reflect the actual number of suicide attempts and completions in Kisumu County. During the focus group discussions, many community members insisted that suicide cases are rarely reported to the police. Even if they are reported, some people bribe the coroner to change the reason for death on death certificate collected by the Civil Registration Office.

Key Findings

The number of individuals who died by suicide reported to the police is lower than the number of individuals who died by suicide reported to the civil registration office.

Female individuals who died by suicide were reported to the police at a much higher rate than males.

Not readily available infrastructure that exists to match data from different sources (civil registration office, police, black books).

Methods of Suicide

For most suicide cases reported in death certificates, the method of suicide was not specified (n = 17, n = 27, and n = 25 for 2017, 2018, and 2019, respectively). For the cases with a specified method, organophosphate poisoning was the leading cause of suicide in all three years (see Figure 10). Poisoning, hanging, and drowning were also noted as methods of suicide.

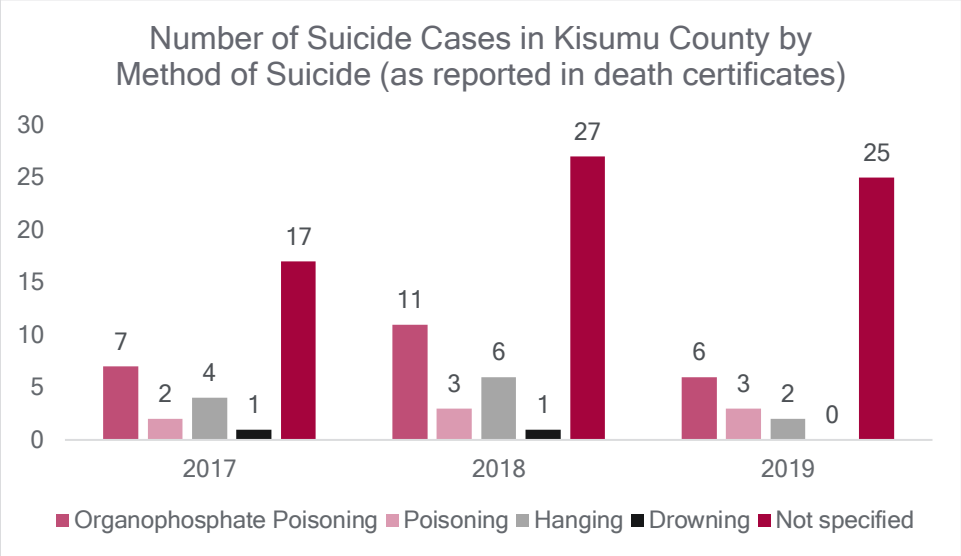


Figure 10: Number of Suicide Cases in Kisumu County by Method of Suicide

These same methods of suicide were also mentioned by focus group discussion participants. Community members also discussed some of the methods in more detail. For example, hanging is done with rope, belts, or a material worn by women tied around the waist. The types of poisons and chemicals used include rat poison and Triatix (a spray used to kill ticks on livestock). Community members also mentioned that some individuals overdose on drugs such as paracetamol.

Finally, this data is consistent with data presented on cases from Northern Uganda. The leading method of suicide was poison (40.8%), followed by hanging (19.4%). Interestingly, a gun was only used in one case (0.7%).[25] This is in sharp contrast to data from the US, where firearms are the most common means of suicide.[26]

Key Findings

A significant number of death certificates do not specify the method of suicide.

For suicide cases with specified methods, organophosphate poisoning was the leading cause of suicides.

Risk and Protective Factors

Age, Gender, and Marital Status

Researchers in industrialized nations have developed a clinical assessment tool for medical

professionals to determine the risk of suicide. The tool, the SAD PERSONS scale, lists certain risk factors for suicide, including male sex, age (< 19 and > 45 years of age), and not having a spouse.[27,28,ii] For Kisumu County, we find that males are 5 – 14.5 times more likely than females to die by suicide between 2017 – 2019 (see Figure 11). This finding is consistent with other data from Kenya: men were, compared to women, 3.6 times more likely to die by suicide between 2006 and 2017.[8] In terms of age, in all three years under investigation, individuals between the ages of 19 and 45 years were most likely to die by suicide. This finding from the death certificates is consistent with the police data, which show that most individuals who died by suicide were between the ages of 25 and 45 years. With regard to marital status, most individuals who died by suicide were married in 2017 and 2019. Only in 2018, there was an equal number of married individuals and singles who died by suicide (see Figure 13).

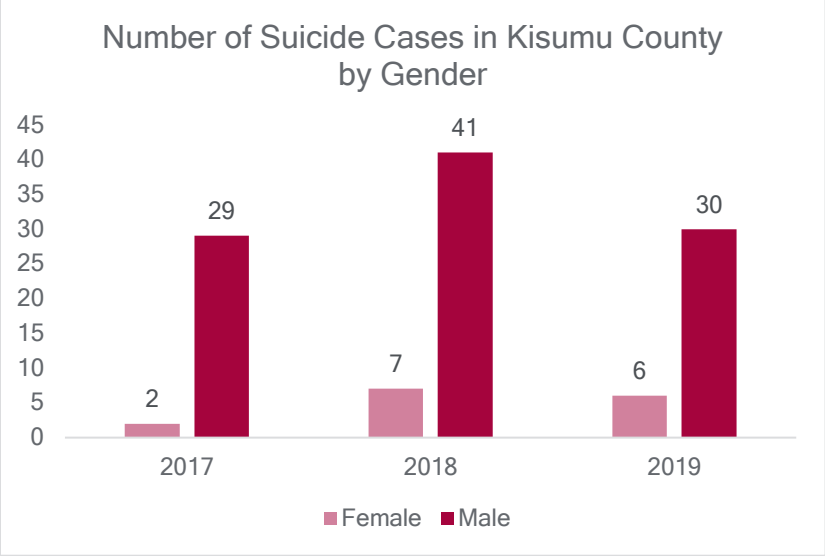


Figure 11: Number of Suicide Cases in Kisumu County by Gender

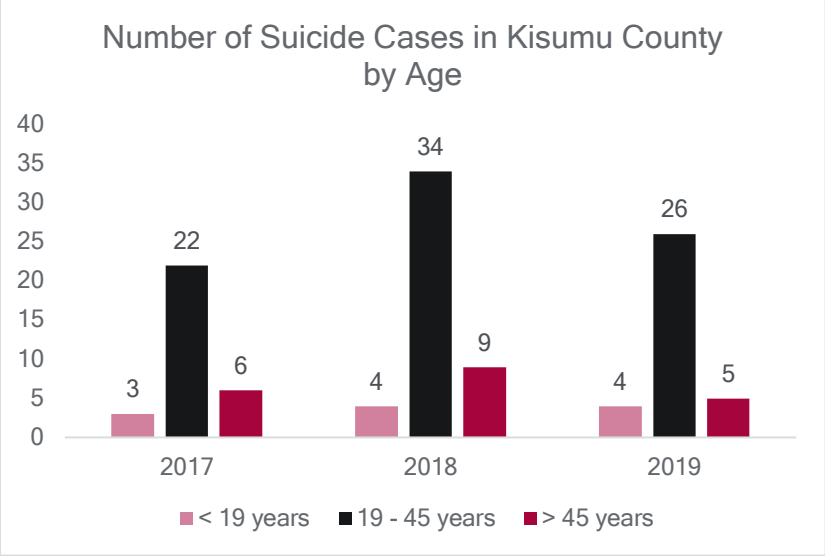


Figure 12: Number of Suicide Cases in Kisumu County by Age

[ii] It is noteworthy that researchers found a high specificity but a low sensitivity.

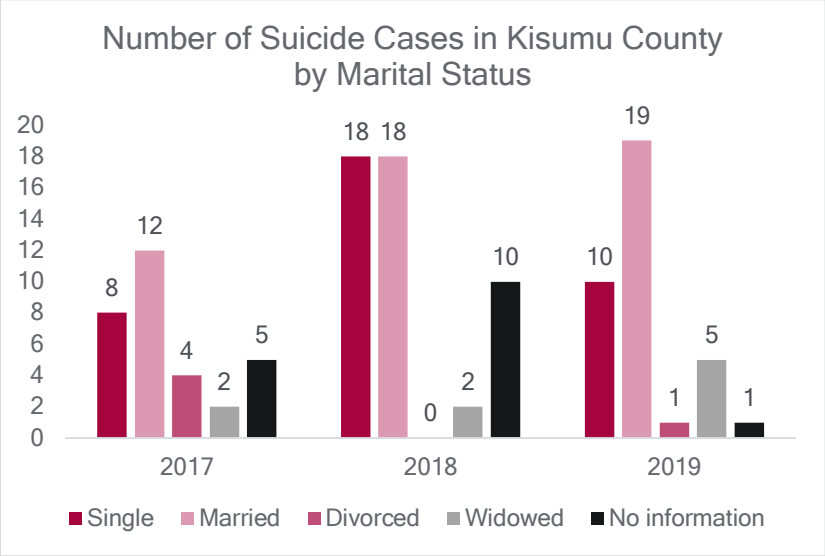


Figure 13: Number of Suicide Cases in Kisumu County by Marital Status

These findings are consistent with the findings from the focus group discussions. Community members identified men as being more prone to suicide. According to a male youth focus group participant, those most at risk are "people who fear opening up or talking about their problems to others and find it difficult to share problems. In most cases, it is the men."

Some community members stated that women were less likely to attempt suicide because they can pack up and escape to their family's home when there are familial conflicts in their matrimonial homes.

Key Findings

Male gender is, consistent with research from industrialized countries, a risk factor for suicide.

Unlike in industrialized countries, individuals between 19 and 45 years of age and married individuals are at higher risk for suicide.

Educational Level and Occupation

Most of the individuals who died by suicide had a primary education background in all years under investigation. The next most common level of education was a secondary education background; however, for a significant number of people, no educational levels were reported on the death certificates at all (see Figure 14). To better understand these numbers, it is

important to remember that the majority of Kenyan has a primary education degree, followed by a secondary education and a college and postgraduate education (tertiary) degree.[29] Most of the individuals who died by suicide between 2017 – 2019 worked in farming. Other frequent occupations were working in the business sector (including *jua kali*[iii,30]), being a student, or working as a mason. Again, for a significant number of individuals who died by suicide, information about occupation was missing. The appendix lists the professions for all individuals who died by suicide between 2017 – 2019.

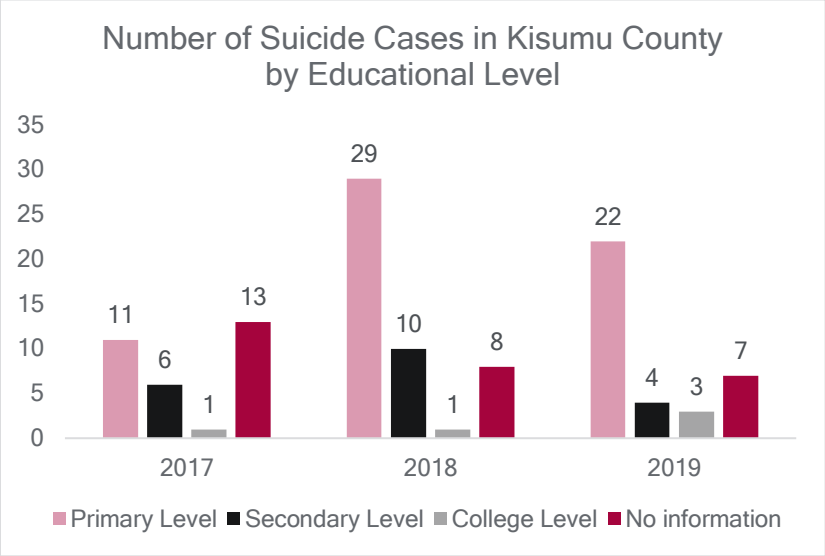


Figure 14: Number of Suicide Cases in Kisumu County by Education Level

Although students with a college-level education do not contribute to a significant number of suicide cases according to the death certificates, university students that participated in focus group discussions reported that academic pressures also contribute to higher suicide risk. Some students have attempted or completed suicide around the time that the school's "pass" list is posted outlining which students have passed their exams. "When a lecturer informs you that graduation is near and you are not in the graduation list because of missing marks, there is so much stress, and more people commit suicide or attempt to commit suicide," a female university student explained. In addition to academic pressures, relationship issues, and trouble in obtaining school fees also contribute to suicide risk in the higher education institution setting.

Many community members also identified teenage students as being at an increased risk of suicide due to pressure school and home pressures, peer pressure, and substance abuse. Additionally, healthcare professionals also are at an increased risk of suicide due to their exposure to trauma. A female medical student explained that medical workers rarely have a way of processing all the trauma that they experience on the job.

[iii] The words "jua kali" are a direct translation for "hot sun" in Swahili. They also refer to an informal sector in Kenya comprising of informal traders and artisans, who often work out by the roadside (*in the hot sun)* (retrieved online on April 6th, 2020 from: https://www.howwemadeitinafrica.com/the-jua-kali-sector-a-safe-haven-for-jobs-in-kenya/61781/)

Key Findings

Most of the individuals who died by suicide had a primary education level and worked in farming.

A significant number of death certificates do not have accurate information about the level of education or occupation of the deceased.

Other Risk Factors

In focus group discussions, community members across the county also identified various signs and red flags that someone is likely to attempt suicide, such as isolation and depression. Focus group discussion participants and key informant interviewees identified the following risk factors that contributed to suicide and suicide attempts in the community: marital disputes (many times relating to polygamy), youth relationship issues, family feud, economic insecurity and poverty, substance abuse, land disputes, lack of school fees, Satan (*jachien*), rape, job loss, and an inability to cope with anger and emotions. Additionally, traditional healers reported that diabetes and other physical ailments such as arthritis are risk factors for suicide. Not many suicide cases were accompanied by a suicide note, but police noted that most cases that did involve a note left behind referenced family-related issues as a reason for the suicide.

Key Findings

Community members identified the following risk factors: marital and relationship disputes, family feuds, economic insecurity and poverty, substance abuse, land disputes, Satan, rape, and job security.

Perceptions of Suicides

Local Meanings of Suicide

Descriptions and perceptions of suicide varied throughout Kisumu County. In Dholuo, the most widely spoken language in Kisumu, *derwuok*, or “killing one’s self” is the term used to describe suicide. Community members throughout Kisumu County also referenced terms such

as *kujimurder (*"kill oneself"), *ichiene* ("he is haunted"), and *jachien okwanye*, ("he is associated with the devil") when talking about those who died by suicide. Some community members reported that suicide is seen as an "abomination" and "taboo."

Because of the taboos surrounding suicide, it is not common for people to ask someone if they are feeling suicidal. As a CHEW explained, "We usually wait until they bring it up. We do not ask as someone may become suspicious."

Key Findings

While perceptions of suicide vary across the county, the Dholuo term *derwuok*, or "killing one's self" is the term most often used to describe suicide. Suicide is often taboo and associated with negative spirits.

Post-Suicide Rituals and Beliefs

Community members described taboos and rituals that occur when there is a suicide case. According to a CHEW, "When one dies by hanging themselves using a rope, people believe that they must first be caned before they can be cut down from the rope and let down. They believe that the deceased must have a bad spirit that must be caned out of them before the rope is cut. As for the tree, it is cut down, and all its roots are removed from the ground." Furthermore, the tree must not be used for firewood or any other purposes afterward. Some community members believe that if the tree is left standing, someone else might get the idea to attempt suicide on the same tree. Usually, the removal of the tree and its roots occurs after the burial.

Village elders explained that the ashes from the burned down tree are usually used by a traditional healer to cleanse the family. Another jar of ashes is kept for the family so that if someone in the family is feeling suicidal, they can lick the ash to stop these thoughts.

In addition to taboos around the tree, there are also taboos surrounding the rope used for hanging. Some people take a piece of the rope in the belief that it will boost business. According to a CHEW, others believe that when a piece of the rope is hung on the roof of a house, the occupants of the house will fall into a deep sleep. Thieves will use this method to steal cattle without the owners knowing. In some communities, thieves use the smoke from the rope that is burned to make people sleep deeply, enabling them the steal. Others believe that ashes from the burnt rope can be used to chase the devil away. As one community member explained, even fishermen believe the rope brings in more fish.

In some communities, there is competition over who gets to keep the rope. One CHV reported that there is "always a struggle over the rope, and others can even offer to buy the rope that was used in the suicide." As a village elder explained, "the first person who saw the deceased will take a piece of the rope used in the death to go and cleanse him or herself."

If someone completes suicide in a house, the house is usually burned down with everything in it. However, if someone completes suicide in a public building, then the building is not demolished, but spiritual leaders will come and pray for the building to remove the bad spirits.

Upon hearing the news of an attempted or completed suicide in the community, many community members reported feeling in pain and shock. According to a CHV, a suicide case "creates fear in the community as people believe the evil spirit will move around the community." In fact, this CHV explained, some people do not take part in the burial of individuals that have died by suicide because of the evil they believe is surrounding them. Indeed, some community members believe that a suicide case may lead to more suicides, especially within the same family. A CHEW explained that when someone dies by suicide, community members believe *tol oluwe*, or "the rope follows," meaning others in the family may attempt suicide. Some community members say that it is the *mano kit gi*, or "family culture," when suicide seems to run in the family. A village chief explained that families are identified as having suicide running in their lineage when more than two people have died by suicide in that home.

Some community members also reported struggling emotionally when hearing reports of suicide in the community. As one community member explained, "it is traumatizing, especially if it is someone you had been talking with and joking with the previous day, like a *Boda Boda* driver that I was talking to and laughing with one day, and the next day, I hear he killed himself."

Key Findings

Following a suicide, community members perform rituals, such as caning the body and removing the tree in a suicide by hanging, in order to remove bad spirits and prevent more suicides.

Stigmatization and Response to Attempted Suicides

For those that attempt suicide but do not die, the response from family and community members differs. Some believe that the individual should be caned first because of a belief that the bad spirit will stay within the family and be passed on to other family members if it is not beaten out of them. According to a CHEW, some community members believe that suicide is "stupid," and

that caning removes stupidity. In some cases, the individual might not be caned, but the spiritual leader will come to the family and try to find out why the person was attempting suicide. A CHV, whose cousin attempted suicide twice, also mentioned: "On her second attempt, before the chief arrived, we caned her properly and she has never tried it again."

The church may help settle disputes after someone survives a suicide attempt, especially if it involved a marital dispute. Suicide attempt survivors are often taken to traditional healers for treatment. According to traditional healers, mental issues are often associated with witchcraft. To treat mental issues, traditional healers combine various substances for patients to inhale to correct the imbalances in their brains.

Key Findings

Suicide attempt survivors are often caned in order to remove bad spirits from the body.

Traditional healers typically treat suicide attempt survivors and those with mental health issues.

Beliefs on Decriminalization of Suicide

Community members also differ on whether suicide should remain illegal. Many community members reported that incidences of attempted suicide are almost never reported to the police, and oftentimes families cover up suicide attempts and completions. Even in cases where the suicide attempt is reported, not all cases are prosecuted.

Some community members argued that suicide should remain illegal, and those that attempt but do not complete suicide should be persecuted. One village elder reasoned that if someone is imprisoned for attempted suicide, they would never attempt again because they would learn their lesson from the punishment. Another village elder maintained that "they should not be sympathized with. If they want to hang themselves using a rope, then they should be given an additional rope...and shown where they will be buried." Other community members explained that when someone is thinking about suicide, they should be counseled, and if they do not listen, then they are given a rope by the family. "The adding of the rope is symbolic to show that the devil will not come back to haunt the family."

However, many focus group discussion participants disagreed with the criminalization of suicide. According to a male university student, the fact that suicide is illegal explains why they "keep quiet" and protect those who attempt to die by suicide. According to one community member, some feel that the law is not rational "because they do not understand why they tried to kill themselves. They may be jailed, but after, they will still go back

and commit suicide." Another male university student explained, "It creates fear and doesn't help. They need to be rehabilitated."

Some community members insisted that the law drives people who have survived an attempted suicide to attempt suicide again. According to one community member, "upholding the law is dangerous because when someone who has attempted to commit suicide is given a bond, they may go out and actually commit suicide when they realize that they may actually be prosecuted for attempting suicide."

Others insisted that it was important to find out the reason behind the suicide to determine if jail time was the right punishment for a suicide attempt. As one community member explained, "There is a man who attempted suicide because he had not had food for three days, and the girlfriend that he had invested in financially had left him for someone else. Is taking such a person to jail justice?"

Key Findings

Community members are divided over whether suicide should remain illegal.

Since suicide is illegal, suicide attempts and completions are often covered up by the family.

Potential Solutions Proposed by Community Members

Increased Counseling and Mental Health Workers

Across all wards, community members insisted that there needed to be more counselors available. Some community members suggested setting up a resource center. Others suggested creating support groups at the community level for suicide attempt survivors.

Many community members also suggested that counseling should be increased for students. A senior-level staff member of the Kisumu County Department of Education insisted that guidance and counseling should be increased in schools and that teachers should be trained to assess and refer students when necessary. Some community members also suggested that teachers should have lessons about suicide and how to prevent suicide. However, others mentioned that this might be difficult to implement because teachers are already under a lot of stress, ensuring that their students pass the national examinations and may not have time to incorporate additional lessons.

Some community members suggested that the role of CHVs be expanded to include mental health assessments and services to screen for those at risk of suicide. Additionally, many community members turn to traditional healers for mental health issues and other ailments. The role of traditional healers should be included in any discussions and working groups on mental health and suicide prevention to incorporate their traditional knowledge and close relationship with the community.

Finally, some community members recommended that people who have attempted suicide should be jailed, but there should be counseling and rehabilitation programs inside the jail. A male university student suggested that there be a "safe space in jail and rehabilitate them."

Key Findings

Access to counselors and mental health workers should be increased across the county. Traditional healers should be included in service provision.

Utilizing the Role of Community Organizations

Community members provided perspectives on how different community organizations can contribute to preventing suicides in the community. Some community members suggested incorporating motorbike taxi, or *Boda Boda*, associations. These associations are comprised primarily of young men from teenagers up to the age of approximately 45. Each organization typically has at least 20 members. Some community members suggested developing a mental health unit within this association. According to a CHEW, some members of the *Boda Boda* association should be equipped with skills on how to prevent suicide "because they are very organized and always realize very quickly if one of them has an issue." The *Boda Boda* association often functions as a support system for its members.

Youth and student organizations and religious institutions also have a potential role in preventing suicide. For example, in Nyamaroka, the Nyakach University and College Association is a student association with over 300 members that conducts mentorship programs and other activities that are funded by members' monthly membership fees. Community members reported that the church does directly bring up suicide with congregants, but they encourage members of the congregation to share their problems. In Ayweyo, community members suggested groups such as People Living with

HIV/AIDS (PLWHAs) and a group called Happy Widows for widowed women can also incorporate discussions around mental health.

Key Findings

Community organizations such as *boda boda* (motorbike taxi) organizations, youth and student groups, and churches are also crucial to providing support for individuals at risk of suicide.

Increased Awareness of Mental Health and Suicide Prevention

Many community members from the focus group discussions suggested that there should be campaigns to increase awareness and reduce the stigma associated with mental health issues and suicide prevention, including helping suicide attempt survivors reintegrate into society. Some suggestions include erecting billboards educating about mental health and the suicide hotline, and holding public forums with stakeholders, including the chief, law enforcement, health workers, traditional healers, and religious leaders.

Some community members also suggested that a suicide hotline would be helpful for individuals feeling suicidal. In fact, there currently is a national suicide hotline that operates from 9 am to 5 pm every day. It is operated by Befrienders Kenya, a charitable organization focused on suicide prevention, and connects patients with counselors that are based in Nairobi.[31] The hotline receives about six calls per day. This recommendation from community members suggests that there should be more awareness building around the existence of the hotline. In a similar vein, awareness should be created around the work of the local African Foundation for Suicide Awareness and Prevention.

Key Findings

Campaigns to increase awareness and reduce stigmas associated with mental health and suicide could include public forums with various stakeholders.

Improved Data Collection

A CHEW suggested that there needs to be a reporting system to capture suicide data and monitor trends to conduct research. A national-level government official suggested that data be collected on suicide completions and attempts during the national census. According to the official, this would have to be lobbied through the Kenyan National Bureau of Statistics. Also, doing it through the census also saves resources because the census is done anyway, and this would not require additional costs to add a question.

Key Findings

Improved data collection on the number of suicide attempts and completions will enable the county government to better allocate funds for mental health.

Regulation of Organophosphates

Focus group discussions and a review of death certificates revealed that organophosphate poisoning is one of the most common means of suicide in the county. Access to organophosphates is easy for most community members. Some community members suggested limiting or banning access to organophosphates. A senior-level staff member of the Pest Control Board suggested that farmers be required to obtain a license to gain obtain these chemicals.

Key Findings

Putting restrictions on organophosphates will prevent access to a common means of suicide in the county.

SUICIDE PREVENTION ACTION PLAN

Given the research findings above, we recommend that the Kisumu County Government implements a Suicide Prevention Action Plan. The goals of this action plan are:

1. Collect data that further examines the role of risk and protective factors in suicides, and that establishes suicides as an important public health issue, and
2. Decrease cases of suicide attempts and completion by
   - Increasing public awareness about suicide
   - Identifying individuals at risk for suicide
   - Providing biopsychosocial care to affected individuals

As part of the Suicide Prevention Action Plan, we propose two frameworks, a data collection framework and a preventive health framework, that will build on each other and help to achieve these goals.

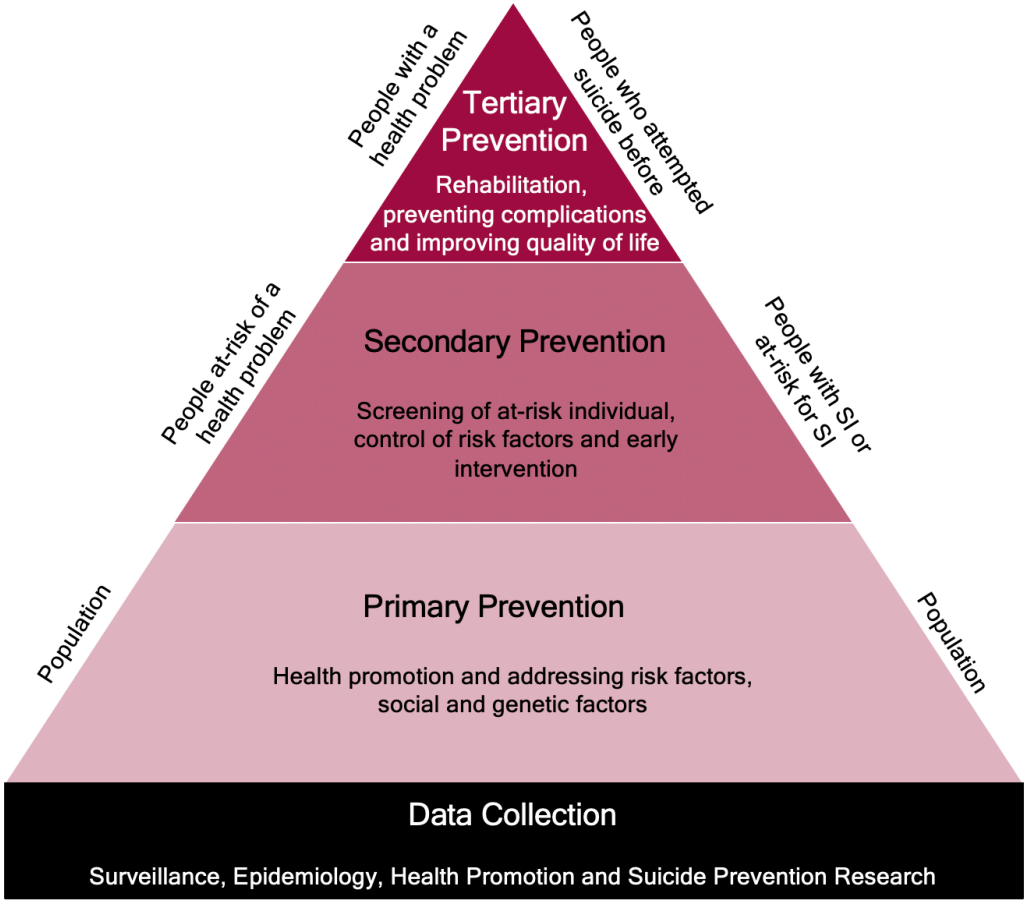


Figure 15: Suicide Prevention Action Plan (SI= Suicide Ideation)

Data Collection Framework

The data collection framework includes data collection for surveillance, epidemiology, and health promotion and disease prevention research purposes. Accurate data collection will allow the Kisumu County Health Management Team of the Ministry of Health and the Kisumu County Assembly to locate resources and ring-fence a budget for suicide prevention, and mental health overall.

Surveillance

The most critical strategy (Strategy 1) for understanding the real magnitude of suicides is the integration of different databases, which will help with the collection of information about suicide cases. Currently, cases of attempted suicides are reported to the police, as these are illegal by law. In cases of completed suicides, the data are collected by hospitals (in their black books documenting all cases of death for a given time interval), by the police (in the form of incident forms), and by the Civil Registration Office (in the form of death certificates). To maximize the integration of suicide surveillance systems, all entities (hospitals through the Ministry of Health, and the police as well as the Civil Registration Offices through the Ministry of Interior) should collaborate to harmonize their databases and determine a minimal amount of demographic (such as age, gender, marital status, level of education, and occupation) and medical information (e.g., means of suicide) to be collected. Documents of community-based care (such as Routine Indicator B, see Appendix) and facility-based care (in the form of the District Health Information Software) should be extended by suicide-specific indicators. All the data collected through the databases can help policymakers to establish a more sophisticated baseline and measure progress towards reducing the number of suicides in Kisumu County in the long-term.

Strategy 1

1

Surveillance for Suicide Prevention

Strategy: Support collaboration of Ministry of Health and Ministry of Interior entities to develop a harmonized database that documents all cases of suicide attempts and completions on a facility- and a community-level in Kisumu County

Actions:

- **Inventory current surveillance systems (such as black book records from hospitals, police records, civil registration office records, DHIS etc.)**
- **Convene discussions to define a minimal set of demographic and medical parameters that will be collected through the database**
- **Build one database that gathers all cases of suicide attempts and completions**

Performance Measures:

- **Complete inventory by mid 2020**
- **Harmonized database by the end of 2020**
- **Incorporate new measures and parameters in existing documentation tools (e.g., include a "suicide category" in Routine Indicator B Form used by Community Health Extension Workers or the DHIS system used by the Department of Health)**

Epidemiology

Beyond the number of suicide cases, more epidemiologic studies are needed in Kisumu County to examine the relationship between different factors contributing to the risk of suicide (e.g., biological factors such as mental illness, psychological factors, and social factors such as poverty). Strategy 2 includes literature and desk reviews but also other studies such as epidemiological observational (non-interventional studies) studies (e.g., cross-sectional or longitudinal studies). Partnerships between academic institutions, local NGOs, and the County Government should be established for these studies. These studies can be, at least partly, funded by grants that support city- and community-based alliances (e.g., grants from citiesRISE).[32]

Strategy 2

2

Epidemiology Research for Suicide Prevention

Strategy: Support research into biopsychosocial determinants as well as risk and protective factors for suicide

Actions:
- **Review existing research on suicide and biopsychosocial determinants from similar (e.g., from other developing countries) and different contexts (e.g., from industrialized nations)**
- **Conduct observational epidemiological studies**
- **Built Partnerships between academic institutions, local NGOs, and the County Government**
- **Apply for grants that, at least to some extent, fund the research**

Performance Measures:
- **Include risk factors related to suicide identified by literature review in epidemiological research studies**
- **Number of research studies focusing on epidemiological research around suicide**
- **Partnership between different stakeholders established**
- **Amount of money raised through grant applications**
- **Amount of money allocated by different stakeholders for research purposes**

Health Promotion and Suicide Prevention Research

Health promotion and suicide prevention research focuses on the effectiveness and costs of promotion and prevention programs as well as services that target suicides. Through research, Strategy 3 focuses on the examination of current and new interventions, including community-based programs that can integrate different aspects of the biopsychosocial model of suicide prevention. A priority of these programs is the emphasis on preventing suicide, as well as on reducing barriers to holistic treatment, such as stigma or accessibility. Once the suicide prevention strategy is implemented, the research can examine the effect of the prevention strategy on outcomes or services and make a case for cost-effectiveness of different action items of the suicide prevention strategy. This kind of research should also examine the role of non-conventional practitioners such as traditional healers, herbalists, and spiritual leaders as well as of other stakeholders such as family members, friends, and peer supporters in reducing suicides.

Strategy 3

3

Prevention Research on (Mental) Health Promotion and Suicide Prevention

Strategy: Determine the effectiveness and the costs of existing suicide prevention related programs, the effects of the suicide prevention strategy, and the role of non-conventional and non-medical stakeholders in suicide prevention

Actions:

- **Continuously review existing community-based and facility-based mental health and suicide prevention related programs to identify gaps related to risk factors for suicide**
- **Support new research to study the effect of the suicide prevention strategy in the short- and long-term ("prevention research")**
- **Conduct research that examines the role non-conventional and non-medical stakeholders in suicide prevention ("stakeholder research")**

Performance Measures:

- **Review the effectiveness and the costs of existing suicide prevention related programs annually, starting in 2020**
- **Incorporate findings of prevention and stakeholder research into suicide prevention strategy during regular annual reviews of the strategy**

Preventative Health Framework

Preventions are designed to avert and avoid diseases. For the sake of suicide prevention, we will focus on the primary, secondary, and tertiary levels of prevention. According to Katz and Ather (2009)[33], primary prevention includes methods to avoid the occurrence of disease either through eliminating disease agents or increasing resistance to disease. Examples are immunizations against diseases or regular exercise and a healthy diet (this assumes health agency of individuals). Primary prevention promotes health and addresses risk factors, social and genetic factors. It is done on a population level.

Secondary prevention includes methods to detect and address an existing disease prior to the appearance of symptoms. Examples are the treatment of high blood pressure (hypertension), which is a risk factor for many cardiovascular diseases or cancer screenings (e.g., for cervical cancer). Secondary prevention screens at-risk individuals, controls risk factors, and promotes early intervention. It is done for "people at-risk for a health problem" level. Finally, tertiary prevention includes methods to reduce the harm of symptomatic diseases, such as disability or death, through rehabilitation and treatment. Examples are surgical procedures that halt the spread or progression of disease, chronic disease management programs (e.g., for diabetes or depression), or vocational rehabilitation programs to retrain patients with mental illness experience when they are medically stable and have recovered as much as possible.

Tertiary prevention prevents complications and improves quality of life. It is, similarly to secondary prevention, done on a "people with a health problem" level. These different levels of

prevention can be mapped on suicide prevention. Primary prevention programs reach out on a population level, secondary prevention programs target people with suicidal ideation or who are at-risk for suicidal ideation, and tertiary prevention focuses on people who attempted suicide in the past.

Preventative Health Framework: Primary Prevention

Education/Awareness Campaigns

In all focus group discussions and interviews, the importance of awareness-raising through community-based discussions, festivals, or conferences was discussed. Topics of the sensitization can focus on mental health in general and how it contributes to cases of suicide, general and (sub-)county-specific risk factors (e.g., male gender) for suicide, and ways to handle cases of suicidal ideation and suicide attempts. The discussions can be guided by topical NGOs, medical professionals, and non-conventional healers and can be embedded in existing networks and infrastructure, e.g., the Boda Boda Rider Association or church groups. The public room to discuss topics around suicide itself will not only raise awareness but also give ownership to community members and create social responsibility, especially if non-conventional teaching approaches such as human-centered based approaches (e.g., design thinking) are used. These community-based programs can also address the ambiguity in terms of the current criminalization of suicide attempts held by all society members in varying degrees.

These discussions should focus on two groups: on the one hand, it will be important to target society members who are initially in contact with people who attempt suicide, such as medical professionals or law enforcement staff members, who decide if someone who attempts suicide is prosecuted or treated first. On the other hand, it will be important to target society as a whole, given that the decriminalization of suicides is not only a legal procedure done on the national level, but rather needs the moral support and back-up from society members, whose beliefs and attitudes affect how they treat affected individuals. The discussion around the decriminalization of suicides should also factor in the consequences of prosecuting a person for a suicide attempt: any criminal activity (such as a suicide attempt) will be part of someone's police record. The police record can negatively influence the likelihood of getting a visa for traveling abroad or finding a job. Unemployment (and financial hardship) is a risk factor for suicide and can lead to another attempt. This vicious cycle should be considered. Finally, regarding the creation of awareness: during community get-togethers, the suicide prevention hotline (run by Befrienders Kenya[31]) and the 24 hours emergency toll-free lines around pesticide exposure/poisoning can be advertised.[iv] Importantly, the awareness-raising should be done on a sub-county rather than on a county-level, given the accessibility of sub-county meetings. Additionally, as one can see from the focus group discussion findings, participants from each sub-county had similar but also diverging ideas regarding topics related

[iv] Numbers of toll-free lines: 0800720021 and 0800730030.

to suicide. The actual suicide prevention strategy should be developed based on all sub-county specific findings instead of including generalized action items, which might or might not be applicable and executable in certain environments.

Strategy 4

4

Education and Awareness Campaigns to sensitize the population

Strategy: Support sub-county specific awareness campaigns about suicide, its magnitude and variation, risk factors, and potential solutions

Actions:

- **Develop (sub-)county specific educational material based on findings of focus group discussions and on-going research**
- **Partner with sub-county specific entities and individuals which can hold the awareness campaigns (e.g., existing organizations such as churches or associations)**
- **Organize sub-county specific campaigns (e.g., as part of the World Mental health Day Celebration)**
- **Advertise existing infrastructure (e.g., mental health facilities or suicide-related hotlines)**
- **Discuss the issue of "criminalization of suicides" and its consequences during community get-togethers**

Performance Measures:

- **Educational material developed**
- **Network of sub-county partners mapped out**
- **Relationship with sub-county specific entities and individuals developed**
- **Number of sub-county suicide awareness campaigns**
- **Number of participants in campaigns**

Governance: Mental Health Technical Working Group

Suicide prevention falls within the realm of mental health. However, as discussed above, cases of suicide attempts and completions cannot only be seen through a biomedical (health) lens but also through a biopsychosocial and cultural perspective. Therefore, it is imperative that a mental health technical working group not only consist of members from the Department of Health but also of participants from the Department of Interior and Department of Justice (given that suicide attempts are illegal and are prosecuted by the police and the judiciary), the Department of Agriculture (given the suicide cases caused by pesticide poisoning), and the Department of Education (given the emotional distress in students reported in focus group discussions and key informant interviews). Additionally, stakeholders from other sectors (such as NGOs or private enterprises) should be included in a technical working group, given their expertise (mainly through hands-on experiences from working with service users and affected employees) and added value (i.e., NGOs will be able to finance some of the mental health activities, such as data collection). The mental health technical working group should also include traditional healers, religious leaders, and service users.

The benefits of a multisectoral and inter-ministerial working group are apparent. On the one hand, the working group can submit mutual financial proposals instead of submitting several separate proposals (the amount of budget needed tends to be lower because of shared fixed costs). On the other hand, in comparison to siloed participants, every involved stakeholder feels ownership and can add unique perspectives to the work and make it more holistic. Finally, the working group should consist of participants from all walks of life and from all professions. Typical working groups in Kenya tend to include mostly experts (such as psychiatrists); however, the lived experience lies elsewhere.

Strategy 5.1

5.1

Improve governance by setting up a technical mental health working group

Strategy: Set up a multisectoral and inter-ministerial technical mental health working group that addresses issues of suicide prevention not only from a biomedical but from a biopsychosocial perspective

Actions:
- **Establish multisectoral and inter-ministerial technical mental health working group**
- **Discuss action items that related to suicide prevention**
- **Execute action items that address suicide prevention**

Performance Measures:
- **Mental Health Working group set up**
- **Number of involved ministries greater than one (not only the Ministry of Health)**
- **Number of private and non-governmental entities and individuals as well as of mental health service users and their caretakers in the working group**
- **Number of action items discussed that relate to suicide prevention**
- **Number of action items executed that address suicide prevention**

Governance: Institutionalize the Mental Health Secretariat

The Kisumu County Government is generally progressive in terms of mental health. In the past, the County Department of Health installed a Mental Health Secretariat, which was integrated into the NCD unit. The Mental Health Secretariat consisted of 10 members (most of the members are trained mental health professionals; one member is a spiritual leader). With a change in the Department of Health leadership earlier this year, the Mental Health Secretariat was dissolved. However, given the previous valuable work of the secretariat and the magnitude of mental health challenges in Kisumu County, including suicides, we recommend the re-installation of the Mental Health Secretariat. Additionally, we recommend that the members of the Mental Health Secretariat come from more diverse backgrounds. The Mental Health Secretariat should at least include a non-conventional healer, an NGO representative, a law enforcement representative, and, most importantly, a service user. The Mental Health technical working group can act as a steering committee, while the Mental Health Secretariat, as part of the NCD unit, can be the executive body of mental health activities.

The Mental Health Secretariat can, alternatively, operate as a separate unit within the Department of Health in Kisumu County, with an official mandate, a vision and a mission statement, strategic 5-year plans, and access to funding. A similar separation from the NCD unit has not only worked for the Mental Health Department within the Ministry of Health on the national level but also for the set-up of the National AIDS and STI's Control Programme (NASCOP) in 1987 during the HIV/AIDS crisis. NASCOP is mostly "involved with technical coordination of HIV and AIDS programmes in Kenya (…)" and with the "implementation of the Kenya Aids Strategic Framework 2014 – 2019."[34] NASCOP offices are found on a county-level. Given that health is a devolved function in Kenya, the Kisumu County Government could set up a NASCOP-like unit in the mental health field, which implements the Kenya Mental Health Policy 2015 – 2030 framework,[35] adds county-specific supplementary policies, and coordinates the implementation of mental health programs, including suicide prevention programs, in the county. The devolution also means that the Kisumu County Government does not necessarily have to wait for the national executive and legislation to further the cause of mental health care in Kenya. The Kisumu County Government can rather initiate its own activities.

The institutionalization and the separation of the Mental Health Secretariat is not only a bureaucratic exercise but also enhances the chances of ring-fencing budgets specifically dedicated to mental health and not towards NCDs overall. It also means that mental health gets the representation and attention in the County Health Management team meetings that it deserves prevalence-wise and disease-burden-wise. Finally, a separation of the mental health unit within the Department of Health should not incentivize a separation of mental health from general health in the day-to-day on the ground practice. One way to foster the integration of mental health services in general medical services is to include County Health Management Team staff members with various backgrounds in the Mental Health Secretariat.

Strategy 5.2

5.2

Re-establish and institutionalize the Mental Health Secretariat

Strategy: Re-establish the Mental Health Secretariat, include members with diverse backgrounds, institutionalize the Mental Health Secretariat (either as executive unit of the Mental Health Technical Working Group or as a separate body)

Actions:

- **Diversify the membership of the Mental Health Secretariat**
- **Establish the Mental Health Secretariat as a) executive body of the Mental Health Technical Working Group, or b) as separate unit in the Department of Health**
- **Spell out a clear mandate, vision, mission, and a 5-years action plan for the Mental Health Secretariat**
- **Ring-fence Department of Health funding for activities of the Mental Health Secretariat**

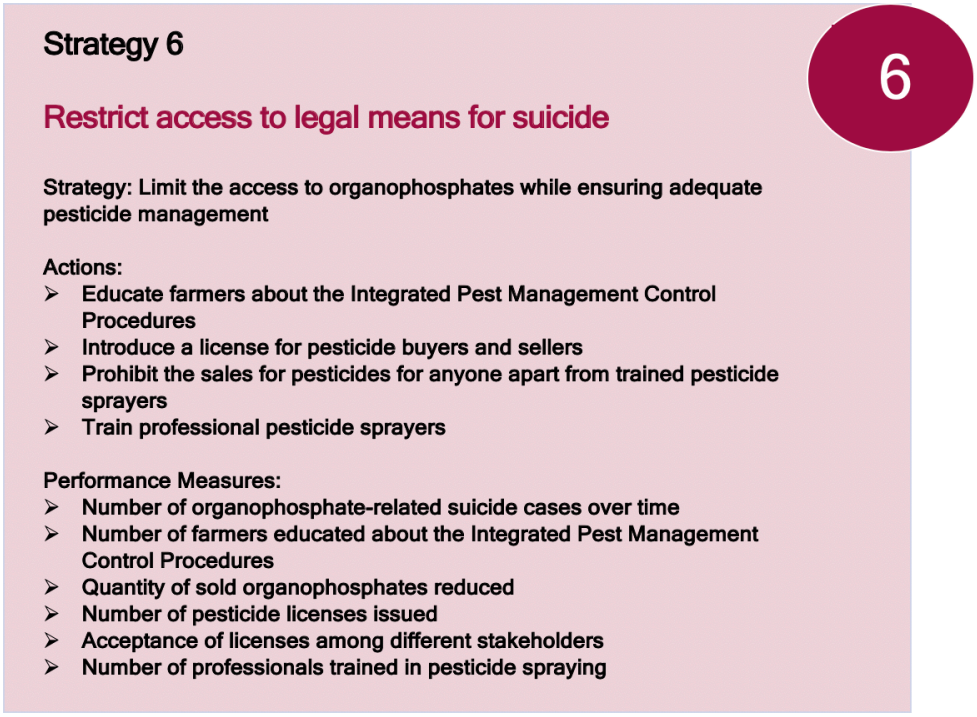
Performance Measures:

- **Mental Health Secretariat institutionalized**
- **Mental Health Secretariat has clear mandate, vision, mission, and a 5-year action plan**
- **Mental Health Secretariat has members with diverse backgrounds**
- **Mental Health Secretariat has access to a budget that has been ring-fenced for mental health**

Regulation of Lethal Means

Amongst those cases with a known method of suicide, organophosphate poisoning is the most common one. Data from Kericho Hospital, about 2 hours from Kisumu, suggest that most of the cases of organophosphate poisoning are intentional.[36] Consequently, recommendations should target the use of organophosphate and the treatment of organophosphate poisoning cases (discussed below). After discussing the use of toxic organophosphates and alternative toxic pesticides with the Pest Control Board, class I organophosphates (the most toxic) are currently already phased out for safety and consumer preference reasons. That will limit access to toxic organophosphates. Kisumu County could follow the example of other countries and limit the access to organophosphates to buyers and sellers who have a license (which can be given out with or without additional training on the use of organophosphates). That being said, introducing a license only (and/or only in Kisumu County) might not be sufficient to reduce the number of suicide cases (it might be harder to have access to organophosphates, but it is still possible to get them, especially if the suicide is planned well in advance and organized). We also learned from the Pest Control Board that pesticides are only the last resort of pest control according to the integrated pest management procedure. If farmers followed the outlined procedure, the demand for organophosphates would decrease, and the access to organophosphates could be limited to a few people who are trained in the use of organophosphate and screened for suicidal ideation regularly. Such training and screening can be organized by an inter-ministerial working group (Ministry of Health and Ministry of

Agriculture). The financial resources for the capacity building and screening can come from a shared inter-ministerial budget. One of the questions remaining is who pays for the spraying services (i.e., the farmers pay the full amount vs. the government pays the full amount vs. the government subsidizes spraying services, etc.).



Preventative Health Framework: Secondary Prevention

Education/Awareness campaigns for people working with at-risk population and for individuals at higher risk for suicides, the set-up of proper referral pathways, the identification of at-risk population through CHVs or Sub-County response teams, and holistic counseling as treatment are essential to accomplish the overall goals of the strategic action plan.

Education/Awareness Campaigns

Through our key informant interviews and focus group discussions, we realized that certain target groups would benefit from suicide education from different perspectives. Firstly, teachers see mental health cases, including suicide attempts, as disciplinary cases. Instead of providing emotional and social support and guidance, they punish affected students. Training modules with teachers could expand the current understanding of mental health cases from disciplinary cases to cases grounded in biopsychosocial and cultural determinants. Most schools have a dedicated trained teacher for mental health cases. This teacher can sensitize all stakeholders (i.e., teachers, students, parents) on mental health issues, prevent mental

health and suicide cases, offer support, and refer students, if appropriate. Oftentimes, funding these activities is a challenge. Again, an inter-ministerial partnership with a mutual funding proposal can be beneficial. Instead of having a dedicated teacher for mental health issues, one can also consider hiring a mental health professional (it is worth doing a comparative cost-benefit analysis). This idea is in line with findings from a study in Embu County in Kenya, which recommended "that the government through the Ministry of Education and the school boards of management maintain a trained resident school counselor or psychologists in schools, who do not have teaching duties, in order to enable them have enough time to identify students with depressive signs which are precursors of suicidal behavior."[37] As much as teachers understand mental health challenges and suicide from a disciplinary perspective, law enforcement members understand these phenomena from a punitive perspective. Similar to the trainings of teachers, law enforcement members should be educated on mental health challenges, including suicides. This will help them to better and understand and deal with affected individuals.

Another group who would benefit from training on suicide are journalists, who oftentimes report about suicide cases in a way that causes copycat suicides. Copycat suicides are an emulation of other suicides that were advantaged through knowledge made available in any kind of media (i.e., a spike of suicidal behavior after reporting about a suicide attempt/completion of another person). The Media Council of Kenya has spelled out rules on privacy and intrusion into grief and shock in its Code of Conduct for the Practice of Journalism as entrenched in the Second Schedule of the Media Act 2013.[38] However, the media landscape in Kenya is mostly uncensored when it comes to reports about suicide, and even mental health dedicated institutions such as the Mental Health Department of the Ministry of Health at the national level do not always monitor and act upon codex breaches. To our knowledge, no research study has described the media reporting about suicides in Kenya in detail; however, if you look at the print and online newspapers, you see similar patterns over and over again: personal details of the patients attempting or completing suicides and their families, details about the suicide methods, sometimes even a picture from the individual who died by suicide. From personal conversations with community members, it becomes clear that the way media reports about suicides is emotionally burdensome and painful and that the details about a person or about the suicide methods can increase someone else's likelihood to die by suicide (e.g., by learning about suicide methods). One community member summarized it as follows: "If you don't know how to end your life, the story will give you all the information needed to attempt suicide. It is like a cooking recipe and a step by step manual… in this case just for suicides." A conversation with a journalist additionally revealed the double-edged role of the media in relation to suicides: on the one hand the media fulfills its mandate and informs people about on-going activities in Kenya. The journalist also argued that reporting about suicides has a deterrent effect. On the other hand, the media does use the stories of vulnerable people to make money. The more detailed the story is, and the more dramatic the picture is, the better the print media sells. In terms of the journalism and suicide, we recommend three action points: sensitize the media on suicide prevention and the role of the media in suicides, do specific research around suicides and the media in Kisumu County (to examine if the phenomenon of

copycat suicides can be replicated), and establish and advertise a complaint unit within the Kisumu County Government Department of Health, which collects cases of insensitive reporting about suicide cases by various stakeholders in Kenya.

Finally, the Kisumu County Government should pay particular attention to professional groups at risk for suicide, including farmers, health care workers, and students. One way of targeting members of these groups is by including them in general education sessions. All professions with a higher risk for suicide should have an opportunity to debrief regularly, e.g., in the form of supervision groups that are supported by the government or the institution. An example would be a bi-weekly debriefing group for government health care workers who experienced any kind of trauma in the last two weeks, led by a mental health professional. The government can either support this format by paying for the mental health professional or by allocating space or by allowing the health care workers to debrief during their paid shift.

Strategy 7.1

7.1

Education and Awareness Campaigns to sensitize professionals working with target populations at-risk, e.g., teachers and law enforcement

Strategy: Support sub-county specific awareness campaigns targeting teachers and law enforcement members

Actions:
- **Develop specific educational material based on findings of focus group discussions and on-going research**
- **Train teachers in schools and law enforcement members in mental health**

Performance Measures:
- **Specific educational material developed**
- **Number of teachers and law enforcement members already trained in mental health at the beginning vs. number of teachers and law enforcement members trained in mental health after certain time intervals**

Strategy 7.2

7.2

Education and Awareness Campaigns to reduce the number of copycat suicides

Strategy: Educate journalists and the general public on cases of copycat suicide

Actions:
- **Further research the link between suicides and media reporting of suicide cases (copycat suicides)**
- **Train community members on the phenomenon of copycat suicide cases**
- **Train journalists and editors on the Code of Conduct for the Practice of Journalism as entrenched in the Second Schedule of the Media Act 2013 and on the phenomenon of copycat suicides**
- **Establish a unit within the Department of Health or the Mental Health Secretariat which handles reported cases of inappropriate handling of suicide cases**

Performance Measures:
- **Understanding of copycat suicides in Kisumu County extended by research**
- **Number of community-based trainings related to copycat suicide cases**
- **Number of media-houses-based trainings related to copycat suicide cases**
- **Number of cases of inappropriate suicide reporting reported to the Department of Health/Mental Health Secretariat**

Strategy 7.3

7.3

Education and Awareness Campaigns to targeting professional groups at risk for suicide

Strategy: Educate professional groups at risk for suicide, establish debriefing mechanisms

Actions:
- **Develop educational curricular based on findings of focus group discussions and on-going research**
- **Educate professional groups at risk in mental health and suicide**
- **Initiate debriefing sessions in different formals (with the support of the government)**

Performance Measures:
- **Specific educational material developed**
- **Number of individuals of professional groups already trained in mental health at the beginning vs. number of individuals of professional groups trained in mental health after certain time intervals**
- **Number of debriefing sessions offered**
- **Number of participants in debriefing sessions**
- **Degree of government support over time**

Identification and Follow-Up Care

CHVs, under the supervision of CHEWs, provide medical care on the household level. On average, each CHV is responsible for approximately 100 households with four members each

(400 people in total/CHV). Before starting the work as CHV, each CHV must undergo capacity building in terms of disease prevention, health promotion, and simple curative care. According to the training manual, "the training course for CHVs is divided into two major sections consisting of 13 modules. The first section is Basic Modules (6 modules) (which) all CHVs are required to undergo (before they start) working as a CHV. It contains basic competencies for CHVs, e.g., leadership skills, communication and counseling skills, basic health promotion practices and basic lifesaving skills, etc. (…). The second section is Technical Modules (through which) CHVs learn technical areas one by one based on local needs after basic modules."[39] A unit on mental health is included in the advanced training model (second section) and covers mental health from a Westernized perspective (e.g., symptoms of depression follow ICD-10/DSM-5 criteria). In terms of suicide, the training manual includes minimal content; all the content is about suicidal tendencies. The content, which looks at suicidal tendencies through a biomedical lens, is not specific for Kenya, let alone Kisumu County. It would benefit from a biopsychosocial and cultural appropriate perspective – our findings and further research can help to make the content more culturally relevant. Part of the "new" training should be dedicated to identifying individuals at risk for suicide. Active questioning about suicide should be encouraged; red flags should be taught and recognized by the CHVs.

Not every CHV is trained on the mental health module, which is part of the NCD module. This is partly due to a lack of data (the local need for mental health interventions has not been fully identified), but also partly due to funding challenges (no or only minimal financial resources are allocated towards advanced training modules). For the time being, the mental health module can be added to other advanced training modules, which get funded by the government or international stakeholders, such as donors. Combined training with other advanced modules from the primary care sector can also further the integration of mental health into a primary care setting. One must be careful, however, to not disincentive the government to allocate separate resources for mental health care and training in the long-term. It is also relevant to consider who exactly provides mental health training (e.g., a trainer who is generally trained in teaching CHVs or a trainer who has experience in the mental health field). It is favorable to have someone from the mental health sector doing the training given that mental health education is not only the teaching of checkboxes (e.g., ICD-10 criteria) but rather requires a personal and professional skillset in terms of social and emotional support, counseling, etc. Additionally, advanced CHV training is a good place to get started to think about mental health and mental illness; however, it will also be necessary to think about an infrastructure that supports on-going supervision. The supervision aspect is critical given that mental health care, just as general health care as well, can cause emotional distress and a feeling of being burned out in health care providers. Moreover, the supervisions can be used to discuss patient's treatment plans and to debrief after (traumatizing) fieldwork. The supervision can be guided by trained counselors and mental health nurses, which recognize the need for supervision and are equipped to conduct these sessions (see also recommendation above).

As there are not enough mental health professionals that can identify individuals at risk for suicide, one also must think about the concept of "task-shifting". Task-shifting in the global

mental health literature means the shift of patient care from highly specialized mental health practitioners to general medical professionals or even to non-medical professionals (such as alternative medical practitioners, herbalists, traditional healers, or spiritual leaders, or even community members as the "Friendship Bench" example from Zimbabwe shows.[40] In accordance with practices in the global mental health world, non-specialists are trained, supervised, and supported by specialists (i.e., by the clinical officers or the psychiatric nurses in Kisumu County). However, one can even argue that the relationship between specialists and non-specialists is bidirectional in nature. We recommend utilizing existing social institutions, such as churches, community groups, and traditional community networks, because they are cost-effective and accepted in local contexts (not something alien to the community). Placing the care of individuals who attempt suicide in community-settings will enable the professional staff members to learn from the findings and expertise that is grounded from living in the same community as the individual who attempts suicide, from non-specialists. Specialists understand how variable local understandings of and responses to suicides may be different in each ward. This idea acknowledges that suicide is such a deeply sociological issue that the policy response must engage with prevailing ways of doing things within communities. Task-sharing models are also aligned with the concept of deinstitutionalization and foster mental health care delivery closer to home. This enhances the acceptance of the program as well as the sociocultural fit of care. Non-mental health specialists can also bring a non-medical perspective to the game and rather look at mental health and suicides from a social determinant perspective. Despite being trained in the basics of mental health care, they might think less, compared to trained mental health professionals, in diagnostic categories but rather connect the emotional distress of individuals to their social suffering. Instead of asking, "How do you feel after your husband's suicide?" they might approach the conversation with a simple question such as "Do you have enough access to food?"[v]

The task shifting is especially suitable for cases in which patients do not need to see specialized practitioners. Mental health professionals should be reserved for complicated cases such as treatment resistance or symptoms, which cannot be managed in a community setting. Non-mental health professionals can be trained either by including them in the regular advanced CHVs training (if they are conducted) or by training them with WHO training material such as the "mhGAP Intervention Guide",[41] which covers assessment and management aspects and intervention guidelines. Again, one would need to stress the importance of the cultural aspect of mental health and suicides during the training. The mhGAP guidelines also include information about pesticide intoxication, which is relevant in the context of Kisumu County. Moreover, the training manual, in comparison to the advanced CHV training module, touches upon some basic psychosocial support strategies. In general, both pieces of training can enhance the knowledge around mental health and mental illness (and how it contributed to suicide) and suicides; however, both pieces of training fall short on teaching the trainees basic elements of psychosocial support (e.g., interpersonal psychotherapy).

[v] The assumption here is that the man, in the Kenyan context, is the breadwinner and that the wife might not be taken care of after her husband dies by suicide.

A final recommendation concerns the identification of suicidal ideation versus the treatment for suicidal ideation. Given that CHVs reach the household level and have built a good rapport with household members, they seem to be in a superior position regarding the identification of suicidal ideation; however, given the current time constraints and the variety of tasks CHVs are responsible for, it does not necessarily seem feasible that the CHVs also provide the follow-up care and treatment for suicidal ideation (e.g., counseling). Furthermore, as pointed out above, CHVs are not trained in counseling. There are at least three potential groups who can do the follow-up care apart from general CHVs: trained mental health professionals, specialized CHVs, or a sub-county response team.

The advantages of trained mental health professionals are that they have been trained on counseling already, and their work focuses on providing counseling services anyway; however, most trained mental health professionals work at a facility and are removed from communities. Community members might not be able to access facilities for various reasons such as stigma associated with mental health facilities or lack of money for transport. The idea of specialized CHVs comes from other diseases, e.g., tuberculosis. In the past, CHVs have been, for example, specifically trained on recognizing different cough patterns related to tuberculosis. These specialized CHVs were able to monitor tuberculosis patients and treat patients, if necessary. That helped decrease the prevalence rate of tuberculosis and the disease burden. While general CHVs treat household members holistically, specialized CHVs only work in a specific area (e.g., mental health and suicide prevention). However, this solution does not seem politically or operationally feasible at the moment, given that the policies around CHVs and their training envision general CHVs rather than specialized CHVs. Another disadvantage of this approach is the separation from mental health and general health care, which can contribute to the stigma towards mental disorders, including suicides. The advantage of specialized CHVs would be that they really understand mental health well, that they get experiences and training by seeing a high number of patients, and that they can offer services on the household level (the patients do not need to go to a facility but trained professionals visit them at home).

A sub-county response team has similar advantages and disadvantages but also adds some additional benefits. After a CHV identifies a patient with suicidal ideation, the sub-county response team can take over the treatment. The sub-county response team understands the risk factors of suicide as well as resources in a particular sub-county well. The response team can consist of society members from all walks of life: a woman and a man of reproductive age, village elder, a woman community leader, medical professionals, non-conventional practitioners, law enforcement members, teachers, and opinion leaders amongst others. This team can be trained in basic mental health and suicide issues as well as in counseling. Again, the training can be integrated into existing training or can be organized as a standalone training by the government. The benefits of a sub-county response team are that the treatment takes place on a community level, that the service providers know the communities well and can relate to the beneficiaries, and that the team consists of people with different backgrounds. This team can also conduct community awareness and teaching activities and document cases of

suicide attempts and completions. A challenge will be setting up an incentive structure, which motivates the sub-county response team members and equips them with resources to do their work (e.g., cost of transport, allowance, material for awareness creation, etc.). In the case of infrastructural purchases (e.g., office space), the sub-counties, through their constituency managers, can apply for funding from the National Government Constituencies Development Fund.[42]

Strategy 8

8

Develop the mental health workforce that can identify and follow-up on cases of mental illness and suicidal ideation in the community

Strategy: Develop general health and other professionals in issues of mental health and suicide, identify individuals at risk for suicide, follow-up on affected individuals

Actions:

- **Utilize Community Health Volunteers (CHVs) and train them in mental health/issues around suicide (using the advanced training module provided by the Ministry of Health) (the trainers should have a strong mental health background)**

AND/OR

- **Use the task-shifting concept and establish a mental health/suicide response team in each sub-county (and train them as part of CHVs trainings or mhGAP trainings)**

- **In both scenarios:**
  - **Provide on-going supervision for CHVs/sub-county response teams who see patients with lived mental illness experience/suicidal ideation/who attempted suicide before**
  - **Apply for funds from the National Government Constituencies Development Fund (through sub-county constituency managers)**

Performance Measures

- **Number of relevant mental health trainings conducted**
- **Number of different stakeholders trained**
- **Knowledge around Mental Health/Suicide before and after the training**
- **Number of patients with mental illness/suicidal ideation seen (identified and followed up) through CHVs and/or sub-county response teams**
- **Number of supervisions provided for CHVs and/or members of sub-county response teams**
- **Amount of money received from National Government Constituencies Development Fund**

Governance: Referral Pathways

In the previous recommendation, we discussed which stakeholders can identity individuals who are at risk for suicide and initiate follow-up care for them. This recommendation expands on potential referral pathways once a patient with suicidal ideation has been identified. Kenya has six levels of medical care:[3] 1.) community service level, 2.) dispensaries and clinics level, 3.) health centers and maternity and nursing home level, 4.) sub-county and medium-sized private hospital level, 5.) county referral hospitals and large private hospitals, and 6.) national referral

hospitals and large private teaching hospitals. In Kisumu County, specifically, level one to level five can be found. Levels 1 and 2 are community-based care, levels 3 – 5 are institutionalized (facility)-based care. In addition to the governance structure of conventional care providers, one must also consider the non-conventional care setting and institutions. Some of the non-conventional medical service providers offer their services in medical facilities, while others only offer their services in community settings. Generally, referrals take place between community-based and facility settings and between conventional- and non-conventional healing settings (in all variations).

There are certain ways that the current referral system can be strengthened. The key action item, however, centers around improved communication, which allows the exchange of treatment relevant patient/medical record information between the community and the facility setting (e.g., the CHV who identified a patient with suicidal ideation notifies the service provider who offers the counseling sessions or other kinds of treatment). An intensified communication has at least three advantages: 1.) close monitoring of the patient, 2.) close follow-up, 3.) increased patient safety. Oftentimes, the service provider who identifies a patient with suicidal ideation and recommends counseling does not follow-up with the patient in a timely manner to see if the patient received appropriate care. While there are a variety of reasons why the patient might not have followed through with the service provider's recommendation, the close monitoring of the patient allows one to identify obstacles to mental health care and recognize deterioration of symptoms. Secondly, while the patient undergoes counseling or after the completion of the counseling session, the patient might relapse, and the suicidal ideation symptoms increase again. If the service provider who counsels and treats the patient notifies a community-based (non)conventional practitioner after treatment completion, the latter one can do active case follow-ups and recognize symptoms of relapse, if present, early. Lastly, a patient with suicidal ideation or other mental illnesses might switch between different service providers from all settings. Oftentimes, the patient does not tell the new service provider about the prescribed treatment, e.g., in the form of medication, which the patient received from the first service provider. Sometimes this happens because the patient forgets about the prescribed treatment, sometimes the patient does not consider the previous prescription as noteworthy treatment (e.g., if alternative healers prescribe plants or herbs), and sometimes the patient does not mention the treatment because of stigma and perceived negative consequences (e.g., conventional healers publicly denounce non-conventional healers and their treatments). If the new service provider's prescription interacts with the old service provider's prescription (e.g., biochemical reaction or side effects), the patient's life can be in danger. In fact, there are scenarios that make the patient more likely to die by suicide. An example is the Selective Serotonin Reuptake Inhibitor, an antidepressant, that "may cause worsening of suicidal ideas in vulnerable patients."[43] It is noteworthy that this finding has not been replicated in a Kenyan-based population sample so far.

The overall recommendation of a two-way referral system can be achieved by compiling a list with contact information of all relevant service providers in each sub-county. Additionally, each facility, as far as practicable, should nominate a service provider as a key contact person for

community-based practitioners from different sub-counties. A fundamental assumption here is that the relationship between (non)conventional practitioners is strengthened and built on trust in the spirit of collaboration. This can be achieved through an on-going effort of including non-conventional healers in the dialogue and work of the government, successfully demonstrated through the Mental Health Secretariat of the Department of Health of the Kisumu County Government in the last couple of months. Finally, we acknowledge the importance of psychotropic medication in the treatment of psychiatric symptoms. Psychiatric symptoms can lead to suicidal behavior. However, it would be well beyond the scope of this PAE to discuss the role of psychotropic medications and related supply chains in all detail. The authors of the PAE are happy to work with the Kisumu County Government on issues around psychotropic medication separately.

Strategy 9

9

Strengthen the collaboration between conventional medical practitioners and alternative medical professionals

Strategy: Strengthen trust and willingness to collaborate between all relevant service providers and build up a referral system

Actions:

- Open discussion fora between conventional medical practitioners and alternative medical professionals that strengthen trust and willingness to collaborate
- Build up of a two-way referral system by
  - Compiling a list with contact information of all relevant service providers in each sub-county
  - Nominating a service provider for each facility who acts as key contact person for community-based practitioners from different sub-counties

Performance Measures:

- Number of open discussion fora
- Comprehensive list with contact information compiled
- One key contact service provider/facility nominated
- Number of referrals from non-conventional healing settings to conventional healing settings and vice versa
- Number of patients seen based on referral

Treatment

Counseling is an important component in the treatment of suicidal ideation. It should be part of the treatment strategy for both for individuals with an increased risk for suicide and for individuals who attempted suicide before. From industrialized nations, we understand that a previous suicide attempt is the strongest risk factor for suicide. It has yet to be seen if this relationship is true in a developing country context as well. Until we learn more about the relationship in Kenya, it is advisable to offer counseling to individuals who attempted suicide in the past. The focus group discussion revealed that counseling should not be limited to mental

illnesses, which cause suicidal ideation, only. Counseling should rather expand its view to a broader perspective and should take social, economic, and cultural perspectives into account (holistic counseling). In order to achieve this, it will be important to add these perspectives to the current advanced training module covering mental health. In fact, the training modules, which are designed and approved by the national Ministry of Health, should ideally be specific to the county context. The technical working group can lead the discussion around customizing the training modules and reviewing them regularly (based on continuous interaction with community members from all walks of life from all sub-counties and on the research findings). We have discussed potential service providers who can offer counseling above. In short, holistic counseling belongs to secondary and tertiary prevention.

Strategy 10

10

Customize training modules to allow holistic mental health counseling and suicide prevention

Strategy: Train (non-)conventional practitioners in biopsychosocial model of mental health and holistic counseling, offer counseling to individuals at risk for suicide and to individuals who attempted suicide in the past

Actions:
- **Adjust training modules (e.g., advanced training model for CHVs or training modules for non-conventional practitioners) to local context that reflect biopsychosocial approach to mental health and suicide care**
- **Review the training modules regularly to ensure that holistic care approach captures all risk factors of suicide in the county**
- **Offer counseling to individuals at risk for suicide and to individuals who attempted suicide in the past**

Performance Measures:
- **Mental health training module reviewed and edited by mental health technical working group**
- **On-going review of training module**
- **Number of individuals at risk for suicide counseled**
- **Number of individuals who attempted suicide in the past counseled**

Preventative Health Framework: Tertiary Prevention

The referral pathways and the holistic counseling discussed under secondary prevention as well as a better treatment strategy for organophosphate poisoning and rehabilitation opportunities are essential to accomplish the overall goals of the strategic action plan.

Treatment of Organophosphate Poisoning

As discussed under primary prevention, one mechanism to decrease the number of suicide cases due to organophosphate poisoning is to limit access to organophosphates. However, even after limiting access to organophosphates, cases of suicide attempts with

organophosphates might still occur. In that case, it is important to rush affected individuals to the hospital, diagnose them accurately and in a timely manner, and treat them appropriately. The general awareness about the toll-free pesticide number, which provides first aid advice, should be raised. Additionally, one should raise awareness amongst those bringing the patient to the hospital about the importance of searching the surrounding of the patient for empty bottles, containers, or similar things. Early identification of the suspected substance of poisoning can help to reduce the time between ingestion of the poison and treatment. Furthermore, all health workers should be trained in recognizing symptoms of organophosphate poisoning and managing these symptoms. This training can take place during regular workshops or annual performance reviews. Additionally, a treatment kit for organophosphate poisoning should be readily available in a hospital pharmacy or even in the emergency room. The treatment kit might include substances such as atropine, oximes such as pralidoxime, and diazepam. Oxygen, intravenous lines, and intravenous fluids should also be within range. The emergency room preparedness does not only apply to suicide cases caused by organophosphate poisoning. A study from 2019, which looked at perceived self-efficacy in assessment, management, and referral of suicide cases by emergency nurses from Kenyatta National Hospital in Nairobi in Kenya found that "nurses in emergency department have below average self-efficacy in suicide assessment and management necessitating training as well as integration of protocols that could enhance effective utilization of emergency departments as suicide prevention and management settings."[44] Hence, the readiness of health workers to non-judgmentally deal with cases of attempted suicides should be increased.

Strategy 11

11

Improve readiness to respond to cases of suicide and organophosphate poisoning

Strategy: Train emergency personnel for non-judgmental management of cases of suicide, including organophosphate poisoning, and supply treatment kits for cases of organophosphate poisoning

Actions:
- Train emergency personnel in suicide assessment and management as well as in recognizing symptoms of organophosphate poisoning
- Make treatment kits for organophosphate poisoning available in all hospital pharmacies/emergency rooms

Performance Measures:
- Number of personnel trained on suicide assessment and management as well as on recognition of symptoms of organophosphate poisoning
- Every medical facility (level 3 and upwards) has a treatment kit for organophosphate poisoning cases

Rehabilitation

Lastly, we recommend offering rehabilitative programs for individuals who attempted suicide before and those at high risk for suicide. The rehabilitation programs should address risk

factors for suicide, such as financial hardship, symptoms of mental disorders, or psychological distress.[vi] It can also address the effects of stigma felt by individuals who attempted suicide before. The program can build on therapy approaches such as interpersonal therapy, which has been proven successful in the Kisumu County context,[45,46] and vocational training and employment support that interrupt the vicious cycle between poverty and mental illness as well as suicides. The rehabilitation programs can closely monitor the symptoms of individuals with suicidal ideation and help them to be reintegrated into society in the long-term. As none of the government facilities currently has the ability and the resources to rehabilitate affected individuals, existing NGOs in the mental health space can team up with government and private facilities, not only health facilities but also educational facilities such as vocational schools, to start rehabilitating patients. The details of the offered rehabilitation programs should be sketched out by the Mental Health technical working group, which can learn from rehabilitation facilities in other counties, such as from the Mathari National Teaching and Referral Hospital in Nairobi County. The program can even benefit from input and learning from the medically assisted treatment program at Jaramogi Oginga Odinga Teaching and Referral Hospital. All efforts undertaken by local NGOs in collaboration with stakeholders from the public and the private sector should be closely monitored and evaluated by researchers as part of the implementation research discussed above.

Strategy 12

12

Offer medical and biopsychosocial rehabilitation

Strategy: Establish rehabilitation facilities grounded on a biopsychosocial understanding of suicide, re-integrate clinically improved individuals into society

Actions:

- **Mental Health Technical Working Group compiles a list of requirements and sketches out the details of rehabilitation**
- **Local NGOs team up with stakeholders from the private and the public sector**
- **Recruit affected individuals**
- **Follow-up on symptoms (e.g., suicidal ideation) and psychosocial variables, adjust the rehabilitation procedures if necessary**

Performance Measures:

- **Mental Health Technical Working Group visits other rehabilitation facilities in the country**
- **Mental Health Technical Working Group sets guidelines for rehabilitation in Kisumu County**
- **Stakeholders from different sectors involved**
- **Number of individuals with suicidal ideation and/or previous suicide attempt involved**
- **Development of suicidal ideation over time for affected individuals**
- **Affected individuals re-integrated into society (job?, less stigma?)**

[vi] If a suicide attempt is caused by mental illness, the programs should also be built on the understanding that there is a bidirectional relation between poverty and mental illness.

Given all the above recommendations, the detailed Suicide Prevention Action Plan for Kisumu County is displayed in Figure 16. The Data Collection Framework is the foundation of the plan, while the Preventative Health Framework details specific interventions for primary, secondary, and tertiary prevention.

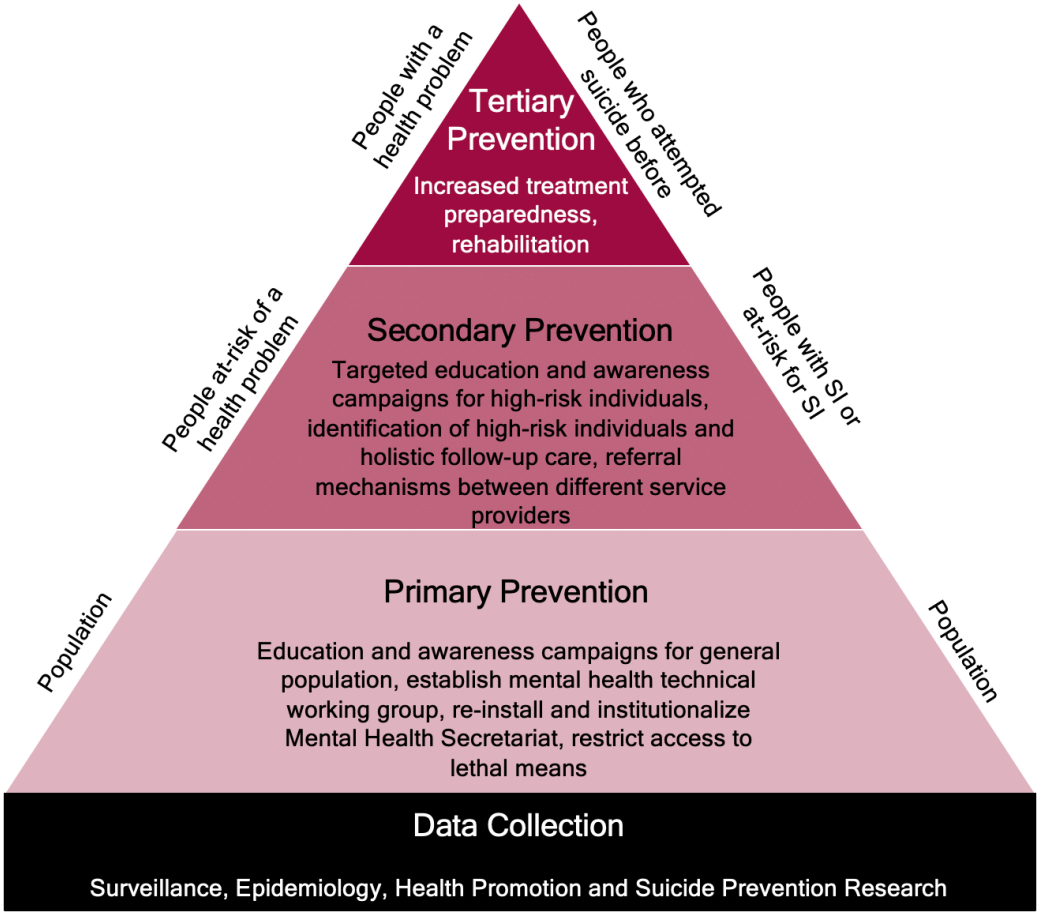


Figure 16: Detailed Suicide Prevention Action Plan for Kisumu County

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APPENDIX

Methodology:

Appendix A: Review of Death Certificates, Policy Records, and Black Book records
Appendix B: Consent Form Key Information Interview
Appendix C: Focus Group Discussions
Appendix D: Consent Form Focus Group Discussion
Appendix E: Interview Guide Focus Group Discussion

Research Findings:

Appendix F: Demographics of Focus Group Discussion Participants
Appendix G: Number of cases of suicide attempt and completion reported to the police by sub-county from 2017 - 2019
Appendix H: Demographic information about individuals who died by suicide by sub-county and year
Appendix I: Occupations of individuals who completed suicide from 2017 – 2019 (across sub-counties)
Appendix J: Summary of Key Informant Interviews
Appendix K: Full (original) transcript of Focus Group Discussions

Miscellaneous:

Appendix L: Permission Letter to run Focus Group Discussion from Maseno University
Appendix M: Death Certificate D1 Form and D2 Form
Appendix N: Routine Indicator - B

Methodology

Appendix A: Review of Death Certificates, Policy Records, and Black Book records

In order to get a burial permit after passing away, a completed death registration form must be submitted to one of the three Civil Registration Offices in Kisumu County. There are two death registration forms: form D1, which is a death registration form filled by qualified medical personnel who certify the cause of death including antecedent causes and underlying cause, and form D2, which is a death registration form filled by assistant chiefs for a death in the community (see Appendix M). The Civil Registration Office in Kisumu covers Kisumu Central and Kisumu East, the Civil Registration Office in Holo Markets covers Kisumu West and Seme, and the Civil Registration Office in Awasi covers Nyakach, Nyando, and Muhoroni.

For the sake of the PAE, we went through all available death certificates for the last three years (2017, 2018, and 2019). We checked the death certificates for the cause of death. In the case of (expected) suicide, we collected some basic demographic non-identifying information about the deceased such as age, gender, marital status, place of residence, place of death, level of education, and occupation. Additionally, we collected as many details related to the suicide as possible from the death certificate (e.g., date of death, method of suicide, comorbidities, any information from police, hospital, or assistant chief stamps). We classified cases of organophosphate poisoning as suicide cases given the existing body of literature that suggests that most of the organophosphate poisoning cases in low- and middle-income countries are intentional (in comparison to unintentional occupation exposure with organophosphate). In contrast, we did not consider cases of drowning as a suicide cases given the content of our focus group discussions (drowning was not mentioned as a suicide method) and the fact that most Kenyans cannot swim and die through drowning during the rain session when their land is flooded; however, we acknowledge the gray area of reporting. For the purpose of the PAE, not counting drowning as suicide method would rather produce a conservative number of suicide cases (underestimation). After the completion of the data collection, we analyzed all cases by specific variables (such as gender, age, or method of suicide) in Excel.

Additionally, we requested data on suicide attempts and completions from the Kisumu County Police Headquarters. As suicide attempts are illegal in Kenya, every case of suicide attempt must be reported, in theory, to the police. Cases of completed suicide also must be reported to the police, given their unnatural cause of death. In practice, cases of suicide attempts and completions are often reported to local authority figures (e.g., village elder or assistant chief) than to the police. We requested quantitative (number of cases in a given time interval), qualitative (e.g., reasons for suicides from suicide notes), and demographic (e.g., age and gender) data from the police. Again, we analyzed all cases by specific variables (such as gender, age, or method of suicide) in Excel.

Finally, all deaths in a hospital are documented in a so-called “black book”. Because of time, we could only check one black book (the one from Kisumu County Hospital). We cross-checked the completed suicide cases from the death certificates of the Civil Registration Office with the suicide entries in the black book for 2017, 2018, 2019. We noted deviations, if necessary.

Appendix B: Consent Form Key Information Interview

Consent Form for Key Informant Interview: Suicide Prevention Strategy Kisumu County
Please read this consent form carefully. It tells you important information about today's key informant interview. A member of the key informant interview organizing team will also talk to you about taking part in today's interview. People who agree to take part in the key informant interview are called "subjects". This term will be used throughout this form.

The key informant interview is part of a Policy Analysis Exercise (PAE). The PAE is the capstone project for second-year Master in Public Policy (MPP) students at Harvard Kennedy School and is completed under the guidance of a faculty advisor. The PAE is a public policy or management study completed for a client organization. Our client is the *County Government of Kisumu, Department of Health*. The PAE aims to make recommendations to the Department of Health for a Kisumu County specific suicide prevention strategy.

In order to make appropriate recommendations, we need to hear from various community members. This is why we have organized today's key informant interview. We will conduct key informant interviews with medical professionals; non-conventional practitioners such as spiritual leaders, herbalists, and traditional healers; community members; mental health CSOs in the region; law enforcement staff; teachers, and any other relevant groups identified by the Department of Health of the County Government of Kisumu. The key informant interview topics will vary and may cover (aside from other topics) the destigmatization of suicide and mental health disorders, how the community can better support people who are at risk of suicide, main factors contributing to the high suicide rate in Kisumu County, and traditional practices for dealing with suicidal individuals.

The key informant interview will take between 30 - 60 minutes. There might be some sensitive questions posed during the key informant interview that may cause discomfort for some subjects. You may refrain from commenting on items that you do not wish to answer.

During the key informant interviews, we will take notes about the main ideas that subjects are describing. All information will be collected anonymously (no identifying information about the subjects will be collected). Some of the information and quotes may be published in the PAE, in a medical book or journal, or used to teach others. However, your name or other identifying information will not be used for these purposes without your specific permission.

You will not benefit directly from taking part in the key informant interview. What we learn by conducting this key informant interview may help us to better understand the underlying causes of suicides in Kisumu County. Obviously, there will be no penalty of any kind if you decide to not take part in the key informant interview. Taking part in this key informant interview is up to you. You can decide not to take part. If you decide to take part now, you can change your mind and drop out later. Just tell us if you decide later to drop out. We will make sure that you stop

the study safely. We will also talk to you about follow-up care, if needed.

You have the right not to sign this consent form that allows us to use and share your quotes anonymously for the PAE; however, if you do not sign it, you cannot take part in this key informant interview. You have the right to withdraw your permission for us to use or share your quotes for the PAE (until the day of submission: March 31st, 2020). If you want to withdraw your permission, you must notify us in writing (paeresearch@hks.harvard.edu). In a similar way, subjects can also object to include a specific statement in the PAE any given time before the submission of the PAE. If you withdraw your permission after the PAE submission date specified above, we will not be able to take back information that has already been published or shared with others.

If you have questions or concerns about the key informant interview, please call Jeremiah Okuto (Chairperson of the Mental Health Secretariat of the Department of Health) at 0738556236 or email him: jeremiahokuto2@gmail.com. If you want to speak with someone not directly involved in the key informant interview, please contact the PAE faculty advisor via email: paeresearch@hks.harvard.edu. You can talk with her about your rights as a subject, your concerns about the key informant interview, or complaints about the key informant interview.

Informed Consent and Authorization

Statement of key informant interview organizer or key informant interview conducter

- I have explained the objectives of the PAE and the key informant interview to the study subject.
- I have answered all questions about the PAE and the key informant interview to the best of my ability.

_____ _____

Key informant interview organizer/conductor Date/Time

Statement of Person Giving Informed Consent and Authorization

- I have read this consent form.
- The objectives of the PAE and the key informant interview have been explained to me, including risks and benefits and other important things about the interview.
- I have had the opportunity to ask questions.
- I understand the information given to me.

Signature of Subject:

I give my consent to take part in the key informant interview and agree to allow my quotes to be used and shared as described above.

_____ _____

Subject Date/Time

Appendix C: Focus Group Discussions

We conducted one focus group discussion in each sub-county (Kisumu has 7 sub-counties) in one of the wards (each sub-county has 4-6 wards) (see Figure C.1).

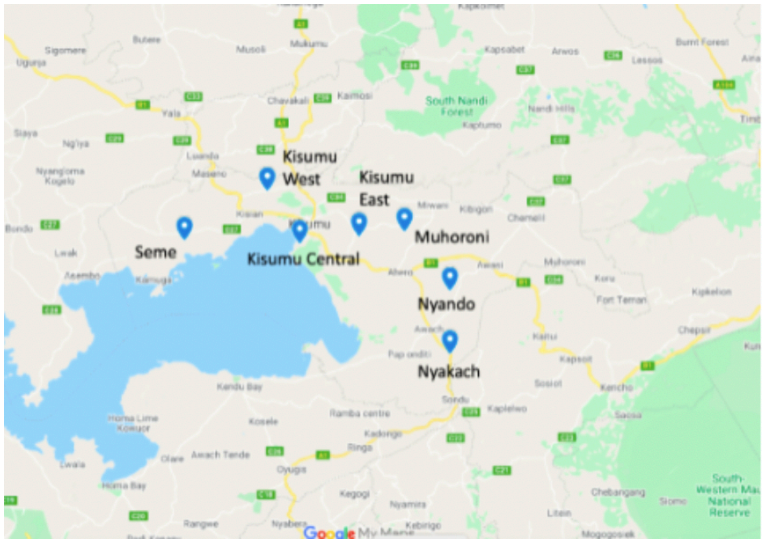


Figure C.1: Location of focus group discussions (1 per sub-county), adapted from Google Maps on February 13th, 2020: https://www.google.com/maps/d/u/0/edit?mid=1ncCba-UyvGvjaV28wm7fSnK0Dfw5evs9&hl=en&ll=-0.17654878761786405%2C34.780906800000025&z=11.

Initially, we planned to choose the ward with the highest suicide prevalence for the focus group discussion; however, data was not always available for individual wards. Therefore, wards were chosen randomly assigning a number from 1 – 4 (or 5/6, depending on the number of wards/sub-county) to each of the wards and using a random number generator. The following table lists all sub-counties and respective wards in Kisumu County. The ward in which we conducted the focus group discussion is displayed in bold.

Constituency	Number of Wards	Wards
Kisumu East	5	Kajulu, **Kolwa East**, Manyatta 'B', Nyalenda 'A', Kolwa Central
Kisumu West	5	South West Kisumu, Central Kisumu, **Kisumu North**, West Kisumu, North West Kisumu
Kisumu Central	6	Railways, Migosi, Shaurimoyo Kaloleni, Market Milimani, Kondele, **Nyalenda B**
Seme	4	West Seme, Central Seme, East Seme, **North Seme**
Nyando	5	**East Kano/Wawidhi**, Awasi/Onjiko, Ahero, Kabonyo/Kanyag Wal, Kobura
Muhoroni	5	Miwani, **Ombeyi**, Masogo/Nyag'oma, Chemeli/Muhoroni/Koru
Nyakach	5	**South East Nyakach**, West Nyakach, North Nyakach, Central Nyakach, South West Nyakach

Figure C.2: Overview of sub-counties in Kisumu County

The focus group discussion in each sub-county was organized through the Ministry of Health (MOH) representative of the sub-county. The MOH representative contacted the community health extension worker (CHEW) of this ward. The CHEW is a "trained health worker employed in a link primary health care facility who provides support and supervision to 25 CHWs [community health workers] providing community health services." Each CHEW in charge invited the following members to the focus group discussion: two community health volunteers, two village elders (including one chief or assistant chief, if possible), one woman community leader, one woman of reproductive age, one woman and one man between 18 – 25 years of age. A summary of the focus group discussion participants and some basic demographic information can be found in Appendix F.

We also ran one focus group discussion at Maseno University after we got permission from Prof. Rose Anyango O Ongato (Office of the Director Linkages Outreach & Consultancies) (see Appendix L). The focus group discussion at Maseno University was organized by the Counseling Department, specifically by Madam Lucy and her team. We included ten university students and one counselor. The participants asked to withhold their demographic data for privacy reasons.

Every focus group discussion started with a word of prayer, which was followed by a quick round of introduction. The participants were then consented (see Consent Form Appendix D) and were asked to sign the consent form if they agreed with the terms of the research. Each participant was given the opportunity to raise questions or concerns before he/she signed the consent form.

The focus group discussions were conducted in three languages: English, Kiswahili, and Dholuo. The participants could pick whatever language they felt most comfortable with to express their ideas, thoughts, and emotions. Both the focus group discussion moderator and the note taker were locals and well versed with all languages.

The focus group discussion moderator had a script with potential questions (see Focus Group Discussion script in Appendix E) but was free to probe for other ideas and thoughts. The focus group discussion moderator and the notetaker were the same for all focus group discussions. The note taker transcribed the scripts into English after each focus group. We used the English transcripts to explore the magnitude/variation of suicides, risk factors associated with suicides, and potential solutions to decrease the number of suicides. We also explored the similarities and differences between the seven sub-counties.

Appendix D: Consent Form Focus Group Discussion

Consent Form for Focus Group Discussion: Suicide Prevention Strategy Kisumu County

Please read this consent form carefully. It tells you important information about today's focus group discussion. A member of the focus group discussion organizing team will also talk to you about taking part in today's discussion. People who agree to take part in the focus group discussion are called "subjects". This term will be used throughout this form.

The focus group discussion is part of a Policy Analysis Exercise (PAE). The PAE is the capstone project for second-year Master in Public Policy (MPP) students at Harvard Kennedy School and is completed under the guidance of a faculty advisor. The PAE is a public policy or management study completed for a client organization. Our client is the *County Government of Kisumu, Department of Health*. The PAE aims to make recommendations to the Department of Health for a Kisumu County specific suicide prevention strategy.

In order to make appropriate recommendations, we need to hear from various community members. This is why we have organized today's focus group discussion. We will conduct focus group discussions with medical professionals; non-conventional practitioners such as spiritual leaders, herbalists, and traditional healers; community members; mental health CSOs in the region; law enforcement staff; teachers, and any other relevant groups identified by the Department of Health of the County Government of Kisumu. The focus group discussion topics will vary and may cover (aside from other topics) the de-stigmatization of suicide and mental health disorders, how the community can better support people who are at risk of suicide, main factors contributing to the high suicide rate in Kisumu County, and traditional practices for dealing with suicidal individuals.

The focus group discussion will take about 90 minutes. There might be some sensitive questions posed during the focus group discussion that may cause discomfort for some subjects. You may refrain from commenting on items that you do not wish to answer. During the focus group discussion, we will take notes about the main ideas that subjects are describing. All information will be collected anonymously (no identifying information about the subjects will be collected). Some of the information and quotes may be published in the PAE, in a medical book or journal, or used to teach others. However, your name or other identifying information will not be used for these purposes without your specific permission.

You will not benefit directly from taking part in the focus group discussion. What we learn by conducting this focus group discussion may help us to better understand the underlying causes of suicides in Kisumu County. Obviously, there will be no penalty of any kind if you decide to not take part in the focus group discussion. Taking part in this focus group discussion is up to you. You can decide not to take part. If you decide to take part now, you can change your mind and drop out later. Just tell us if you decide later to drop out. We will make sure that you stop

the study safely. We will also talk to you about follow-up care, if needed.

The subjects will be paid a token (500 Kenyan Shillings/subject).

You have the right not to sign this consent form that allows us to use and share your quotes anonymously for the PAE; however, if you do not sign it, you cannot take part in this focus group discussion. You have the right to withdraw your permission for us to use or share your quotes for the PAE (until the day of submission: March 31st, 2020). If you want to withdraw your permission, you must notify the person conducting the focus group discussion (Jeremiah Okuto, contact: see below) in writing. In a similar way, subjects can also object to include a specific statement in the PAE any given time before the submission of the PAE. If you withdraw your permission after the PAE submission date specified above, we will not be able to take back information that has already been published or shared with others.

If you have questions or concerns about the focus group discussion, please call Jeremiah Okuto (Chairperson of the Mental Health Secretariat of the Department of Health) at 0738556236 or email him: jeremiahokuto2@gmail.com. If you want to speak with someone not directly involved in the focus group discussion, please contact the PAE faculty advisor via email: paeresearch@hks.harvard.edu. You can talk with her about your rights as a subject, your concerns about the focus group discussion, or complaints about the focus group discussion.

Informed Consent and Authorization

Statement of Focus Group Discussion Organizer or Focus Group Discussion Conducter

- I have explained the objectives of the PAE and the focus group discussion to the study subject.
- I have answered all questions about the PAE and the focus group discussion to the best of my ability.

_____ _____

Focus Group Discussion Organizer/Conducter Date/Time

Statement of Person Giving Informed Consent and Authorization

- I have read this consent form.
- The objectives of the PAE and the focus group discussion have been explained to me, including risks and benefits and other important things about the discussion.
- I have had the opportunity to ask questions.
- I understand the information given to me.

Signature of Subject:

I give my consent to take part in the focus group discussion and agree to allow my quotes to be used and shared as described above.

_____ _____

Subject Date/Time

Appendix E: Interview Guide Focus Group Discussion

Hello & Introduction – 10 mins

Consent Form (every participant needs to sign it)

Some General Remarks about today's FGD

1. Explain what we want to learn from them
2. Want to generate interest in the topic and one another's views
3. Want to emphasize the importance of individuality – avoid "group think"
4. Participants can build on each other's views

Icebreaker Question – 15 mins

When was the last time you heard about a suicide case, and where did you hear about it? What was the case about? How did you feel when you heard about it?

Magnitude/Variation – 20 mins

- How many suicide cases do you have in your ward in a given time interval (e.g., a year)?
- How did this number change over time? (let's say the last five years)
- Who is mostly attempting suicides in your ward?
- Who is mostly completing suicides in your ward?
- Is there a group of people that is more likely affected by suicide attempts/completions than others in your ward?
- What means do people use to attempt/complete suicides?
- What is the procedure if a suicide attempt/completion appears?
- Do you know any signs/red flags that someone is suicidal/someone's chances are increased to attempt suicide? If so, what are they?

Risk Factors – 20 mins

- Who is mostly affected by suicides?
- What increases the likelihood of suicide cases in your ward/in Kisumu County overall/Kenya? (probe for county-specific biopsychosocial and cultural aspects)
- What is the meaning of suicides in the Kenyan/Swahali/Luo context?
- Do you know any idioms about suicide or risk factors leading to suicide in the local language?
- Are you aware that suicide attempts in Kenya are illegal? What do you think about this?

Potential solutions – 20 mins

- How should suicide attempters be treated?
- How can one decrease the stigma around suicides? (especially if participants mention stigma)

- Is there any particular group of people in your ward who can contribute to the decrease of suicides? (probe different stakeholders if necessary)
- What would you do/say if a community member were to tell you that he/she feels suicidal?
- If you were to advise policymakers, what recommendation would you give them in terms of drafting a county-specific suicide prevention strategy?
- Who is responsible for implementing and funding a suicide prevention strategy in Kisumu County?

Check to see if participants have any questions for us – 5 mins

- What didn't I ask that I should have asked?

Thank participants for their time

Research Findings

Appendix F: Demographics of Focus Group Discussion Participants

Number	Age	Gender	Level of Education	Occupation	Religion
1	35	Female	Degree (not specified)	Community Health Assistant	Christian
2	29	Female	College Diploma	Community Health Volunteer	Christian
3	28	Female	Secondary Form 3	Business Woman	Christian
4	61	Male	Secondary Form 4	Community Health Volunteer	Christian
5	20	Female	College Diploma	None (just finished college)	Christian
6	60	Male	Primary Class 7	Tailor	Christian
7	55	Male	Primary Class 7	Driver	Christian
8	37	Female	College Diploma	Business Woman	Christian
9	19	Male	Secondary Form 4	None (just finished high school)	Christian

Figure F.1: Demographics of FGD participants in Nyalenda B (Kisumu Central Sub-County)

Number	Age	Gender	Level of Education	Occupation	Religion
1	48	Female	Secondary Form 4	Community Health Worker	Christian
2	50	Female	Secondary Form 2	Community Health Worker	Christian
3	45	Female	Primary Class 8	Business Woman	Christian
4	27	Female	College Diploma	Community Health Nurse	Christian
5	55	Male	Secondary Form 4	Assistant Chief	Christian
6	71	Male	Intermediate Level	Village Elder	Christian
7	74	Male	Intermediate Level	Village Elder	Christian

Figure F.2: Demographics of FGD participants in Kisumu North (Kisumu West Sub-County)

Number	Age	Gender	Level of Education	Occupation	Religion
1	38	Male	College Diploma	Health Worker	Christian
2	42	Female	Secondary Form 4	Community Health Volunteer	Christian
3	52	Female	Secondary Form 4	Community Health Volunteer	Christian
4	54	Female	Primary Class 8	Farmer	Christian
5	59	Male	Primary Class 8	Business	Christian
6	56	Male	College Diploma	Civil Servant	Christian
7	44	Female	College Diploma	Civil Servant	Christian
8	36	Female	Primary Class 8	Farmer	Christian
9	49	Female	Primary Class 8	Business	Christian
10	24	Female	Secondary Form 4	Business	Christian
11	22	Male	Secondary Form 4	Boda Boda Rider / Business Owner	Christian

Figure F.3: Demographics of FGD participants in North Seme (Seme Sub-County)

Number	Age	Gender	Level of Education	Occupation	Religion
1	36	Female	University Degree	Community Health Assistant	Christian
2	39	Male	University Degree	Community Health Assistant	Christian
3	38	Female	College Diploma	Community Health Assistant	Christian
4	46	Female	University Degree	Community Health Extension Worker	Christian
5	56	Male	Secondary (not specifie	Area Assistant Chief	Christian
6	46	Male	Secondary (not specifie	Village Elder	Christian
7	34	Female	Secondary (not specifie	Community Health Volunteer	Christian
8	34	Female	Secondary (not specifie	Community Health Volunteer	Christian
9	40	Male	College Diploma	Community Health Volunteer	Christian
10	24	Male	Secondary (not specifie	Business	Christian
11	25	Female	Primary (not specified)	Not given	Christian

Figure F.4: Demographics of FGD participants in Kolwa East (Kisumu East Sub-County)

Number	Age	Gender	Level of Education	Occupation	Religion
1	35	Female	College Diploma	Community Health Extension Worker	Christian
2	49	Male	Secondary (not specifie	Employed (not speficified)	Christian
3	68	Male	Primary (not specified)	Employed (not speficified)	Christian
4	38	Male	Primary (not specified)	Business	Christian
5	57	Male	Secondary (not specifie	Farmer	Christian
6	35	Female	Secondary (not specifie	Employed (not speficified)	Christian
7	75	Female	Primary (not specified)	Retired	Christian
8	24	Female	College Diploma	Student	Christian

Figure F.5: Demographics of FGD participants in East Kano Wawidhi (Nyando Sub-County)

Number	Age	Gender	Level of Education	Occupation	Religion
1	33	Male	College Diploma	Health Care Worker	Christian
2	59	Male	Primary Class 7	Farmer	Christian
3	48	Female	Secondary Form 4	Small Business Owner	Christian
4	52	Male	Secondary Form 2	Farmer	Christian
5	55	Male	Primary Class 8	Farmer	Christian
6	31	Female	College Diploma	Teacher	Christian
7	34	Female	Secondary Form 4	Farmer	Christian
8	23	Female	College Diploma	HIV Testing Service Provider	Christian
9	24	Male	Secondary Form 4	Boda Boda Rider	Christian

Figure F.6: Demographics of FGD participants in Ombeyi (Muhoroni Sub-County)

For the participants of the focus group discussion in South East Nyakach, we only have a general overview of the demographics:

Gender: 5 females, 4 males
Age: 21 years, 23 years, 29 years, 29 years, 34 years, 38 years, 49 years, 56 years, 67 years
Level of education: Undergraduate (Degree in community health) (1x), College Diploma (1x), Certificate level (1x), Secondary Form 4 (5x), Primary Class 8 (1x)
*Occupation: S*ecretary (1x), Employed by County Government (1x), Business (self-employed) (1x), Farmer (6x)
Religion: All Christian

Appendix G: Number of cases of suicide attempt and completion reported to the police by sub-county from 2017 - 2019

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	0	0	0	0	0	0	0	0
FEBRUARY	0	0	0	0	0	0	0	0
MARCH	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0
AUGUST	1	0	0	0	0	0	0	1
SEPTEMBER	0	0	0	0	0	0	0	0
OCTOBER	0	0	0	0	0	0	0	0
NOVEMBER	0	0	0	0	0	0	0	0
DECEMBER	0	0	0	0	0	0	0	0
TOTAL								1

Figure G.1: Number of individuals who attempted suicide in 2017 by sub-county

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	1	0	1	0	0	0	0	2
FEBRUARY	0	0	0	0	1	0	0	1
MARCH	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0
AUGUST	1	0	0	0	1	0	0	2
SEPTEMBER	0	0	0	0	0	0	0	0
OCTOBER	0	0	0	0	0	0	0	0
NOVEMBER	0	0	0	0	0	0	0	0
DECEMBER	0	0	0	0	1	0	0	1
TOTAL								6

Figure G.2: Number of individuals who died by suicide in 2017 by sub-county

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	1	0	1	0	0	0	0	2
FEBRUARY	0	0	0	0	1	0	0	1
MARCH	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0
AUGUST	1	0	0	0	1	0	0	2
SEPTEMBER	0	0	0	0	0	0	0	0
OCTOBER	0	0	0	0	0	0	0	0
NOVEMBER	0	0	0	0	0	0	0	0
DECEMBER	0	0	0	0	1	0	0	1
TOTAL								6

Figure G.3: Number of individuals who attempted suicide in 2018 by sub-county

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	0	0	3	0	1	0	0	4
FEBRUARY	0	0	0	0	0	1	0	1
MARCH	2	0	0	0	0	0	0	2
APRIL	0	0	0	1	1	0	0	2
MAY	0	1	0	0	0	0	0	1
JUNE	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0
AUGUST	0	0	0	0	1	0	0	1
SEPTEMBER	1	0	0	0	0	0	0	1
OCTOBER	0	0	0	0	1	0	0	1
NOVEMBER	0	0	0	0	3	0	0	3
DECEMBER	1	0	1	0	2	0	0	4
TOTAL								20

Figure G.4: Number of individuals who died by suicide in 2018 by sub-county

Nota bene: Through our research, we could not establish factors that caused the surge in cases of suicide attempts and completions in 2018. We recommend follow-up research led by a local university.

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	0	0	1	0	0	0	0	1
FEBRUARY	0	0	0	0	0	0	0	0
MARCH	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0
MAY	0	1	0	0	0	0	0	1
JUNE	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0
AUGUST	0	0	0	0	0	0	0	0
SEPTEMBER	0	0	0	0	0	0	0	0
OCTOBER	0	0	0	0	0	0	0	0
NOVEMBER	0	0	0	0	0	0	0	0
DECEMBER	0	0	0	0	0	0	0	0
TOTAL								2

Figure G.5: Number of individuals who attempted suicide in 2019 by sub-county

	KISUMU CENTRAL	KISUMU WEST	SEME	NYANDO	NYAKACH	MUHORONI	KISUMU EAST	TOTAL
JANUARY	0	0	0	0	0	0	0	0
FEBRUARY	0	1	1	0	0	1	0	3
MARCH	0	0	0	0	1	0	0	1
APRIL	0	0	1	0	1	0	0	2
MAY	0	1	0	0	1	0	0	2
JUNE	0	0	1	0	1	1	0	3
JULY	0	0	0	0	0	1	0	1
AUGUST	0	0	0	0	0	0	0	0
SEPTEMBER	0	0	0	0	0	0	0	0
OCTOBER	0	0	1	0	0	0	0	1
NOVEMBER	0	1	0	0	0	0	0	1
DECEMBER	0	1	0	0	0	0	0	1
TOTAL								15

Figure G.6: Number of individuals who died by suicide in 2019 by sub-county

Appendix H: Demographic information about individuals who died by suicide by sub-county and year

Gender	
Female	Male
2	7

Age		
< 19 years	19 - 45 years	> 45 years
1	5	3

Marital Status				
Single	Married	Widowed	Divorced	No information
1	3	1	0	4

Education			
Primary Level	Secondary Level	College Level	No information
1	2	0	6

Occupation	
Business	1
Driver	1
Farmer	2
Student	1
No information	4

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
3	1	0	0	5

Figure H.1: 2017 Data from death certificates from the Civil Registration Office in Awasi - demographic information about the individuals who died by suicide and information about the method of suicide (total: 9 cases)

Gender	
Female	Male
0	12

Age		
< 19 years	19 - 45 years	> 45 years
0	10	2

Marital Status				
Single	Married	Widowed	Divorced	No information
3	8	0	1	0

Education			
Primary Level	Secondary Level	College Level	No information
6	2	0	4

Occupation	
Business	1
Electrician	1
Farmer	2
Fisherman	1
Fishmonger	1
Salesman	1
Soldier	1
No information	4

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
1	1	1	1	8

Figure H.2: 2017 Data from death certificates from the Civil Registration Office in Holo Market - demographic information about the individuals who died by suicide and information about the method of suicide (total: 12 cases)

Gender	
Female	Male
0	10

Age		
< 19 years	19 - 45 years	> 45 years
2	7	1

Marital Status				
Single	Married	Widowed	Divorced	No information
4	1	1	3	1

Education			
Primary Level	Secondary Level	College Level	No information
4	2	1	3

Occupation	
Business	3
Loader	1
Machine Operator	1
Student	1
No information	4

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
3	0	3	0	4

Figure H.3: 2017 Data from death certificates from the Civil Registration Office in Kisumu Central - demographic information about the individuals who died by suicide and information about the method of suicide (total: 10 cases)

Gender	
Female	Male
2	14

Age		
< 19 years	19 - 45 years	> 45 years
2	11	3

Marital Status				
Single	Married	Widowed	Divorced	No information
7	7	0	0	2

Education			
Primary Level	Secondary Level	College Level	No information
8	4	0	4

Occupation	
Driver	1
Farmer	4
Jua Kali	1
Scuper	1
Self-employed	1
Teacher	1
N/A	2
No information	5

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
3	0	2	0	11

Figure H.4: 2018 Data from death certificates from the Civil Registration Office in Awasi - demographic information about the individuals who died by suicide and information about the method of suicide (total: 16 cases)

Gender	
Female	Male
1	12

Age		
< 19 years	19 - 45 years	> 45 years
1	11	1

Marital Status				
Single	Married	Widowed	Divorced	No information
5	6	0	0	2

Education			
Primary Level	Secondary Level	College Level	No information
9	4	0	0

Occupation	
Business	1
Farmer	3
Fisherman	2
Mason	2
Student	2
Teacher	1
N/A	1
No information	1

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
2	0	2	1	8

Figure H.5: 2018 Data from death certificates from the Civil Registration Office in Holo Market - demographic information about the individuals who died by suicide and information about the method of suicide (total: 13 cases)

Gender	
Female	Male
4	15

Age			
< 19 years	19 - 45 years	> 45 years	No information
1	12	5	1

Marital Status				
Single	Married	Widowed	Divorced	No information
6	5	2	0	6

Education			
Primary Level	Secondary Level	College Level	No information
11	3	1	4

Occupation	
Banker	1
Business	1
Caretaker	1
Casual Worker	3
Driver	1
Farmer	3
Housewife	1
Jua Kali	2
Mason	1
Social Worker	1
Student	1
No information	3

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
6	3	2	0	8

Figure H.6: 2018 Data from death certificates from the Civil Registration Office in Kisumu Central - demographic information about the individuals who died by suicide and information about the method of suicide (total: 19 cases)

Gender	
Female	Male
2	11

Age			
< 19 years	19 - 45 years	> 45 years	No information
3	8	1	1

Marital Status				
Single	Married	Widowed	Divorced	No information
5	5	2	0	1

Education			
Primary Level	Secondary Level	College Level	No information
9	1	0	3

Occupation	
Boda Boda Driver	1
Carpentry	1
Driver	1
Farmer	1
Groundsman	1
Mason	1
Mechanic	1
N/A	3
No information	3

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
3	1	2	0	7

Table H.7: 2019 Data from death certificates from the Civil Registration Office in Awasi - demographic information about the individuals who died by suicide and information about the method of suicide (total: 13 cases)

Gender	
Female	Male
0	7

Age		
< 19 years	19 - 45 years	> 45 years
1	4	2

Marital Status				
Single	Married	Widowed	Divorced	No information
1	6	0	0	0

Education			
Primary Level	Secondary Level	College Level	No information
5	0	0	2

Occupation	
Farmer	3
Mason	1
N/A	1
No information	2

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
0	0	0	0	7

Figure H.8: 2019 Data from death certificates from the Civil Registration Office in Holo Market - demographic information about the individuals who died by suicide and information about the method of suicide (total: 7 cases)

Gender	
Female	Male
4	12

Age			
< 19 years	19 - 45 years	> 45 years	No information
0	14	2	0

Marital Status				
Single	Married	Widowed	Divorced	No information
4	8	3	1	0

Education			
Primary Level	Secondary Level	College Level	No information
8	3	3	2

Occupation	
Boda Boda Driver	1
Business	1
Designer	1
Driver	1
Farmer	1
Fisherman	1
Mason	1
Security	1
Student	1
Tailor	1
Teacher	2
No information	4

Methods				
Organophosphate Poisoning	Poisoning	Hanging	Drowning	Not specified
3	2	0	0	11

Figure H.9: 2019 Data from death certificates from the Civil Registration Office in Kisumu Central - demographic information about the individuals who died by suicide and information about the method of suicide (total: 16 cases)

Appendix I: Occupations of individuals who completed suicide from 2017 - 2019 (across sub-counties)

Profession	Number of completed suicide cases in 2017	Number of completed suicide cases in 2018	Number of completed suicide cases in 2019
Farmer	4	10	5
Student	2	3	1
Driver	1	2	2
Business	5	2	1
Salesman	1	0	0
Soldier	1	0	0
Electrician	1	0	0
Fishmonger	1	0	0
Loader	1	0	0
Machine operator	1	0	0
Fisherman	1	2	1
Mason	0	3	3
Scupper	0	1	0
Casual Worker	0	3	0
Teacher	0	2	2
Self employed	0	1	0
Jua Kali	0	3	0
Banker	0	1	0
Caretaker	0	1	0
Social Worker	0	1	0
Housewife	0	1	0
Mechanic	0	0	1
Carpentry	0	0	1
Boda Boda (motorcycle) rider	0	0	2
Groundman	0	0	1
Security	0	0	1
Designer	0	0	1
Tailor	0	0	1
N/A	0	4	4
No information given	12	8	9

Appendix J: Summary of Key Informant Interviews

a) Traditional healers

Both traditional healers are well known in Kisumu County and have traveled to all the counties in Kenya. They are ready to share their wisdom, and they both want more research to be done in the field of alternative medicine.

According to traditional healers, the main three mental illnesses in Kisumu County are HIV-related mental illness, dementia, drug abuse (marijuana, ethanol, cocaine). Factors contributing to suicides include love affairs, financial constraints, drug abuse, and an inability to cope with anger and other emotions. Diabetes and other ailments, in addition to certain foods, can contribute to suicide. However, suicides remain unpredictable.

According to the traditional healers, mental problems are associated with witchcraft. To cure mental problems, the traditional healers first put different substances in fire and have patients inhale them. The inhalation helps to remove the chemical imbalances from the brain so that they can then treat the actual illness. The treatments prescribed vary across patients. For patients with delirium tremens, for example, the patient is given zinc, calcium, and B1,2,3,5,6,9,12,17. When a patient is suicidal, the traditional healers look at the patient's background, diagnose the issue (using lab equipment such as CTs and MRIs if necessary), and then treat appropriately or refer. The traditional healers do not collect data on their patients and do not always follow-up.

The traditional healers emphasized that treatment for suicide and other issues should start at the grassroots level. Traditional healers can transfer patients to hospitals if needed (for escalation of care), and hospitals can send patients to traditional healers (for follow-up care). Traditional healers often feel discredited by the World Health Organization that does not always include them in health care.

The traditional healers provided several potential solutions to overcome mental health challenges across the county. They suggested creating more economic opportunity since job security is a socio-economic determinant of suicide, establishing a referral center in every seven sub-counties to deal with mental health issues, erecting billboards to educate about mental health, and creating awareness and capacity building on mental health issues through public meetings with chiefs, district commissioners, police, and churches.

b) Senior staff member Kisumu County Government Department of Education

The senior staff member of the Kisumu County Government Department of Education insisted that teenage students are vulnerable to suicide. In 2019, there were a couple of student suicide cases, but many more students threaten to commit suicide. They have seen an increase in suicide attempts and threats at the primary school level, but more research needs to be done to collect specific numbers. Some of the risk factors for suicide among students include home-

related and school-related issues, such as having a single parent, separated parents, parents married but not in harmony, lack of financial support from parents, no friendship, lack of social support, peer pressure, and drugs and substance use. According to the staff member, guidance and counseling need to be strengthened in schools, especially in secondary schools. He also stressed the need for a teacher who is qualified to assess and refer students, and to involve health professionals when necessary.

The Ministry of Education encourages schools to increase recreational time and promote stress-relieving activities. Still, more work needs to be done to create a better environment for students. The main obstacles to increased guidance and counseling for students are a shortage of teachers and lack of resources. Teachers should receive additional compensation if they take on the role of a counselor. Another problem is that teachers look at suicide cases as a discipline issue and not as a health issue. If they push students too much on the disciplinary end of the spectrum, they have an increased risk of mental health disorders. Potential solutions should also include more collaboration between the education sector and the health sector. There should be more capacity building on the county, sub-county, and school levels.

c) Journalist at a newspaper

According to a journalist at one of the larger newspapers in Kenya, whenever there is a suicide attempt or completion, the chief, community members, and/or police call the reporters that typically report on health. In December 2019 alone, there were five completed suicides and seven attempts. Typically, when the reporter arrives on the scene, they speak to immediate relatives, health practitioners, counselors, and police staff.

According to the journalist, many stakeholders believe that the increased reporting on suicide attempts and completions can prevent further cases. The journalist argued that people have a right to learn about suicide cases, but the reporters also have to provide all the details to sell the story. The reporting on suicide cases usually incorporates a mix of science, culture, and people's perceptions. She acknowledged that the media glamorizes suicide and might have led to an increase in suicides. Younger people are more easily influenced and copycat suicides are more likely amongst younger people. The Journalist Code of Conduct mandates that journalists do not post any pictures, identifying information, and do not intervene with grieving, but journalists do not always obey these policies. The journalist suggested that there be a better policy that is more implementable. She also suggested increasing collaboration between authorities and health professionals, forbidding the use of identifiable information, and providing for a counseling mechanism for journalists.

The journalist noted that the risk factors include poverty, domestic violence, work-related issues such as stress, and drug abuse. Health workers are really affected by mental disorders and suicides due to financial constraints, dealing with sick patients all day, and with a high influx of patients, especially since UHC was introduced.

d) Senior staff member National Ministry of Health, Mental Health Department

The staff member works at the Mental Health Department in the Ministry of Health. According to the staff member, the Ministry of Health is currently looking for funding to work on a national suicide prevention strategy. They want to draft a suicide prevention strategy that is implementable and will not just "sit on the shelf." The best policy is a policy that does not cost a lot of money because it could be more easily implemented.

The problem around suicides is poor data collection. In fact, most of the data is currently with the Ministry of Inferior and not the Ministry of Health because the police collect suicide cases. The next version of the District Health Information System will have suicide attempts as a new category.

One idea of how to improve the data collection piece is by asking households about suicide completions and attempts during the census. Additionally, if suicide is part of a regular census, then the suicide-related stigma may also go down. The census data would be more accurate than any survey data because there would be less stigma due to the anonymity of the census data collection process, so people would be more prone to tell the truth. This would have to be lobbied through the Kenyan National Bureau of Statistics. Also, doing it through the census also saves resources because the census is done anyway, and this would not require additional costs to add a question. In addition to the census, suicide attempts that do not result in death can also be reported through the Disease Surveillance System (monitors cholera, etc.). Currently, both suicide attempts and completions are reported to the police. In the future, deaths can be reported to the police, and attempts can be reported to hospitals. This would require a change of law and sensitization of law enforcement and judiciary so that attempt cases can be treated in a medical setting. Reporting of suicide cases in media is important, but we need increased awareness around both suicides and mental health overall. This can be done through training which, is funded by citiesRISE.

As for risk factors that contribute to suicide, more research needs to be done in Kenya. To obtain more information on risk factors in Kenya, the Kenya Medical Research Institute (KEMRI), the Ministry of Health, and international stakeholders should collaborate to design research on suicide.

e) Senior staff member Pest Control Board

The Pest Control Board is a government agency that oversees trade, disposal, and regulation of organophosphates. The Kisumu office oversees 14 counties. There are four classes of organophosphates, with class 1 being the most toxic class. In Kenya, Class 1 can only be bought and sold by individuals with a license, while classes 2-4 do not require licenses to buy or sell. Class 1 organophosphates are phased out because of its high toxicity and consumers' preferences for more organic products. Also, there are other ways of fighting pests such as Integrated Pest Management, an approach in which chemical pest control is the last option.

Organophosphates can harm human beings also through occupation exposures. However, there is a high number of intentional poisoning cases. Organophosphates cause irreversible central nervous system complications.

There are some alternatives to toxic organophosphates, including pyrethroids, neonicotinoids, less toxic organophosphates. However, pyrethroids and neonicotinoids are toxic enough for suicide.

Some other countries have better regulations regarding organophosphates. For example, in the Netherlands, all farmers need a license. Another solution to circumvent access to organophosphates is to mandate that farms are sprayed by trained personal only, which would stop the sale of organophosphates. However, this is not currently feasible because there is not enough training/capacity building done, in addition to financial restraints. For a list of registered products and more information: www.pcpb.go.ke.

f) Two Staff members of the Kisumu County Health Management Team

It is hard to have mental health acknowledged within the government. However, with Hon. President Kenyatta's Big Four Agenda and Madaraka Day 2019 Speech, in which he talked about mental illness and depression, mental health is drawing a little more attention nationally. We need to sit down with mental health nurses and brainstorm ways to increase awareness and acknowledgment of mental health issues. We also need to create awareness on the signs and symptoms of suicide (pick early symptoms and follow-up), monitor the families, and have educational forums in sub-counties (e.g., in churches).

There might be a national mental health policy at some point, but we also need a county mental health policy (or we need to customize the national mental health policy at least). A community-based strategy would also allow for a sense of ownership among the community. A clear structure is currently missing on the county level, e.g., people at sub-county level are missing. Additionally, one should really reflect on the roles of peer support groups (they were very key in the work with HIV patients).

The number of actual staff trained in mental health is very low, and we should encourage people to train in mental health. This can be done by including mental health in continued medical education (CME). Training should be done across cadres (many professions should be involved in MH care anyway).

Additionally, more research needs to be done in mental health, and the results need to be disseminated. If we have data, we can provide evidence for the county government to invest more. But we need to improve the data collection in the first place.

Furthermore, there should be support from the national level for mental health services. For example, there should be more National Rehab Centers. There should also be a mental health

technical working group with members from CSOs, the Departments of Interior, Judiciary, Children's Welfare, Agriculture, Education, Health (even members from higher learning institutions such as universities). This will allow us to harmonize efforts on mental health.

There also needs to be special attention for health workers because they are exposed to so much stress and work and need counseling as well.

g) Staff member at the Suicide Hotline

Kenya's national suicide hotline operates 9 am – 5 pm, every day. It is operated by an administrator, registered nurse, or counselor and ran by Befrienders Kenya. There are no additional costs for calling this hotline. When someone calls in, they connect the patient with a counselor. All counselors are based in Nairobi. They typically receive about 6 cases per day.

The reasons for suicide attempts are typically social reasons and depression. They do not follow up with people that call the hotline, so if a patient calls the hotline and does not speak to a counselor, no one would know.

h) Staff member at the Pest Control Board Hotline/Organophosphate Poisoning Hotline:

The Pest Control Board Hotline/Organophosphate Poisoning Hotline operates 24/7. It is operated by registered nurses. The recommendations that they typically make when someone calls in include increasing water intake, rushing the patient to a hospital, gastric lavage, Vitamin K, IV fluids, and charcoal. They receive about five calls a day, some of them because of occupational exposure.

i) Staff member at the African Foundation for Suicide Awareness and Prevention (AFSAP)

We did not interview the staff member in person, but the staff member sent the contribution via WhatsApp.

Objectives of AFSAP

To create awareness around suicide and prevent its occurrence and ensure effective postvention.

Specific Objects of AFSAP

1. Utilize available channels of communication, including social media, print media, radios, and TVs to highlight the subject of suicide.
2. Develop a mechanism of suicidal case detection.
3. Document suicidal case occurrence for the purpose of developing empirical data, informed research, and policy formulation.
4. Provide timely, professional and adequate intervention.
5. Create a strategy for support and postvention of all stakeholders, including survivors, families, co-workers, among others.
6. Put in place systems for prevention of suicide occurrence.

7. Participate in advocacy through policy formulation, among other activities.

General Information about AFSAP
Name: Africa Foundation for Suicide Awareness and Prevention
VISION: To be a leading reference point in matters of suicide awareness and prevention
MISSION: To reduce suicide cases through creating awareness, detecting, intervening, and offering support to survivors and affected families.
The foundation has been in existence for a year now and is still getting a grip to work around suicide, and mental health-related issues.
The foundation is working on a 3-5 years strategic long-term plan, and doesn't have an annual report yet. It has been engaging various professionals to partner with them. They conducted community sensitization doubled "Ongea" forum to create awareness.

Appendix K: Full (original) transcript of Focus Group Discussions

a) Nyamaroka Ward Focus Group Discussion

Facilitator: What is suicide?
CHV: Someone taking his/her life
Woman Representative: Killing self
All: In luo it is *derwuok* (Killing self)
Facilitator: When did you last hear about suicide around your area?
Woman Representative, CHV 1, Male Youth, CHV 2: Last year
Woman Representative: Even last year but one
All: Last year October
Facilitator: What about Generally?
CHW: Yesterday in the News at 9pm. Yesterday, but even in October
Woman Representative: Last year but one in 2018
Facilitator: Yesterday's suicide, what was it about?
CHW: Husband and wife, issues of infidelity. Husband killed wife them committed suicide
Facilitator: Where?
Woman Representative: Kisumu
CHW: Central Province
Facilitator: What of October?
CHW: A son in law came and took his life in his mother in law's home.
Woman Representative: Two children took their lives. The brother took his life with a rope and the girl took drugs. They were from the same home and have same mother and this was last year before October
CHV 2: Someone came to kill himself in the mother in law's house
Male Youth, CHV 1, Woman of Reproductive Age 2: The son in law committed suicide in the mother in law's house in October
Woman of Reproductive Age: Two adults over 18, they were brothers from the same home. The first one took his life using a rope while the other one took his life using medicine. I don't know why
Ward Admin: I heard of a class 8 student at Nyabondo who committed suicide because of a girlfriend who had left him. Another one at Ramogi in October took drugs but didn't die. He was rushed to Nyabondo hospital but after one week he died, and we don't understand what happened
Village Elder: October one
Woman Representative: Son of the Assistant Chief committed suicide in 2018
CHW: A son in law came all the way form Kabondo and took his life in his mother in law's home
Facilitator: Reasons?
Male Youth: There was a marital disagreement in his Kabondo home between him and his wife. So, it was a family feud
CHW: Wife had come back to her maternal home after a disagreement. He followed her to her

maternal home and instead of speaking with her, he just took his life using the rope he had carried. He had carried everything he would need for his suicide. He was a man who was ready.

Facilitator: How many cases of Suicide Did you Have in the Last Year?

CHV: Around six, one was a class eight student, another one from Kabete and Ramogi

CHW: Seven; they were two boys, a son-in-law, class eight pupil, Nyabondo, Kabete and one used Triatrix which is a pesticide

All: Seven as we come from the same region

Facilitator: Was it an Increase or a Decrease in the Last Five Years?

Male Youth: 2019, I heard of several cases as opposed to three in 2018. The reasons given were social pressure, economic crisis, and the 2018 economy was different from the 2019 economy. There was the rise of insecurity which led to depreciation of our assets since we are cattle keepers and when the rustlers come and steal our animals, we can't keep livestock. This leads to poverty that makes people commit suicide.

Facilitator: Link Economic Crisis and Infidelity

Male Youth: If a woman is struggling to get money, she will become unfaithful. When a man realizes that his woman is being unfaithful, he commits suicide. Economic crisis, infidelity and suicide are closely linked especially in marriage as an institution.

Village Elder: As compared to 2018 and previous years, there is an increase in suicides. I support the young man.

Facilitator: Why is it that people commit suicides?

Male Youth: People react to problems differently and that's why others are prone to committing suicide more than others. The ways of solving problems differ.

Facilitator: Do we have people attempting suicide in the region?

Woman of Reproductive Age: Yes, I know of one man who never succeeded and was rushed to hospital. He attempted suicide twice but since then he is now thriving. He has a family; his health is good, and people have forgiven him and forgotten about the incidence.

CHV 1: I have a personal experience of my cousin who tried to kill himself. When he takes too much illicit drugs, he attempts suicide and hasn't succeeded. Once he took alcohol and threw himself in a borehole but was rescued by people who were around. It has been a trend that when he drinks alcohol, he goes to the borehole but has never succeeded in his suicide attempts. He is no longer living around and moved to Bondo.

Ward Admin: I heard about an old man of about 60 years old. He has two wives. The second wife has six boys and they are all in university. Meanwhile, the first wife bore him five girls all of whom got married. These girls however do not have stable marriages and are always running away from their matrimonial homes to Nairobi. In Nairobi they park (commercial sex workers). The old man is embarrassed by his daughters because even when they come home, they stay in the town center with men and take alcohol. He got tired and tried to take his own life twice using a rope. He did not succeed but his action sent the girls away. They never come around nowadays and it seems that helps the old man because right now he seems content.

Facilitator: Which Gender is more prone to Attempting Suicide?

Woman Representative: The men; there's one man that I had forgiven but I have just remembered. The father had refused to give him land to go and build his own homestead. He

tried to commit suicide but was not successful. He put the rope around his neck but found that it was very painful, and he yelled for help. The mother came and put her hands on the rope and rescued him. Much later I always joke with him and he tells me that dying is really hard. He is now around 50 years and the father gave him land after he made that attempt on his life.

CHW: Most women do not commit suicide. They pack and go back to their matrimonial homes. However, when a man is under pressure, they commit suicide.

Male Youth: Women also trend to open up and share the issues that are disturbing them. Men on the other hand, do not open up *wanakaa ngumu*. (they sit tight)

Facilitator: Reasons why Young People are Committing Suicide?

Ward Admin: One major reason is because of the girlfriends and infidelity. Poverty also contributes to suicide. I remember a class eight pupil decided to take his life because of KSH 60 mock exam fee that the family could not afford to pay for him.

Facilitator: Suicide and Religion

CHV 2: Most of the people committing suicide are Christians who are either Catholics, Seventh Day Adventists (SDAs) and from the African Inland Church (AIC).

Facilitator: What is the Church's Role in Suicide Prevention and Response?

CHV 2: The Anglican Church of Kenya (ACK) does speak of suicide with congregants. They encourage the congregants to share in case they have an issue. They can share with the church, friends, neighbors and family. There are also functions for youth where youth can be supported in opening up.

CHW: The SDA have a session called Family Life. Here they teach on family issues and how to handle them. They move door to door to accomplish this.

CHV 1: The Community Health Volunteers (CHVs) also talk to the community on suicide.

Facilitator: What are the methods used in suicide?

Woman Representative: Boreholes, Triatix, pesticides, ropes, jumping into the river (though not many people do this)

All: The most common is the ropes

Facilitator: What happens when one commits suicides and dies or survives?

CHW: There are a lot of myths. Especially when one dies by hanging themselves using a rope; people believe that they must first be caned before they can be cut down from the rope and let down. They believe that the deceased must have a bad spirit that must be caned out of them before the rope is cut. As for the tree, it is cut down and all its roots are removed from the ground.

Village Elder: After the tree has been unearthed from the ground, it cannot be used for firewood. It is dumped.

Ward Admin: This is because it is believed that if the tree is left standing, someone else can get the idea of going to commit suicide in the same place and hang themselves there. I have seen it. An old man went and hanged himself on a tree that was across a river. The tree was left standing after the old man was cut down and shortly afterwards, a student went and hanged himself on the same tree. I think the community members had earlier forgotten about the tree and that is why they did not cut it down.

CHW: Another reason why it may be difficult to cut down a tree is that some people believe that

the tree belongs to the home '*yiend dala*' . However, it is always cut down since someone else can easily commit suicide there.

Male Youth: Another thing that people believe in is that the rope that someone uses to hang themselves is good for business in that when they acquire it, they can be able to boost their businesses. This is why when someone commits suicide, many people gather and others gather for the wrong reasons, mainly to get a piece of the rope for their business.

CHW: For others, it is believed that when this rope used to commit suicide is hanged on your roof, you will sleep to the point that you can't hear anything and that is how the cattle rustlers are able to steal cows.

CHV 2: When the rope is hanged on the side of your house, you fall into a deep sleep.

CHV 1: Later after someone has been cut down from the tree that they have committed suicide on, the family can arrange for the burial.

CHW: When someone commits suicide, it is a police case. The police are always called before the rope is cut.

CHW: Before the funeral arrangements are done, the church will visit the family with full gospel to encourage the family. And unfortunately, most of these people who kill themselves don't go to church, so it is their parents' churches that bury them and comfort the family. After the spiritual guidance, then the burial process can take place.

CHV 2: There are some denominations however that do not want to take part in burying these people.

CHW: The cutting of the tree is done after the burial and its roots are uprooted. This is done publicly.

Woman Representative: There is no opposition in the removal of the tree since the tree owner will want to remove it for the bad memory it has created.

Ward Admin: If someone commits suicide in a house, the house is burned down with everything in it.

CHW: If it is a house that is under construction, no matter how far the owner has gone with the construction, it will have to be demolished.

Woman Representative: If someone commits suicide in a public office or building then nothing is done to the building.

CHW: The Spiritual leaders will just come and pray for the building.

Facilitator: What if when one attempts suicide and doesn't die?

Woman Representative: They should be given counseling

Ward Admin: They should be given spiritual counseling and guidance

CHV 1: They should be caned first

Woman Representative: If you are the first one to see someone who committed suicide, then you are the first one to cane them

CHV 2: If the person attempts suicide and doesn't die, then, there is no caning, but the spiritual leaders talk to the family and try to find out why the person was trying to commit suicide.

CHV 1: I have a personal experience of a cousin who attempted suicide. On her second attempt, before the chief arrived, we caned her properly and she has never tried it again.

CHW: There is the belief that Suicide is stupid and therefore the caning removes that stupidity.

CHV 1: The people who cane are all the family members, the chief, not all of them (chiefs) cane but some also cane the person who attempted suicide.
CHW: Some of these people use pesticides and they are rescued and taken to hospital where they survive. Once they go back home, people may talk to them and find out why they wanted to kill themselves and the church may help settle disputes. Counseling also helps when one survives a suicide attempt. Most people tend to attempt to commit suicide when they feel they lack love, social love, they feel disengaged from society, when they feel society doesn't love them.
Facilitator: How do the police respond to attempted suicides?
All: Police are never involved in attempted suicide cases. The community doesn't call them to arrest the person attempting suicide.
Facilitator: What are the Red Flags that may indicate that one is about to commit suicide?
Male Youth: They tend to isolate themselves and are depressed, when someone used to be jovial and they start to isolate themselves and are gloomy and tend to stay alone most of the time
Woman Representative: Other red flags are seen in the men who inherit the widows. These men when they don't get their way, they threaten to commit suicide in your house. These men called the *Jaters* (wife inheritors) tell the women '*Adhi Thoni*' (I will die for you)
Woman Representative: They say this when they don't get their way and it is not just about sex.
Ward Admin: Some kill even the widows. If you have been with the *Jater* for more than five years and you decide to move on with your life without him, he will either kill you or tell you that he will commit suicide in your house.
WOMAN REPRESENTATIVE: I also have a personal experience of a cousin of mine who was given a HIV self-test kit and it seemed she may be HIV positive. I told her to go to the hospital for confirmation before she made any decision. She suspects the husband is taking ARVs but is being secretive and keeping it away from her. My cousin is currently in Migori.
Facilitator: Who are at the Risk of Suicide?
CHV 2: Men and youths
Ward Admin, Woman Representative, Woman of Reproductive Age: Youths
Male Youth: People who fear opening up or talking about problems to others and find it difficult to share problems. In most cases, it is the men.
CHW: Youths are at risk due to the activities they engage in. Youth engage in drug abuse; they take cheap liquor in the dens and also undergo peer influence. The first business these youth engage in is the motorcycle business which has a lot of money, they therefore engage in unplanned sex and drug and alcohol abuse. These youth are also given money by older women in exchange for sex. These women sponsor the boys, and all these make the boys susceptible to suicide when these older women move on.
Male Youth, Woman of Reproductive Age: Both females and males are prone to commit suicide. However more men and male youth are prone to suicide.
Male Youth: The female youth are at risk, but they open up to their friends.
Woman of Reproductive Age: The male youths keep to themselves and prefer to 'die as a man' *kufa kimwanaume* or to sit tight *kaa ngumu*

CHV 2: If men are beaten by their wives, they may not talk about it.
Facilitator: Is suicide attempt in Kenya Illegal?
All: Yes
CHV 2: It should not be illegal but should be a matter of talking to people not to kill themselves. People need to talk about their problems and share so they can be helped.
Facilitator: Does Making Suicide Illegal Help?
Male Youth: Making suicide illegal doesn't help because the person will already be dead. People never report if someone attempted suicide and did not die.
CHW: There is lack information on suicide. All attempted cases are not prosecuted. They are forgiven. The law is not tight on attempted suicide cases. If some people who attempted suicide are prosecuted, people will be afraid, and others will actually kill themselves. Because some people use suicide to threaten others; 'I can also try so my parent can listen to me.'
Woman Representative: Yes, some are threatening and daring.
Facilitator: What is the Difference between Threats and Attempted Suicide?
CHW: There are verbal threats to make someone fearful, to control and dominate. Others do it but are not successful in their quest to commit suicide.
Woman Representative: Counseling can help these people who threaten and attempt to commit suicide.
CHW: They should be prosecuted
All: They law should be upheld
Woman of Reproductive Age 2: These people need to be counseled first before they are prosecuted
Male Youth: Upholding the law is dangerous because when someone who has attempted to commit suicide is given a bond, they may go out and actually commit suicide when they realize that they may actually be prosecuted for attempting suicide.
CHV 2: Even before people attempt suicide, counseling should go on
CHW: The law can also declare that you are put in a psychiatric ward. Counseling should be done after an arrest has been made.
Woman Representative: Some people if you talk to them, they tend to change
CHV 2: If someone who has attempted suicide goes scot free, they will try again. This is why counseling needs to start and not wait for an attempt on someone's life for counseling to be done.
Male Youth: The people who are supposed to offer counseling within society do not do it. For example, the parental guidance is missing, there are no counseling centers
CHW: There needs to be an assessment that may see someone taken to the psychiatric ward for a while before they are released.
Facilitator: Is there Stigma on those who attempt Suicide?
CHV 2: They are stigmatized and as a result, they are unable to speak of their problems.
All: Stigma is not a good thing
Facilitator: How can we Reduce Stigma Related to Suicide?
CHW: Those who have attempted suicide have a challenge in getting back into society. They are viewed as being weak especially if it is a man who attempted suicide and did not complete

it. Society needs to be informed about suicide so that these people are reintegrated, and suicide is reduced, and the community is well informed.

Facilitator: Is there any Organization or Group that Supports the Community on Issues of Suicide?

Woman Representative: Paralegals do counsel others

CHV 2: CHVs go to households, they identify issues that needed to be handled. We have the CHWs and the community reports to them. They facilitate people to meet in groups, talk and open up on issues that help them change their behavior.

All: CHVs do have the basic counseling skills

CHW: Boda Boda riders associations need skills on how to prevent suicide because they are very organized and always realize very fast if one of them has an issue. There was once a Boda Boda leader who approached me as a CHW on one of the members defaulting on ARVs. The member was afraid of going back to hospital because he felt he may be victimized. I was able to support him until now he is back on his drugs. These Boda Boda associations need mentoring and a unit to cover mental health issues.

Male Youth: The Boda Boda groups are registered and cover each area with a membership of over 20 people.

CHW: We can combat suicide through a mental health unit within the Boda Boda association

Male Youth: There is also another youth group, the Nyamaroka Youth Group. This is a Student association that covers all of Nyakach area. It is called the Nyakach University and College Association with over 300 members. They undertake mentorship programs, visit orphans and the activities are funded by the embers who contribute ksh 10 monthly.

All: There are no men groups though the men always join the women's groups.

CHW: The only male group is the Boda Boda group that you will find men up to 45 years of age.

Facilitator: If a Community member tells you they want to commit suicide, what will you do?

Male Youth: Take time to find out why they want to commit suicide

Woman Representative: Ask him or her to share the issue that is making them want to take their life

Male Youth: Ask them to open up and share and I will counsel them

Woman of Reproductive Age: I will be shocked at first then refer them to someone who can help them

Facilitator: What advice would you give to Policymakers on County Specific Suicide Strategy?

CHW: Develop policies that should be implemented, starting from the workforce. There needs to be an increased workforce. Use associations to have mental health unit to be in charge of mental health of the youth and men

Village Elder: Advise youth and meet them and influence their behavior change through counseling and we need to have trained counselors and be accessible to all.

Ward Admin: We need more counselors to create awareness to prevent suicides

Woman of Reproductive Age: Counseling

Woman of Reproductive Age 2: Advice and counseling

CHV 1: Stakeholders need to come together and develop counseling centers. Parents also need to take up their role in guiding the youth.

Male Youth: There needs to be more awareness creation and the employment of counselors.
Facilitator: Who is Responsible for Funding Suicide Prevention Activities?
Male Youth: We pay tax so the government should fund the process. Donors should also support and as a country, we should be able to deal with our problems.
Facilitator: At the Ward Level, are there Government Funds?
Male Youth: There is no clear structure
Ward Admin: There are no funds, unless a proposal is written to the County Government, but this has not been done due to lack of awareness.
CHW: We should have a Constituency Mental Health Coordinator who lobbies for funds through the CDF. They should have an office with structures that can support implementation of activities just like the Constituency AIDS Coordinator CAC.
Facilitator: What of the Churches?
Male Youth: The SDA have a family program, the AIC and CCI have youth rallies and the churches fund the rallies but donors also tend to support these rallies. The Government is dormant.
Dr. Rick: Is it common to ask if someone is suicidal?
CHW: No, we usually wait until they bring it up. We do not ask as someone may become suspicious.

b) Ayweyo Focus Group Discussion

Facilitator: What is Suicide?
VILLAGE ELDER 2: When one decides to kill themselves; they have a demonic spirit.
CHV 1: Killing children, wife and then self to run away from the issues or the legal action that will be taken against him
WOMAN REPRESENTATIVE: My neighbor wanted to kill herself because her child had beaten her up. She was angry for being beaten by a child and as a result poisoned herself. She did not die
VILLAGE ELDER 1: The pain brought by family issues, for example, a polygamist family of three wives, one of the wives may feel neglected and may decide to kill herself.
FEMALE YOUTH: If a married woman is neglected, she may decide to kill herself and her children to escape the struggles of daily life. There may be thoughts of killing oneself using a rope and a father mistreating a child, can also lead to suicide.
CHV 2: The pain and anger as a result of family issues and you feel that no one can help also leads to killing of self because on thinks that it is better to die since there is no one to support them.
WOMAN OF REPRODUCTIVE AGE: A husband marrying another wife also contributes to suicide due to jealousy.
CHW: The action one takes when they are stressed, the resulting pain and anger after one hears of some distressing news can also lead to suicide.
Facilitator: When was the Last Time You Heard About Suicide?
VILLAGE ELDER 1: Today, not in our area but in a neighboring village; the woman was

complaining about the man and bought some rat and rat poison, but a friend told her that she can get Spiritual support. She felt the husband was neglecting and mistreating her.

CHV 1: Yesterday at 2pm, I heard that a school going child wanted to commit suicide. It came about because a man who has two children, a boy and a girl, the man, due to financial constraints, wanted to take the girl to school and leave the boy at home. This was distressing to the boy and he decided to take poison and it came to our attention. We talked to the man to sell some land and enable both children to go to school without favoritism. This issue of education is one of the reasons most children commit suicide or attempt to commit suicide.

WOMAN REPRESENTATIVE: Last week, I heard of a child who passed her exams well and got 370 marks. Her father is blind, and the Mother is a house help earning little money. An organization said they would support the girl to go to school, but they would pay half and the parent would pay half. So, the mother was to pay KSH 21,000, which she did not have. The girl then told my grandchildren that she would kill herself and they came and told me. I was able to intervene and talk to her.

CHV 2: Yesterday afternoon, I heard of a child who got 274 marks. She was called to a school called Onjiko High School. The parents differed on this because the father wanted the boy to repeat class eight while the mother wanted the boy to go on to high school. The child said that he would kill himself if he doesn't go to high school. The father was told to sell his two cows so that the boy can go to school.

VILLAGE ELDER 2: I will speak of my personal experience. I married in the year 2001. We stayed with my wife until 2017 August. We have three children, and this includes a boy and a girl from a previous relationship she had had before I met her. I took these children to school until they reached form 2 and she suddenly left me together with the children and went back to her ex. I really thought of much (suicidal ideations) and I called her on phone, but we couldn't come to an agreement. She had left me with the younger children, and I had a lot of pain. I however turned that around and decided to focus on looking after these children that I had been left with. I nearly took my life. The last time I felt like this was in August 2017. I was tired and absent minded. The last time I however heard of suicide was last year when my neighbor would beat the wife and when he was told to stop beating her, he killed himself.

WOMAN OF REPRODUCTIVE AGE: I heard on the radio and even in my area, there was a child who felt that the father was mistreating her. She told her friends that she would kill herself and those children came and reported to me. I spoke with the father who was mistreating the child and I haven't heard anything else since.

FEMALE YOUTH: Yesterday, I witnessed a scenario where a man who stays in the city while the wife stays in the village came back. He has always neglected the family and never calls. The man left for the city and has never come back. The woman said she would kill herself and her two young children. I talked to her before she killed herself and her children and is still living her life up to now.

CHW: I heard about an incidence last month of a man who was being unfaithful to the wife and he was also HIV positive and on anti-retroviral drugs. One day he had an argument with the wife, and he overdosed on the ARVs he has been taking but was rushed to hospital and his life was saved.

Facilitator: How did you feel After Hearing of a Suicide Attempt?
VILLAGE ELDER 1: I was shocked because the woman was pregnant and was nearly delivering in three months' time.
FEMALE YOUTH: I can't feel good especially knowing that the person killing herself will leave a child behind who will suffer later on in life
CHW: I didn't feel good. I felt pain
VILLAGE ELDER 2: I felt pain and shock
CHV 2: I felt pain, asking myself why children would want to die by suicide. In the past, suicide never used to happen but nowadays, this has changed.
WOMAN OF REPRODUCTIVE AGE: I felt pain and I felt I needed to talk to the father of the child and that is what I did.
CHV 1: I feel shock, wondering why children would want to die yet there's always a solution for everything.
WOMAN REPRESENTATIVE: I felt pain because my friend has always struggled with her children, only for one of them to hurt her physically. After her suicide attempt, she has since become mentally disoriented. She is not the way she used to be. She used to be okay but now, she loses her train of thought and even speaks to herself.
Facilitator: Compared to 2019, how many cases of Suicide have you heard of?
VILLAGE ELDER 1: I heard of one case last year where a boy had a disagreement with the family. He climbed a KENGEN electric tower and wanted to kill himself. He was begged by people to come down, until he finally did come down. I also heard of another case where a woman differed with her family over land issues and had actually even tied a rope around her neck. This same boy who had attempted suicide by climbing the KENGEN electric tower is the one who rescued her.
CHV 2: There have been 14 cases of suicide. Five of these cases were in Ayweyo, two died by suicide and three survived the suicide attempt. In the whole ward however, we had six deaths by suicide and eight attempted suicides where these people were rescued.
CHV 1: I heard of one
WOMAN OF REPRODUCTIVE AGE: I heard of two
VILLAGE ELDER 2: I heard of three
Facilitator: As compared to 2019 and other years, what is the Suicide trend?
All: There are increasing cases of suicide
VILLAGE ELDER 2: Family problems cause the suicides
FEMALE YOUTH: It is hard to find people sitting and talking. So, people have no one to share their problems with. Girls who are raped are afraid of informing others what happened. They keep it inside and end up killing themselves. If girls can talk, they can get advice, but it is not easy talking about rape. Youths are also killing themselves especially after exams. We need a youth friendly center where youth can get life skills and support and a space where they can speak up. It depends also on the kind of response one gets when they share with others.
CHW: Poverty, family issues, a man not providing for his wife and children and the woman is the sole provider, all these coupled with verbal abuse from a man can lead to suicide
CHV 2: I think early marriage also causes suicide cases because for example, a girl who is

married at 14 years and the man is 20 years. They eventually separate and, in this separation, one who is unable to cope will kill themselves.

CHV 2: There are also moral issues. People have adopted other values that do not bring people together. Long time ago, children would sit down with their grandparents and learn from them. The grandmothers would advise the girls while the grandfathers would guide the boys. Nowadays, parents just rely on schools to guide the children yet what they learn in school is different from the guidance and support a family would give. The education system also doesn't favor families because the children go to school very early in the morning and get back late at night. When they get back, there are chores to be done and homework to be completed. The parents are also unavailable as they also work all hours and get back home late. This leaves the children to get guidance from peers and through peer pressure, follow what others are doing. Children also face hardship in school when the parents are unable to provide for them. There are no safe spaces where children can have discussions on various issues affecting them. The society has also become very individualistic. There's no communal living as it used to be in the past. With this isolation from the larger community, people tend to kill themselves as they have nowhere to turn to.

CHV 1: Some parents tend to smother their children with too much love and shower them with material things to the point that when things turn around and they can no longer afford that lifestyle and poverty strikes, the change affects the child, making them susceptible to suicide.

FEMALE YOUTH: Sometimes some parents misuse their children. For example, in our area, some parents who have girls expect them to go out and make money and bring this money home. When the child gets used to this lifestyle of prostitution and finally decides not to go to school altogether and the parent objects, the child will threaten to kill themselves if their parents force them to go to school. To these children, they would prefer to continue with the commercial sex work that they used to bring money into the home.

WOMAN REPRESENTATIVE: Drug abuse also leads to suicide cases. You will find a child who has been taken to school and started taking drugs to the point that it affects them mentally. Some will even kill themselves because of these drugs like bhang/ weed (cannabis sativa).

CHV 1: Bhang (weed) and illicit brew also causes the suicide rates to increase.

FEMALE YOUTH: The small boys also smoke the bhang (weed)

CHV 2: Of the people who died, two were women, two were men and two were male youth. The eight who survived, most were women.

Facilitator: Which Group of people is more Prone to Suicide?

WOMAN REPRESENTATIVE: Drug Addicts

CHV 2: Some families who are drug abusers and people who have attempted suicide severally

WOMAN REPRESENTATIVE: A neighbor also threatened to kill himself by poisoning himself

FEMALE YOUTH: Depending on someone's background. There are those people who threaten to commit suicide

CHV 2: Even when there is conflict, there are people who are very violent and also the families where the men are unfaithful, they can easily be driven to commit suicide.

WOMAN REPRESENTATIVE: There is also another drug called *ndovu*, you put it in the mouth and suck on it but don't swallow the saliva. It costs only ksh 20, very accessible and affordable.

It intoxicates youth and makes them susceptible to suicide.
All: There are no groups that commit suicide. The spiritual groups help calm the spirit.
Facilitator: The most common methods of committing suicide are?
All: Ropes, pesticides including *Yadh alot* (for spraying vegetables), *Umeme, Karate* (both are pesticides) and the *Ieso* (a cloth that women tie over their clothing around their waist)
CHV 2: Belts, Rat and Rat poison
FEMALE YOUTH: *Danadi* a pesticide and others use petrol to burn themselves. They pour it in the house and torch the house
VILLAGE ELDER 2: Tick medicine (pesticide)
CHV 2: Electric pole and during floods, some jump into the river but very rarely. There is however a belief that when the river is too full, for it to go back to its normal level, it has to kill someone, either from Nandi county as it comes down or someone from around here so most of the drownings are accidental.
CHV 2: People running away from the police may also jump into the river to get away and because they may not know how to swim, they may end up drowning accidentally
Facilitator: When there is a Suicide Completed, What Happens?
VILLAGE ELDER 1: We call the village elders, the village elder, calls the assistant chief or chief. The Chief's office will call the police because this is a police case. The police will come and cut the body and take it to the mortuary.
FEMALE YOUTH: We do not touch the body because if your fingerprints are found on the body, it may become an issue with the police.
VILLAGE ELDER 1: The postmortem is done, and the family is given the information
FEMALE YOUTH: This is because sometimes, someone is murdered elsewhere and then they are put in a position to seem as if they killed themselves. For example, there was a girl found in the water, yet she had been killed elsewhere and her eyes pierced. She had not committed suicide that's why we involve the police.
VILLAGE ELDER 1: We also have cases where people are killed elsewhere and brought here at night. There was a man who was killed in South Nyanza and put in the boot of the car and brought here. The village elder was called by a Boda Boda man and they acted fast to call the police, but the police took too long in coming to the scene. By then they had driven off with the body and gone elsewhere.
FEMALE YOUTH: We also get the burial permit from the Assistant Chief and Chief and that is why we need to involve them in case of a suicide.
FEMALE YOUTH: The burial process depends on the parents of the deceased and the church. Some churches have no problem and just bury the deceased.
CHV 1: If one dies by hanging, they are only cut down after the next of kin comes even if the police are already there, people will have to wait. Not just anyone cuts the rope.
CHV 2: In the funeral, the people's attendance is the same as any other death
CHV 1: The rope that was used in the suicide is kept in the grave
FEMALE YOUTH: The police go with the rope
VILLAGE ELDER 1: The person who drove the deceased to die by suicide takes a piece of the rope for cleansing purposes

FEMALE YOUTH: For people who deal in cattle, they believe that your livestock will multiply and thrive if you get the rope that was used in a suicide
VILLAGE ELDER 2: A family member will take the rope used in the suicide
FEMALE YOUTH: They use the rope to bury the body
CHV 1: As for the tree that the person hanged himself on, it is uprooted, all its roots removed and burned into ashes.
FEMALE YOUTH: If one commits suicide in a house, it is burned to the ground with everything in it
Facilitator: When there is an Attempted Suicide, What Happens?
WOMAN OF REPRODUCTIVE AGE: We do counseling
CHV 2: If someone tried to poison themselves, they are taken to hospital
FEMALE YOUTH: They are taken to police to explain why they wanted to kill themselves
CHV 1: Others when taken to the hospital, they later run away as they don't want to be taken to the police
VILLAGE ELDER 2: There was one who took pesticide, he was rushed to the hospital and was later offered counseling by the family and is now okay
FEMALE YOUTH: Reporting the attempted suicide depends on a family, just like when there is a sexual violence or defilement of a child, the family may cover it up
Facilitator: Are you Aware that Suicide is Illegal?
All: Yes
CHV 2: Just like attempted rape, an attempt to commit suicide is also illegal and is against the law. The law does not allow you to take your life.
Facilitator: What intervention helps most in suicide cases?
All: Taking someone to hospital and them getting counseling helps
CHV 1: Going to the police
CHV 2: When one is charged in court, they get out on bond and this costs the family money. An attempt is a crime
Facilitator: What is the Impact of the Legal Connotation of Suicide?
CHV 2: Most people feel it is their life and no one can stop them in taking it
CHV 1: Some people cannot help it because they have a mental disorder
FEMALE YOUTH: Some people try to commit suicide and when they feel pain, they stop and end up not doing it again
CHV 2: Some people try to commit suicide to see if they are loved
Facilitator: What are the Red Flags/ Signs of Someone who can Commit Suicide?
VILLAGE ELDER 1: When there is a conflict, the kind of words someone uses show they may commit suicide (I can die and live this world for you) *Abothonu awenu piny*
CHV 2: When someone is drunk, they will speak of how they will kill themselves (*aboderanu*)
FEMALE YOUTH: And one day they actually do it
CHV 2: When there is too much conflict in a home, the way people talk (*abothonu*)I I will die for you, *Uboluonga kaatho* (you will call me when I am dead). If someone has a land dispute with family, they will say (I will kill myself and leave for you that land) *aboderanu awenu lobno*
Facilitator: What are the Risk Factors of Suicide?

CHV 2: Lack of land demarcation; for example, when a man has boys and needs to divide them pieces of land, one boy may kill himself if he feels that there is no fairness in the demarcation
CHV 1: Some old men kill themselves because they feel harassed by the children to divide his land among them
VILLAGE ELDER 2: Land issues is a risk factor
CHV 2: Isolation is a risk factor because people don't have a place to sit and share. When people share issues, they get relief. In the olden days, the grandparents used to offer counsel but now people are just alone. Also, wrong diagnosis can lead to suicide because one may not understand why they are sick and can take their life
Facilitator: How do you Handle Cases of Attempted Suicide?
VILLAGE ELDER 1: We take them to hospital and offer counseling
FEMALE YOUTH: We should not wait for anyone to attempt suicide as they may actually die. Talks need to be ongoing, so this form of prevention can help
CHV 2: We need resource centers that are youth friendly. We may have mental health talks and have safe spaces. There are social halls in Awendo and Ahero but that is too far due to transport constraints. We need to have our own here in Ayweyo.
Facilitator: Is there Stigma to those who Attempt Suicide?
CHV 1: There is stigma because most suffer verbal abuse
FEMALE YOUTH: Some are made fun of, being told that they found that dying was hard and gave up
VILLAGE ELDER 2: Whenever there is a conflict, they are always reminded of how they attempted to kill themselves
CHV 2: The women may make fun of the men who attempted suicide, viewing them as weak
FEMALE YOUTH: There is a need to talk about suicide, we should have advocacy forums in church, hospitals, conduct trainings to others, include the CHV 1s and partners to make it all inclusive intervention
CHV 2: Stigma does lead to completion of suicides since someone may feel that people are tired of him/her
Facilitator: How do we Decrease Stigma Associated with Suicide?
CHV 2: Through education and sensitization forums
VILLAGE ELDER 2: Resource centers where people can meet and share
Facilitator: Are there Groups that can lead to Decrease in Suicide Cases?
CHV 1: CHV 1s, churches, community leaders, opinion leaders
WOMAN REPRESENTATIVE: There is a group called the Happy Widows. We always meet and share
VILLAGE ELDER 2: Kelin Group has a safe space for us to share
FEMALE YOUTH: Established youth groups
CHV 2: People Living with HIV/AIDs (PLWHAs) already have established groups where mental health can be spoken about
What would you do if someone tells you they want to commit suicide?
FEMALE YOUTH: I will find out what the situation is and advise them. I will show them how the children will suffer, talk to the person's family members and refer them to someone who can

support them.
VILLAGE ELDER 2: Advice the person
CHV 2: Find out the reasons why they feel suicide is the best option. I will talk to the person and look for a close person who can talk to him.
Facilitator: What recommendations would you give to Policy Makers on Drafting a County Specific Suicide Strategy?
CHV 2: County Government to develop a Resource Center, encourage advocacy
VILLAGE ELDER 2: Have skilled counselors who can handle suicide cases
WOMAN REPRESENTATIVE: Enhance youth skills for youth to get employment
CHV 1: Have a revolving fund where there can be businesses started
CHV 2: Since our area is agriculturally viable, we can have Income Generating Activities in the resource centers, have focused dialogues, review forums and a safe space to talk and plan also with other stakeholders
Facilitator: Are there Funds Available for Suicide Prevention Activities within the ward?
CHV 2: There is money in the ward, but it is not specific to mental health. Most are for education bursary,
CHV 2: The Constituency Development Fund (CDF) fund is for education and security. The church has organizations that fund them, but they mostly support the orphans and elderly. The Anglican Church and the Catholic Church have these programs and only cater to their members.

c) Ombeyi Ward Focus Group Discussion

Facilitator: What is suicide?
VILLAGE ELDER 2: It is dying by force before your days have reached or your days are over
WOMAN COMMUNITY LEADER: It is dying by force due to misunderstanding
CHV 2: It is brought about by stress and disappointment and feeling hopeless and seeing that the only solution is death
CHV 1: Brought by depression
Facilitator: What is suicide in Dholuo?
All: It is *derwuok* (hanging) but is referred as *derwuok* whether someone kills themselves in water or hangs themselves
WOMAN OF REPRODUCTIVE AGE: *Derwuok* and it constitutes all manner of killing self
VILLAGE ELDER 1: Throwing self in front of a moving car to kill self is called *derwuok*
When was the Last time you heard about Suicide?
VILLAGE ELDER 1: In November last year, a boy near here killed himself using a rope
CHV 2: In November, a young man also threw himself into a borehole and killed himself there
CHV 1: Five years ago
WOMAN OF REPRODUCTIVE AGE, WOMAN 18-25 YEARS, MALE YOUTH, VILLAGE ELDER 1, VILLAGE ELDER 2, CHW, WOMAN COMMUNITY LEADER, CHV 2: I heard of the two cases mentioned by my colleagues in November

Facilitator: According to you, from the year 2019 have the suicide rates increased or decreased?

CHV 2: Seems it's increasing because if in a year we used to hear of it elsewhere, now it is happening here in our sub location, yet we never used to hear about suicide

WOMAN OF REPRODUCTIVE AGE: We had four completed suicides

VILLAGE ELDER 2: There were two attempted suicides in Kore Sub location

VILLAGE ELDER 2: I heard of one in Ogunga

WOMAN OF REPRODUCTIVE AGE: In Ramula, I heard of one in the year 2018

CHV 2: My neighbor also tried to kill herself, but she never died

VILLAGE ELDER 2: A class six child also killed himself

Facilitator: What were the Suicide Cases About?

MALE YOUTH: The class six child who died was sent to buy sugar by the teacher. On the way back from the shop, the sugar spilled on the ground. Being that he couldn't get more money to buy a replacement, he was afraid of going to the school as he knew he would be caned. His parents are also very harsh and as a result, he was afraid of going home too. He knew his father would cane him too as he was very harsh. As a result, the child killed himself by poisoning himself.

CHV 2: In the case of the drowning of self in the borehole, the man had been supporting his wife in table banking. He used to give her money and the day she got some money from the table banking, she refused to share the money with the man. He was angry and frustrated and said he would die and leave the money for the woman to use. He went and threw himself in the borehole where he drowned and was found after seven days when someone went to fetch water and the body was already floating in the borehole.

WOMAN COMMUNITY LEADER: My neighbor who had been unwell for a while couldn't afford treatment. As a result, he killed himself. He was an elderly man.

VILLAGE ELDER 1: In this case, the young man who killed himself had come from Nairobi with his wife. His parents did not like the wife. He gave money for food to his mother who bought and prepared dinner. He was reminded by his parents that they did not like his wife. He had his dinner and after dinner, he left the home. No one thought anything of it. The next morning, as his mother was sweeping the compound, she saw him near the tree and said hi to him. He never replied and as she moved nearer, she realized, he had hanged himself and was dead.

VILLAGE ELDER 1: Five years ago, this was also about relationship issues. A man's wife was taken by someone else. She eloped with this other man and left her husband with the children. One day, the man came and made food for the children and left them and went to the bush and killed himself. His wife has never come back since.

VILLAGE ELDER 1: Most suicides occur because of women. Some women are too harsh, but some men also make women's lives very difficult. Most men die because they do not share. Women however do share. To say the truth, women are stronger than men. For example, a man can wrong his wife. She will cry but, in the evening, she will still make food for the man to eat. Men cannot handle it if a woman cheats on them, but a woman can handle if a man is unfaithful to them.

WOMAN COMMUNITY LEADER: Women have a big heart and women can forgive infidelity.

A man can't handle that. He would kill the woman and kill himself.
CHV 2: Men can react to hearsay and beat up a woman. Even after being beaten, this woman will still cook and have sex with the same man who beat her up. She will not think of killing the man, but a man will think of killing the woman were the situations reversed.
WOMAN COMMUNITY LEADER: Women are harsh, and some men are also very harsh
VILLAGE ELDER 1: A woman who is harsh is worse because she can lead you to kill yourself. Some women have no respect and when there is a disagreement, a woman will reveal a man's innermost secrets but a man on the other hand cannot reveal any secrets told to them. A woman who poisons the husband has consulted a lot and is never in the right frame of mind.
VILLAGE ELDER 2: There is a relative of mine who is sick and is bedridden now. He has no strength to cook or do anything for himself and his wife has disappeared to the city to work as a commercial sex worker. He feels helpless and is having suicidal thoughts and wants to take poison to end his suffering.
WOMAN OF REPRODUCTIVE AGE: For a woman to behave in a certain way there is always a reason. A man may blame the woman, yet it is the man who causes her behavior.
Facilitator: Who is likely to commit suicide?
MALE YOUTH: Youths are prone to commit suicide. In 2014, two young men killed themselves due to wife inheritance issues. A married man wanted to go and inherit another woman whose husband had died. His wife left him so he can go and inherit the widow. When this man realized his wife had left him, he went to bring her back from her mother's house. She refused to go back to her matrimonial home. Her husband went for her two more times, but she refused. The third time, he carried poison in his pocket and went to look for his wife at her mother's house (his mother in law's place). When the woman refused to go back with him, he requested to be given water to drink. When the water was brought, he put the poison in it and drank it and went back to his home. He died on arrival. One of his married friends wanted to inherit the widow who was left behind but his wife denied him the chance. He went and hanged himself because his wife had forbidden him from inheriting his friend's widow.
WOMAN COMMUNITY LEADER: Infidelity brings issues
VILLAGE ELDER 2: There are young people who want to marry their relatives and when forbidden to do so, they kill themselves. Even yesterday, we had to leave a young girl in a man's house even though they are relatives. We did that because they had threatened to kill themselves.
CHV 2: The class eight leavers kill themselves because after they perform well in school, there is no money to take them to school and this leads them to kill themselves.
MALE YOUTH: They threaten to throw themselves on the road that has fast moving vehicles
VILLAGE ELDER 2: They threaten to drown themselves in the river
CHV 2: Drowning is not common since there is no fast-moving river
CHW: Most people use rope and poison
MALE YOUTH: Some use rat and rat poison
CHV 1: Others use livestock medicine like the ones used to wash ticks off of cattle
CHV 2: Some poisons are out of stock in the shops. People use faradan, rat and rat poison and use pesticides used to spray tomatoes.

VILLAGE ELDER 2: Some people go to the agrovet and buy pesticides used on ticks and bedbugs and use it as poison
VILLAGE ELDER 1: Others use faradan which is a fast-acting chemical
Facilitator: After a Suicidal Death, What Happens?
CHV 2: It is a police case. The police are called to the scene and an investigation or inquiry is done as to why the deceased poisoned or hanged themselves and they are later taken to the morgue.
MALE YOUTH: If one dies by hanging, they are first caned by the people and this is as per tradition. The police will have to be present before the rope is cut by an elderly person
VILLAGE ELDER 1: The rope that is used for hanging is used to enhance business and, in most cases, it disappears after the deceased is cut down.
CHV 2: The rope brings wealth
MALE YOUTH: Some people go for the rope to boost their business
CHV 2: Even fishermen believe in this rope and believe that is brings in more fish
VILLAGE ELDER 1, CHV 2: For the person who made the deceased to kill him/herself, they take the soil from the grave to cleanse themselves
Facilitator: What of Attempted Suicide?
MALE YOUTH: The person is taken to the police
VILLAGE ELDER 1: They are caned to remove the demonic spirit in them
VILLAGE ELDER 2: If a person who attempts suicide is taken to the police, they can be charged
CHV 2: Their mental health may be tested and then they are charged. They can also be prayed for or taken to *ajuoga*, the traditional healers.
CHW: If someone attempts suicide by poisoning, they are taken to the health facility
CHV 2: Traditional healers and prayers were used a long time ago. Counseling can be done
Facilitator: Is there Stigma for those who attempted suicide?
MALE YOUTH: There was a Boda Boda driver who wanted to kill himself by drowning. He was caned by his peers and he later moved to Nairobi. He has never tried to kill himself again.
VILLAGE ELDER 2: The CHVs talk to them. Talking is better than caning though some are hardheaded and may try to kill themselves again. Counseling is good. Police will only charge someone after they are tested and found of sound mind.
Facilitator: What are the Signals/ Red Flags that show one may Kill Self?
WOMAN 18-25 YEARS: There are some terms that they use '*adera*' I will kill myself
WOMAN COMMUNITY LEADER: They are withdrawn, and no one gets to know what they are thinking of
VILLAGE ELDER 2: When someone is lonely, struggling and even has no food, they may easily kill themselves
VILLAGE ELDER 1: One who is being quarreled too much they may say '*wach oroma atho awene dala*' (I am tired of quarrels, let me die I leave for them this home)
Facilitator: For those who attempted suicide, are they at risk?
MALE YOUTH: Yes, they can easily try to kill themselves again
VILLAGE ELDER 1: They may change the location of where they try to kill themselves, so they are not rescued

CHW: Especially if the root cause is not taken care of
VILLAGE ELDER 1: Some who finance girls' education also die by suicide when after completing school these girls leave them for other men
MALE YOUTH: There was a Boda Boda rider who took a girl to university and paid her fees. After the girl was done with school, she left the guy. He killed himself
Facilitator: If those who attempt suicide are caned, does it make them more at risk?
VILLAGE ELDER 1: I feel they shouldn't be reminded of what they tried to do
Facilitator: What are the risk factors of suicide?
VILLAGE ELDER 1: We have a lot of money here because we plant sugarcane and rice. However, when people harvest and sell their produce, they don't use the money well. Women even use this money to get lovers. There was a woman who killed herself because after the harvest and the couple got money from their produce, the man misused the money, so she killed herself to allow him to use the money in peace.
VILLAGE ELDER 2: Table banking is also a risk factor in suicide commission in this area, like Kosalo table banking has led to so many couples separating.
Facilitator: What are the cultural Issues that lead to suicide?
VILLAGE ELDER 1: When a boy and girl who are relatives want to marry and they are told culture does not allow them to marry due to the relationship they share as relatives, they end up killing themselves
CHV 1: If a relative like a cousin impregnates a fellow cousin and they want to marry, they are told they cannot get married and as a result, they kill themselves.
CHV 2: The couple will kill themselves separately if they are told not to marry each other
VILLAGE ELDER 1: As a village elder, I handled a case of where two cousins, wanted to marry each other. The boy wanted to kill himself when he was told he could not marry the girl. So, we ended up just leaving these young people to marry because we do not want them to take their lives.
Facilitator: Are There any sayings that encourage suicide?
VILLAGE ELDER 1: No but the CHVs help by sensitizing and talking to the community. There are even very sick people who have suicidal ideations because they feel bad about their health, these people are able to go to hospital and get medication because of the talks they have with the CHVs
CHV 2: HIV/AIDS positive diagnosis used to make people kill themselves. Poverty also makes people opt to kill themselves and die because they no longer want to suffer and especially if they feel they have no one near them to offer them support.
CHW: These sick people may say '*atho ayweyo (*let me die and rest)
VILLAGE ELDER 2: Family feud, poverty and sickness can lead to suicide
Facilitator: Is Suicide Illegal?
MALE YOUTH: It helps to make suicide illegal because we remain less in the community when people kill themselves. We lose numbers of people within the community
WOMAN OF REPRODUCTIVE AGE: If someone attempted suicide and is taken to jail, then this will discourage others from attempting to commit suicide
MALE YOUTH: Committing suicide is bad for the economy because when someone commits

suicide and an old man had just one cow. It is that cow that will be slaughtered during the funeral and will leave the old man with nothing. The burial expense is huge

Facilitator: How do you handle attempted suicide?

CHV 2: People need to know the burden of suicide and they need to be told the risks they will undergo if they don't die from their attempts.

CHW: Through guidance and counseling, the root cause needs to be identified but we have no such counseling unless we get volunteers

CHV 2: Caning is a tradition to remove the suicide demons that are in the person. This, however, does not help to sort out the root cause of the suicide attempt and instead, caning can lead to even more anger and the person may go ahead and actually kill themselves

Facilitator: How do you Reduce Stigma on Attempted Suicide?

WOMAN OF REPRODUCTIVE AGE: Counseling

VILLAGE ELDER 2: We need a resource center where we can have sensitization and counseling done. People can come together and may get help

CHW: Community needs to be empowered to accept the people who have attempted suicide. If the community does not accept them, they may attempt to commit suicide again and succeed.

Facilitator: Are there Groups Supporting in Suicide Prevention?

CHW: Women groups, Village Savings and Loans (VSL) because through their leadership, counseling can be offered

MALE YOUTH: Youth Groups

CHW: CHVs

VILLAGE ELDER 1, VILLAGE ELDER 2: Baraza's (meetings with chief and villagers) and Churches

Facilitator: If someone tells you they want to kill themselves, what do you do?

WOMAN 18-25 YEARS: Find out why

MALE YOUTH: I can just tell someone to go and kill themselves because I believe it is very hard to kill oneself

CHV 2: My brother wanted to kill himself and had bought rat and rat poison. I bought for him three more sachets of the rat and rat poison and told him to go ahead and kill himself. I told him I am ready to buy a coffin and we already have a cow for the funeral. He never killed himself and is okay to date

MALE YOUTH: I told my friend to go and kill himself. He never did that

CHV 2: For someone to actually kill themselves, their brain is not normal at that point

WOMAN OF REPRODUCTIVE AGE: People who actually kill themselves never announce it. They just go ahead and do it

Facilitator: What Recommendations would you give on Policymakers on a County Specific Suicide Strategy?

CHV 2: Create awareness on suicide and we need funds for suicide prevention sensitization

CHW: Hospitals from level one should be included in suicide prevention and to enable them identify people who are suicidal. There needs to be coordination of suicide prevention programs from the County, Sub County, Ward levels. We need a suicide prevention team on all these levels and have them meet on a quarterly basis.

Facilitator: Are there Funds in the Ward for Suicide Prevention Activities?
CHV 2: We have no funds as people don't see it as a need. The community needs to be empowered and include it. We only have funds for education
CHW: Other funds are for HIV/AIDS and these are focused on by other NGOs and CBOs. We can have CBOs to incorporate suicide into their programs
Question by participant: What is the Objective of the FGD?
Comment by Participant: Keep on coming to the community for sensitization of suicide

d) Nyalenda Ward Focus Group Discussion

Facilitator: What is Suicide?
VILLAGE ELDER 1: It is *derwuok* (hanging) in dholuo
WOMAN REPRESENTATIVE: Something pushes you to decide to end your life
CHV 2: Something that stresses you and makes you decide to end your life
WOMAN OF AGE 18-25: Way someone can decide to shorten their life span
Facilitator: What is the local description given to suicide?
VILLAGE ELDER 1, CHV 1: *Derwuok*
CHV 2: *Kujinyonga* (hanging)suicide
Facilitator: When was the last time you heard about suicide?
CHV 1: Today on the radio, I can't say where the suicide took place exactly. A man hacked his wife to death and then hangs himself with a rope
CHV 2: Last week on the radio, I heard that in Western Kenya, a man discovered his wife was cheating so he decided to kill her then he killed himself
WOMAN REPRESENTATIVE: Last year, a man who hanged himself near the bridge
CHV 1: In November
CHW: Last week, a nurse in Nyalunya killed herself
VILLAGE ELDER 1: Last year a man went to bring his wife back from his mother in law's place but ended up killing himself while he was there. The wife had run away from him
VILLAGE ELDER 1: A former General Service Unit (GSU) soldier killed himself and he used a leso to hang himself. I heard this on the radio
Facilitator: What are the Reasons for Committing Suicide?
CHV 2: Family misunderstandings and some of these are very confidential issues
MALE YOUTH 18-25: A young man who was in the Polytechnic was supporting a lady financially and when he discovered she was being unfaithful to him, he killed himself
CHV 2: One was HIV positive and decided to kill himself because people had found out his HIV status
CHW: The nurse who killed herself in Nyalunya had relationship issues and financial constraints
Facilitator: How many Cases of Suicide did you have in the Ward in 2019?
CHV 2: Heard one in Western but B2 Unit had one case
CHV 1: At Got Owak, we had one attempted and one completed suicide
CHW: As a CHW, I wouldn't know the type of death as we just records number of deaths, not

the causes but last year, I heard of only one case of a woman who may have killed herself
CHV 1: In Manyatta, a woman drowned herself in a borehole because she did not want to go to live in the village as per her husband's suggestion
Facilitator: Based on the Last Five Years, is there an Increase/Decrease of Suicide Cases?
CHW: According to the news, there is an increase as there are always cases of people killing themselves
WOMAN OF REPRODUCTIVE AGE: In this ward, it could be an increase, but they are not recorded
CHV 2: We just report deaths, but it is never indicated whether it is a suicide or not. It is important to specify the cause of death, so we get records of suicides.
CHW: The tool has no indicator to show if death was suicide or not. It just reports number of deaths, ages and gender.
Facilitator: Who is Prone to Attempt Suicide?
CHV 1: Adolescents
CHW: Adults of 18 and above
CHV 2: Male adults
CHV 1: Both male and females
WOMAN OF REPRODUCTIVE AGE, WOMAN OF AGE 18-25, CHW: Men
CHV 2: Since men are breadwinner, they are more likely to commit suicide as they have a lot on their minds
VILLAGE ELDER 2: Men are more likely
VILLAGE ELDER 1: Women are hardhearted, and men just think the only solution is to kill self
MALE YOUTH 18-25: Male youth are likely to commit suicide due to relationship issues
WOMAN OF REPRODUCTIVE AGE: Women from 18-25 are likely to commit suicide but not so much as ladies tend to share their problems. Men keep quiet with their issues. A problem shared is half solved like last week, a female youth wanted to commit suicide but shared what was disturbing her and the pastor was able to support her. If it was a male youth, he would have died because of not sharing
CHW: Since we don't have indicators in the data collection tool, I cannot speak of a trend in suicide. I however feel that more men are vulnerable and at risk of committing suicide as opposed to women who tend to share more
Facilitator: Which Groups of People are Prone to Suicide Attempts and Deaths?
CHW: I can't pinpoint a specific group because everyone is at risk but dialoguing on issues of suicide at community level, integrated outreach, counselors can come and talk to people within the hospital, so counseling is one of the services accessed
Facilitator: What are the Means Used to Commit Suicide?
WOMAN OF REPRODUCTIVE AGE: Drugs like rat and rat, and others hang themselves
CHW: Poison, rat and rat is very accessible on the street. They are sold by hawkers
CHV 1: Others burn themselves and burn the house when they are inside
CHW: They pour petrol, lock the door and light the home
CHV 1: Overdosing on drugs
VILLAGE ELDER 1: A man was found dead in the house the other day and we are unsure

whether it was alcohol and drugs or what

Facilitator: What is Procedure when one Dies by Suicide?

CHV 1: The CHV will call the village elder who calls the Assistant chief or chief and finally, the chief will call the police who will come

VILLAGE ELDER 1: If someone died using poison and we are unsure; we still call the village elders who will call the chief and the police. The reason may be known by the family and the police will question them. Sometimes people throw away the container containing the poison before they die so it may not be easy to know what they used.

VILLAGE ELDER 2: There is a lady who differed with the husband and she was brought to hospital after taking poison. But we never knew what poison it was so she couldn't be helped, and she died

Facilitator: What is the Procedure if one Attempts Suicide?

CHV 2: It is not easy for people to open up about the causes of death or attempted suicides

VILLAGE ELDER 2: If someone tries to kill themselves and they are not successful, they will either run away or hide to avoid arrest. We haven't found those who have attempted suicide and not succeeded. If we find them, we need to take them to the police and they should be prosecuted

WOMAN OF REPRODUCTIVE AGE: A friend took medicine and was in the house and had locked herself in the house. I had to call a village elder to witness the opening of the house. We took the lady to hospital and we were told to go back and search for what poison she had used. She died

VILLAGE ELDER 1: A lady had gone to visit the sister. The sister had travelled and for three days the door was locked, and the lady was in the house. People called her and found that she was still breathing. The village elder was called so that he can witness the breaking down of the door. The landlord gave permission to have the door broken down. The lady was unconscious but on being taken to the hospital, we were told the lady had died

CHV 1: A grandchild of a friend tried to kill himself using rat and rat poison; he was taken to hospital and was treated but he wasn't arrested

VILLAGE ELDER 2: We may not hear of these cases because people may cover it up so others not within the family will not hear because they know that if the local administration hears about it, the person would be arrested

CHV 1: Another case also was a young man who wanted to marry a young girl but was told he couldn't marry the girl because they were related. He tried to hang himself with a rope but was rescued. He got a permanent rope mark on his neck. He was taken to the hospital and treated and is back within the community. The issue of attempted suicide however did not reach the elders, so they are unable to take legal action

VILLAGE ELDER 1: If there is no witness or evidence, there is no case

VILLAGE ELDER 2: It is the community members and the parents of these people who cover it up

VILLAGE ELDER 1: Even non -reporting is an offense

Facilitator: Should People be arrested for Attempted Suicide?

VILLAGE ELDER 1: Yes, arresting does help because in prison, they will learn

VILLAGE ELDER 2: In jail, it doesn't mean that they are punished. They are cared for and told not to repeat what they had tried to do. In this way they are also able to teach other people
CHV 2: That can't help, they need counseling
CHW: In our jails, the situation will become worse. The police can even make you feel like killing yourself more because they are not trained to handle mental cases. They may talk carelessly to someone who had attempted to commit suicide and they may end up killing themselves
WOMAN REPRESENTATIVE: The police are careless in how they talk. But in some jails, there are counselors who can talk to the prisoners. If someone sees that someone was arrested for attempting to die by suicide, they will fear and not try to kill themselves
What Happens to the rope used for Hanging Self?
VILLAGE ELDER 1: That rope just disappears mysteriously. We have heard that it brings wealth
VILLAGE ELDER 2: It is about what one believes in. Even when one drowns, the rope that was used to bring the body out of the water disappears
Facilitator: What are the Signs/Red Flags of Suicide Attempt and Commission?
VILLAGE ELDER 1: Men may kill themselves because of unfaithful wives and most will not share and just sit alone
CHW: Someone who used to talk but now no longer talks and is dull
WOMAN OF REPRODUCTIVE AGE: Some keep on confessing of how they will kill themselves '*Abroderanu*'
VILLAGE ELDER 1: Others keep thoughts to themselves
WOMAN OF AGE 18-25: Others just keep on speaking of how they will die
MALE YOUTH 18-25: In our school, a student used to say that he will kill himself. One day at midnight, he tried to hang himself but the tie he was using was not strong, so it cut, and he was able to be helped. Most of the times if someone made him angry, he would say ' *nitakufa nikuchieno*' I will die and haunt you
Facilitator: What are the Factors Leading to Increase in Suicide Cases?
CHV 2: Poverty, use of illicit drugs and too much alcohol that makes someone unproductive and can make a home to break up
MALE YOUTH 18-25: When children feel unloved by their parents as compared to their siblings
WOMAN OF REPRODUCTIVE AGE: Neglect of children by parents. Parents don't get involved with their children and focus more on education and have left responsibilities to the media and house managers.
CHW: Early marriages and prostitution that children use to survive and the desire to have a high-end life and they don't succeed, can make them disillusioned and make them kill themselves
Facilitator: What are the Cultural Factors Putting People at Risk of Suicide?
CHW: When a husband dies, and the wife is forced to be inherited. That could result in stress and also when they take away the widow's property that can lead to suicide
CHV 2: Wife inheritance
Facilitator: What are the Sayings used to Justify Suicide?
CHW: Suicide is considered a bad thing and is not acceptable

Facilitator: How do you Treat/ Handle Suicide Attempt?
WOMAN REPRESENTATIVE: Counseling
CHV 2: Community counseling can help as people will know they can get help
Facilitator: Is There Stigma for those Who Attempted Suicide?
CHW: People do talk about them behind their back and this may make them uncomfortable. Others view them as evil that they have *jachien* (devil) in them
WOMAN REPRESENTATIVE: For those who have rope marks around their neck, people see them and talk about them
Facilitator: How can they be Assisted?
CHV 1: Their self-esteem needs to be boosted. They can learn from their experience and teach others. Gossip is what affects people so with self-esteem, even if people talk about them, it doesn't affect them. There was a lady who tried to kill herself and she is always telling people she has moved on and they are the ones who keep on dragging her behind by reminding her of the past attempted suicide.
Facilitator: If someone tells you that they will kill themselves, what do you do?
CHV 1: Go ahead
WOMAN OF AGE 18-25: I will advise them that taking their life is not a solution
WOMAN REPRESENTATIVE: I will be surprised and not know what to say
CHW: I will ask why they want to do it and elicit a discussion
CHV 2: I will consult them and find out the reason
WOMAN OF REPRODUCTIVE AGE: I will speak to the person and find out solutions, pray with them and then refer them to a spiritual authority to speak with them. Certain things cannot be removed by rehabilitation, but the word of God can
MALE YOUTH 18-25: Most people who threaten to commit suicide do not do it but those who are silent are the ones who do it. I will just advise the person
VILLAGE ELDER 1: There are people who joke, and others are serious when they threaten to commit suicide. If it is someone with a family, I will talk to them about God and ask them who will care for their family
VILLAGE ELDER 2: I will investigate because there are those who don't take action even after threatening to commit suicide verbally. There are those who just want attention to see what you will say but if it is a fellow old man, I will talk to him and help him find a solution. I will advise him and if he refuses, I will leave him alone
Facilitator: What Recommendations would you give to Policymakers on a County Specific Suicide Strategy?
CHW: We need a reporting system that will enable us to capture suicide data, monitor trends. We also need to build capacity of healthcare professionals in counseling and to handle suicide cases from level one
VILLAGE ELDER 1: Have a functional counseling room in the health facilities
CHW: We have HIV/AIDS counselors and need the same for suicide prevention
VILLAGE ELDER 1: Even having support groups at community level for suicide attempt survivors
Facilitator: Are there Funds for Suicide Prevention?

CHW: The county needs to fund these activities
CHV 2: We can get partners to support
VILLAGE ELDER 1: At ward level, we can look for those who can help
WOMAN OF REPRODUCTIVE AGE: The church reaches a large number of people through spiritual help
WOMAN OF REPRODUCTIVE AGE: Create more awareness on social media
WOMAN REPRESENTATIVE: Reasons for suicides should be identified and look for ways to handle them. Since we don't have knowledge, then suicide cases are more as we don't know how to handle them
CHV 2: Community dialogues
VILLAGE ELDER 1: We will be able to understand why they are killing themselves by finding out the root causes, so we need a counseling office

e) Chiga Focus Group Discussion

Facilitator: What is Suicide?
CHV 1: Act of trying to kill self
WOMAN OF REPRODUCTIVE AGE 18- 25: Giving up on life
MALE YOUTH AGE 18- 25: Killing self-due to conditions
CHIEF: One takes his or her own life
WOMAN OF REPRODUCTIVE AGE 18- 25: My brothers sold land and there was a dispute on how the money would be used. One of my brothers started making threats on how he would kill himself. He later decided not to kill himself and is still alive to date
Facilitator: In the community, suicide is known as?
CHV 1: *Ichiene* (he is haunted)
CHV 2: *Jachien Okwanye* (he is associated with the devil)
CHV 3: If one is stressed very much, then this is one of the causes
Facilitator: When was the Last time you heard about Suicide?
CHW 1: Last week, a nurse in Nyalunya killed herself and I also heard in the radio of a man who killed himself and later killed the wife
MALE YOUTH AGE 18- 25: A pastor in Mombasa also killed himself and his wife in church in front of the congregation
CHV 1: A woman couldn't pay her loan, so she decided to throw herself in the river
CHIEF: I heard of the last one last week when there was a family disagreement. A man disagreed with his wife and the woman left after which the man killed himself
CHV 2: I heard on the radio of a child who was to join form one but there was no money for school fees, so he killed himself
CHW 1: Years ago, a man came and stood beside me at the bus stage. A trailer came from Nyamasaria and before anyone realized it, he threw himself onto the oncoming trailer and even the trailer driver did not realize he had hit someone until people shouted for him to stop. The man who died by throwing himself in front of the oncoming trailer, had too much debt and had been informed that the bank was coming to repossess his possessions. He decided not to wait

and see what the bank would do and decided to take his life

Facilitator: How do you feel when Someone Commits Suicide?

CHIEF: I feel sorry

CHW 2: I feel sad and can't imagine how it starts and ends and what makes someone to commit suicide

CHV 1: It creates fear in the community as people believe the evil spirit will move around in the community. Some religions do not take part in the burial of such an individual because of the evil they have surrounding them

CHV 2: I feel it runs in a family because I can't imagine how someone can wake up and go ahead and commit suicide

WOMAN OF REPRODUCTIVE AGE 18- 35: Some people when told not to marry a relative, they immediately choose to go and kill themselves

MALE YOUTH AGE 18- 25: Most people will commit suicide especially if the leaders commit suicide themselves and in full view of the community like the pastor who killed his wife then killed himself in front of the church congregation

CHW 1: It is believed that when someone kills themselves, the (rope follows) '*tol oluwe*' so it is easy for others within that family to commit suicide

Facilitator: Does the Feeling Affect your Health?

CHV 3: It affects our life economically, physically and tortures our mental health. If you see early signs like words '*abroderani*' (I will die for you) and it is not taken seriously, one may kill themselves and when they die, there is economic implication that demoralizes for example if someone has to use up all his cows for the burial

CHW 1: It affects us psychologically especially if it is someone known to you like my colleague in Nyalunya who killed herself last week; it is taking me time to accept

CHV 2: It leaves a lot of questions as to why no one could speak with this person and we always wish we knew so we could talk to the person

CHV 1: If one is mentally or psychologically ill, they may use drugs that may lead to physical illness like after drinking excessive illicit brew, they may be hit by a car and sustain injuries

WOMAN OF REPRODUCTIVE AGE 18- 25: Young women are afraid of getting married because of the trend of men killing their spouses and then killing themselves

CHV 3: When a family has a history of suicide, other young women from other clans will be afraid of marrying into these communities or families

CHIEF: It gives a village a bad name

Facilitator: Do we look for Help when we are affected by Suicide?

CHW 1: We cry, we talk and then let it go

CHV 1: People go for divine help and healing. Others go to herbalists who can perform cleansing rituals especially if they believe it is a curse. Pastors pray for these people

Facilitator: How many cases of suicide have you had in 2019?

CHIEF: Six completed suicides and 10 attempted suicides

CHIEF: People who were helped, that is the rope was cut or the poison wasn't very potent, there are around ten attempted suicide cases and six completed suicides

Facilitator: Compared to the Last Five Years how is the trend of Suicides?

CHIEF: It is an increase
CHV 3: Increasing
Facilitator: What are the Reasons for this Increase?
CHV 3: Poverty
CHV 1: Economic hardship
CHV 3: A lot of domestic violence due to poverty
WOMAN OF REPRODUCTIVE AGE 18- 25: The evil spirits also want more people to die. You may pray and cast them out, but it is believed that when you see the rope in your eyes, you may end up killing yourself. There was a woman who bought two bottles of poison and wanted to kill herself because the husband had married another wife. She was prayed for and she has never tried again
CHV 1: Lack of support and neglect by the family for example if a child is physically challenged and is not getting any parental support, they may end up taking their own life
WOMAN OF REPRODUCTIVE AGE 18- 25: Thinking too much and not getting answers or support you need may lead to suicides, as well as depression
CHV 3: When family members cannot trust each other, the wife will go and commit suicide and if the man realizes that the wife is unfaithful to him, he will also go and kill himself
CHV 1: The burden of paying loans lead to killing yourself and there is the fear of possessions auctioned
CHW 1: There is stigma from others and people don't want to share with others their problems and end up killing themselves for example if someone is HIV positive, they may face stigma from the family and feel that the only solution is to kill themselves
CHV 3: There are some young men who are tired of providing for their families and end up taking illicit brew '*simba waragi*' which is not even sold in pubs because it is deadly.
Facilitator: Which people attempt Suicide More?
CHV 1, CHV 3: Women
WOMAN OF REPRODUCTIVE AGE 18- 25: Both genders
CHV 1: Women, the percentage is high followed by the youth
CHW 1: Attempted, most of them are women while the men complete suicide
CHIEF: We had six attempted suicides to be female and four attempted were men
WOMAN REPRESENTATIVE: Men are not good providers and frustrate the women and where there is no support from the men, the women contemplate suicide
WOMAN OF REPRODUCTIVE AGE 18- 35: Some women are also not good and even if the man is supporting, they do not appreciate, and this can push a man to commit suicide
CHV 3: For example, a man left KSH 10,000 for his wife for household use. She however took this money and decided to go on an outing with the children. She wanted to see the locusts exhibited. She used up all the money and when she went back home in the evening, she had no money for food. Her husband beat her up
CHIEF: Sex is also a concern especially for the men who are denied it. This brings great family feud
CHW 1: Like today, a lady was taken to hospital after being thoroughly beaten by her husband. She has been refusing to have sex with the husband and mainly sleeping on the couch or with

the children. So last night, she fought with the husband and was beaten thoroughly
VILLAGE ELDER: It's very tough because we had a case where the husband beat up the wife because the wife just focuses on her business and doesn't have sex with the husband. The husband wanted to kill himself. The denial of sex brings a lot of *derwuok* (suicide)
Facilitator: Which Groups of People are Likely to Commit Suicide?
CHV 3: When people believe that it (suicide) runs in a family, they see it as a rope that follows generations and it started with the grandparents or great grandparents. They say that's their (family culture) '*mano kit gi*'
CHIEF: There are such homes that can be identified as having suicide running in their lineage that is, more than two people have committed suicide in that home
CHV 3: Some of these suicides are kept secret and the administration like the chief is kept in the dark
CHV 2: There is a boy who attempted suicide and, in their home, they have a history of people killing themselves. He is 25 years and has married 5 women. These women do not stay with him for more than two months. After two months, the leave him because of the suicide issue that runs in the family
Facilitator: What can you do about such Families?
CHV 1: These family members need counseling and support
CHV 3: It is the people who are affected who should go for help. Even if they decide to relocate, they will still commit suicide if it runs in the family
CHIEF: We need to create awareness through public *barazas* (meetings with the chief and community). Some people go to traditional healers
CHW 2: For those who are stigmatized, we can approach the person and offer them counseling or refer them to an institution that offers them counseling
CHV 3: We can hold household visitations and discuss about suicide with the household as CHVs and they may change due to the discussion
Facilitator: What Means was Used to Complete Suicide?
All: Rope
CHW 1 2: Throwing self into the river or borehole which is 50 feet
CHV 1: Poison
WOMAN REPRESENTATIVE: Use of pesticides used in killing ants works very fast and is highly poisonous
CHW 1 2: The belt, rope and tie are easily accessible
Facilitator: What is the Procedure after Committing Suicide/ Attempted Suicide?
CHV 3: We report to the police as people are also very afraid to cut the rope. The police question witnesses and take the body to the mortuary
CHIEF: Anyone can report directly to the police or the chief as the immediate authority. The police investigate what happened and why on one in the family/community was able to help him or her. After the rope is cut, people scramble for the rope and the body is taken away
CHV 1: The rope is used as (medicine) *yath* for business, thieves use the smoke from the rope that is burned to make people sleep deeply and enable them to steal. The body is caned before it is cut down

VILLAGE ELDER: If someone has killed herself or himself, the chief is informed, and everyone is asked to wait until the police arrive. Once the police come, non-family members are sent away and only the family members and witnesses remain for questioning by police. The rope is then cut down and taken to the mortuary. The police can take the rope

Facilitator: What are the Signals/Red Flags that can be exhibited by Someone Contemplating Suicide?

CHIEF: Verbal threats

CHV 3: *Abroderani* (I will kill myself for you)

CHV 1: *Ukwanya Katho* (You will find me when I am dead)

WOMAN OF REPRODUCTIVE AGE 18- 25: I will kill you then kill myself

CHIEF: Misusing wealth they have, knowing they are soon taking their life

Facilitator: Who is most Affected by Suicide?

CHIEF: Most family members, chief as a resource person and politicians also lament that a vote is gone

Facilitator: What Increases the Risk of Suicide?

CHV 3: Poverty

CHV 3: Marrying fellow relatives that is against the culture and the couple are told they can't live together, and this leads to suicide

WOMAN OF REPRODUCTIVE AGE 18- 25: The other day, we found a young man who had married a young lady related to him and the parents were afraid of sending the young lady away as the young man had threatened to commit suicide. The parents to the young lady however called her to go home to discuss the issue

CHIEF: Polygamy especially when there is biased support and love from the man

CHV 3: Like today at Kosawo hall, a polygamous man had threatened to kill himself and the police were trying to talk to him. He had married a second wife with a child from another relationship, but he was refusing to support the child and the woman decided to leave. The men threatened that he will kill himself and kill the child

CHW 1: Polygamy is an issue because in my case, my elder brother had married, and we thought he had just the one wife and children. When our father died, another woman came for the burial confidently accompanied by big children, saying she is my brother's wife. We thought she was the second wife but were shocked to discover she was actually the first wife. The other wife that we knew as the first wife was actually the second wife and she tried to kill herself and ended up paralyzed as a result of the attempt.

CHW 1: But one day her husband went to their village home with another woman who he called his wife. My sister was informed, that is her co-wife. In one month, my sister lost so much weight and we thought she would die. She attempted suicide twice and finally on the third attempt of suicide, we had to beat her up thoroughly and also talked to her. She is now okay, but the two women never talk or meet yet they share one husband

CHIEF: Even attempted polygamy contributes to suicide '*adhi metoni*' (I will add another wife), *okendona*, (he is marrying again), *ometona*, (he is adding another wife) *abroderani* (I will kill myself for you)

Facilitator: Is Suicide Attempt Illegal in Kenya?

All: Yes
CHV 1: That law is okay
CHV 3: It is a crime
CHIEF: Chargeable in a court of law
All: It is a good law
CHIEF: The ten attempted suicide cases were not prosecuted. People just talked to the survivors and were afraid of taking them to the police as they were afraid, they would actually go ahead and kill themselves. So, these cases are not forwarded to the police but are finished at the family level. They just talk to them not to repeat the attempt
CHV 2: Refer them for counseling and to the church
CHIEF: Should be taken to the police so others can learn
Facilitator: What are the Risk Factors for Suicide?
CHV 3: Failed suicide attempt
CHIEF: Stigma
Facilitator: How do we reduce stigma?
CHW 1: Counseling, awareness, through *barazas* and visiting households
CHV 3: Refer to someone who can offer counseling
CHIEF: Find out why they wanted to kill self
CHW 2: Prayers
Facilitator: What Recommendations would you give to Policymakers on a County Specific Suicide Strategy?
WOMAN REPRESENTATIVE: Counseling centers that offer free counseling
CHV 2: Adopt a one man one wife policy
CHV 3: *Jagam* (someone who would connect two families in marriage and investigate the man's family on behalf of the woman), used to help in investigating the homes and from the history, one would know whether there are suicidal tendencies in a home and avoid such marriages that would break from suicide
CHV 2: Use health centers for giving health talks
CHW 2: Have a County Government counselor to support the community. We used to have one, but she passed away and since then we have not had a replacement. At community level, we need to have health talks, CHVs can offer talks, visit houses and talk on mental health and also support the local administration on mental health issues
MALE YOUTH AGE 18- 25: Publish books on mental health and distribute
CHV 1: Have public events that bring people together and just interact. Also, In schools, we should have lessons on suicide and how to prevent suicide
CHV 2: We need to mark the World Mental Health day in every sub county
Facilitator: Are there Funds for Suicide Prevention Activities/ Mental Health?
CHW 1: We have no funds
CHIEF: Funds are there but not allocated by the government
All: At ward level, we have no funds
CHV 1: Sometimes we volunteer but it is hard because we use our own personal resources. We need transport and communication costs catered for

Facilitator: What Happens During a Burial of a Person who Committed Suicide?
CHV 2: The monetary contribution sometimes is high maybe due to shock
CHV 3: People actually forget what killed the person and the burial takes place normally
CHV 1: Some churches like Catholic do not perform burial rites for someone who killed self

f) Seme Katieno Focus Group Discussion

CHV 1: Taking life in any way
All: *Derwuok* (killing self)
Facilitator: What have you heard about Suicide?
CHV 2: Even right now we have someone in the mortuary who died by suicide
CHV 1: It happened two weeks ago
Facilitator: When was the Last Time you heard about suicide?
CHV 1: I have heard it on the radio and I also know of the one that happened recently here and the body and is still in the mortuary
WOMAN OF REPRODUCETIVE AGE 18-25: I heard it on the radio
WOMAN REPRESENTATIVE, CHV 2, CHW: I heard on the radio and also the suicide that happened recently
VILLAGE ELDER: I have a personal experience with my child who tried to commit suicide. Last year he had come home from lunch and he tried to hang himself and then his siblings saw him, they cut the rope and saved his life.
Facilitator: What are the reasons People Commit Suicide?
CHV 1: There are differences in thoughts, disagreements within families between children and parents and between husbands and wives
WOMAN OF REPRODUCETIVE AGE 18-25: When someone refuses to do what someone else wants for example, a woman ran away from the husband and went with the children to Nairobi. The man followed the wife and the woman refused to go back to the husband. The husband came back to village and threw himself into a borehole.
CHV 2: There was a woman who never wanted to follow culture that she felt was bypassed with the times. So this woman, her father in law had died and there was a cleansing ritual to be done. The cleansing involved the eldest brother having sex with his wife after the funeral to pave way for the other brothers to also have sex with their wives. She refused to have sex with her husband since it was part of the ritual. The husband went and reported her to his brothers who are her brothers in law. The husband and his brothers came and ganged up against her and forced her to have sex with her husband in their presence as they watched. The brothers watched her having sex to ascertain that they actually did it and they were free to go on and have sex with their wives. The woman was very ashamed and literally wanted to die. She tried to commit suicide and took a drug overdose but was rescued and taken to hospital. She survived
WOMAN REPRESENTATIVE: Domestic violence between a man and a woman and more so in polygamy when a man is perceived as being unfaithful
VILLAGE ELDER: There was a young man who sent money to his father and the wife to the

young man was in the village at that time. This woman took this money that had been sent by the son to his father claiming that the old man eats her food. The old man, her father in law went and took his life in order to leave the money for the woman to use as she sees fit.

VILLAGE ELDER: My son, the one who had tried to commit suicide nearly died because of girl/boy relationship issues. He had a girlfriend and the girl was moving on to another boy and that hurt and frustrated my son who decided to kill himself however he was lucky that his siblings were around to cut the rope before he died.

CHIEF: Majority of young people take alcohol and drugs and frustrations can also lead to suicide attempts. Some of these people also have mental issues, some go around saying *abroderani* (I will kill myself for you). Some people take too much alcohol to the point that their brain is affected, and they do not talk about issues that are disturbing them. The majority of people who don't open up and talk about their issues are the men. Poverty and terminal illnesses also lead to issues of attempted suicide. Most are fond of saying that due to the struggles of poverty or sickness, *atho ayweyo*, (I will die and rest). Some of these people who attempt to kill themselves, we take them to the police, but they are talked to by the police and forgiven. Some are healthy but don't have coherent thoughts. These we refer to hospitals. Women are able to share their thoughts and feelings when they ask to see me. Since we exhibit a lot of patience, we are able to get to the root of the issue and get solutions. Sometimes when women go to the Voluntary Counseling and Testing (VCTs) to check on their HIV status, they refuse to have sex with their husbands especially if they have been suspecting the man of cheating. They would want to preserve their HIV negative status. If the man is suspecting that a woman is unfaithful, he will also go to the VCT and if he is HIV negative, he will refuse to have sex with the wife, and this still brings conflict that can lead to attempted or completed suicides.

Facilitator: How do you feel when deaths occur by suicide?

CHIEF: It is traumatizing especially if it is someone you had been talking with and joking with the previous day, like a Boda Boda guy I was talking to and laughing with one day, the next day, I hear he killed himself. It was traumatizing

CHV 2: I always feel pain and feel there is always a solution for everything. Some people say it is generational, if a previous generation had a member kill himself, then the grandchildren are also bound to do the same but I personally don't believe this as I believe there always has to be a reason why people would want to kill themselves

MALE YOUTH: I feel depressed and feel pain

WOMAN OF REPRODUCETIVE AGE 18-25: I feel pain yet you may find that someone may also be going through similar challenges like the deceased and it may make someone to feel like killing themselves too so they can also go and rest

WOMAN REPRESENTATIVE: It is very painful

VILLAGE ELDER0: I feel pain and the family must also feel a lot of pain because of how young children are left behind with no one to care for them like a parent would

CHW: I can cry, it is painful; I can refuse to eat, feel depressed and general body weakness and can also feel like killing self in order to stop feeling unworthy

VILLAGE ELDER1: Pain

ASSISTANT CHIEF: Shock in my heart

VILLAGE ELDER: I have experienced suicide twice. My father hung himself on a mango tree and died. I was in shock and couldn't do anything. Even when my son tried to kill himself, I was shocked and couldn't do anything.

Facilitator: Do you get Psychological help when we feel these things?

CHIEF: I feel it is part of my duty to be strong so with time, whatever I am feeling goes away on its own because who do I have to turn to if the community itself relies on me? Suicide can be infectious because we learn from what we see and most women would tell the husbands, I will kill myself like so and so's wife did.

ASSISTANT CHIEF: If people have shared their problems, they may not feel the need to kill themselves

Facilitator: Last Year, How Many Suicide Cases were there?

CHIEF: Around three in total

Facilitator: What of the Attempted Suicide?

ASSISTANT CHIEF: One woman had tried to take poison, but it was taken away from her by her husband

CHIEF: Around 5 tried to commit suicide while 3 actually died, so in total we had 8 cases of suicide

Facilitator: Compared to other years, is the Suicide Rate Increasing or Decreasing?

ASSISTANT CHIEF: It is increasing

CHIEF: Other years, it used to be just one in a year or one attempted suicide. Now, there are more deaths like last year we had 3 deaths and 5 attempted suicide cases

ASSISTANT CHIEF: Without counseling, these cases will go on

Facilitator: What are the Issues that lead to Suicide?

CHIEF: Poverty; life has become tough. People are getting fond of saying *atho aywe*, (I die and rest). This leads to a high rate of youth getting into alcoholism to 'run' away from their problems, though drug abuse and alcohol increases the suicide risk. During funerals we get sachets of cheap brew littered all over the place by the young people

ASSISTANT CHIEF: Media; the way the media reports on suicides, the children see and hear the description and it gives them ideas on how they can escape their problems and sometimes feel they cannot be treated a certain way and not take action, so they end up killing themselves

CHIEF: Culture doesn't play a big role because it is hidden. People practice archaic culture in secret because we have women rights and if there is any case reported to the chief, we would take action. So, from what we have heard, culture may play a role in promoting suicide, but it is hidden by the community.

CHV 2: I also experienced negative culture and I would have killed myself had the chief not intervened. My mother in law died and there was a remembrance, one year after she died. As part of this commemoration, there were some rituals that were to be done and I had a specific role to play. I was told that I would be given a goat to slaughter, cook it and present it for eating. I refused to do that as I did not believe in rituals. I was being forced by my husband and his brothers to do it. They even went to the extent of delivering a sickly-looking goat into my kitchen. I literally kicked the goat out. My husband beat me when he saw that, and I ran towards the river. I found some youth there who dragged me back into my home demanding that I perform

the ritual. I refused and I was taken to the chief's camp where the chief informed the family that if I did not want to take part in the ritual, I should be left alone. I was in so much pain and couldn't sleep in my matrimonial home. I went back to my parents and I realize that with the emotional pain I was feeling the, had I not gone back to my parents' home, I would have killed myself.

WOMAN REPRESENTATIVE: The woman who was also forced to have sex in front of her brother in laws tried to commit suicide, but she survived, so culture is a factor in suicide

CHIEF: Some culture is outdated and if a woman refuses to have sex even if it is with her husband that is rape and it is due to ignorance that people do not report such atrocities. Some of the people who even perform these rituals are village elders and from this research, it is clear that the culture is still ongoing albeit silently. We need to sensitize the community to stop these harmful cultures that can be done away with.

ASSISTANT CHIEF: Some women who are part of the discordant couples, especially when a woman is HIV positive and the man is HIV negative, such men tend to run away and marry other women that they feel are as 'clean' as they are and who they don't have to use a condom with thereby enhancing their sexual pleasure. This leaves the first wife alone with no one to share her plight with and may decide to kill herself.

CHW: If a man loses his job, he may decide to kill himself.

CHW: Family feuds; there was a man who went to the mother in law's house and put on his wife's clothing and killed himself there. He used to gossip his wife with the mother in law and felt that since the family was getting into his marital affairs, it is better he died there.

CHW: Culture; Another man also went to his mother in law's place and wanted to kill his wife because the family had been against his marriage citing that him and his wife were related. When he went to the mother in law's place, he never knew that the person he had targeted was his mother in law because she had put on his wife's clothing. He ended up attacking her and cutting her hand off. People chased him and caught him. He said the family had refused to allow him to pay dowry, so he had wanted to kill his wife, so he is free to marry another one. He later went on and killed himself due to the culture that does not allow for marriage among relations

ASSISTANT CHIEF: In a family, you will find that a husband and wife trust each other and share the acquisition of wealth. You will, however, find that sometimes this backfires when one of them takes all the wealth and gets a new partner. If it is the woman who was left by the man, she will kill herself because of the shame and frustration. If it is a man left for another man, he will kill the wife then kill himself

CHIEF: Three men died, and this shows that the majority of people who die by suicide are men because women tend to share their feelings and problems. Men are victimized even in the police stations; they will keep quiet. Women are able to open up.

Facilitator: Which Groups are Prone to Commit Suicide?

ASSISTANT CHIEF: The families labeled as having the generational suicide gene, are vulnerable because if someone has even a small issue, they may end up killing themselves since they feel it runs in the family

CHW: This issue of the generational suicide gene brings about stigma because there was a lady who got married to a Boda Boda guy and she was being told by the community that maybe

she was bewitched by the family to marry the guy since the family had a history of suicide. She was unable to stay in that homestead due to the stigma

Facilitator: What are the Means of Suicide Used?

CHIEF: Rope and drugs overdose. There are rare cases of throwing self in the borehole. There was once a young man who died in the river. It seemed like he had wanted to cross the river, but he drowned, and we remember that he had been talking of killing self in the river

ASSISTANT CHIEF: Rope because it is quick and easy to find. The rope seems normal because we use it to tie cattle and no one will ask questions but for the poison, you have to go buy and the shopkeeper will ask many questions as to why you would need the lethal drug

CHIEF: People used to use chloroquine, triatix and they would say they are using it in the cattle dip to clean cattle. There was a woman who had borrowed money and couldn't pay back and to avoid the shame of repossession, she decided to poison herself. She was taken to hospital and saved

CHW: Some use ambushcy that is used to spray cotton and tomatoes and they feel it is very effective

CHV 2: Others use the pesticide for killing ants

Facilitator: What is the Procedure after Suicide?

CHIEF: The police are called, and nothing can be done until the police come and take the body for postmortem

ASSISTANT CHIEF: We call the assistant chief immediately; she calls the police and the body is then removed by police

CHIEF: Others call the village elders who call the assistant chief then the police are called in. Others call the police directly but ideally it is good to inform the chiefs first since the police will still call them and when accompanied by the chief, the community doesn't feel too intimidated

CHV 2: After the police come, they try to find out what happened and after that, the rope is cut, and the body taken to the mortuary.

CHIEF: In the past the deceased would be caned as they believed they would come back and haunt people. Nowadays, nothing is done

CHW: Once we found a pastor who had hanged himself in a church. After the rope was cut, he was caned and quarreled and talked to. This was last month because they believed the spirit of death is being chased away. The police then took him away. They are mostly buried with the rope. If someone hangs himself on a tree, the tree is uprooted and burned down and as the smoke blows away, it is believed that the evil spirits go away with the smoke. At the burial, the body is talked to before the burial and some thorns are put in the coffin to drive away bad spirits and it is also believed that is he was killed, then the killer would confess on the day of the burial.

CHIEF: Before the police leaves with the body, they would collect details of the deceased, the first witness would be interviewed, as well as the family members. The family would then cut down the body gently and bring it down.

CHV 2: There is always a struggle over the rope and others can even offer to buy the rope that was used in the suicide

ASSISTANT CHIEF: Others share out the rope

VILLAGE ELDER0: The first person who saw the deceased will take a piece of the rope used

in the death to go and cleanse him or herself.
VILLAGE ELDER: The tree where the deceased hang himself/herself is burned down and the ashes used by a herbalist to cleanse the family and another jar of ashes kept to prevent more suicides in the family such that if anyone feels suicidal, they lick the ash
Facilitator: What is the Procedure for Attempted Suicide?
CHIEF: It is illegal and can be charged. We once took a man to the police for attempting suicide. Charges were not pressed and since there was no evidence or witnesses, the case was dropped
Facilitator: What are the Red Flags/ Signs of Suicide?
CHIEF: Verbal threats like *abroderani* (I will kill self for you), others withdraw and no longer interact
VILLAGE ELDER0: Others keep quiet, but you can clearly see they have so many thoughts
WOMAN REPRESENTATIVE: Others seem lost in thought and are startled when you talk to them
CHV 2: Others verbalize it
CHIEF: Others are more emotional and take more alcohol, sleep too much, eat too much or too little and they may also divide and share out things
Facilitator: What are the Verbal Signs?
CHIEF: *Abrothoni, Abroderani* (Iwill kill self for you), *Abrowenu dala* (I will leave the home for you), *Atho aywe* (I will die I rest),(Abro tho awenu yweyo), I will die and leave you to rest
CHV 2: A sick person will poison self-saying *aolou* (I am tiring you people), *Kiunega* (please kill me),
Facilitator: Is Suicide Attempt Illegal?
All: Yes, it is illegal
MALE YOUTH: It is good that it is illegal
ASSISTANT CHIEF: Counseling should be done
CHW: It is good; the effects are there because if they are prosecuted, then it becomes a lesson to others
CHIEF: It is good and bad as it can serve as a warning to others but for sick people, it is good to find out why and incorporate counseling
ASSISTANT CHIEF: Prosecution does not help because even me, there are things I see in my home that I do not like and if I feel that jail is a way out, I may attempt to kill myself so I am taken to jail where I can rest from my home issues
CHV 2: They need to be arrested and psychological assessment done and then they are offered counseling for them to understand that they did a wrong thing
Facilitator: What are the Risk Factors of Suicide?
CHIEF: We have no programs to support people who have attempted suicide. They need counseling
VILLAGE ELDER: My son tried to kill himself when he was in class eight. He is now in form one and doing well
CHW: Most suicides happen in households and parents do not understand their children and children do not understand parents.

Facilitator: Is there Stigma for Attempted Suicide Survivors?
CHIEF: People tell other not talk to him/her, he/she will kill self *obrodereni*
CHW: If they want to contribute an opinion, *nisetho, (*you had died), you have nothing to say
CHIEF: They are present/absent
Facilitator: How do we Decrease Stigma?
CHW: Sensitization of community members and encouraging the sharing of problems
CHIEF: Spiritual guidance and not stigmatizing families affected by suicide
Facilitator: If someone tells you they want to commit suicide what do you do?
CHIEF: *Dhi deri* (go and kill self)
ASSISTANT CHIEF: *Jomadere okwachga* (people who want to kill self don't say)
CHV 2: *longe tol amiyi* (you don't have a rope I give you one)
WOMAN REPRESENTATIVE: Ask why they want to go and kill self
Facilitator: What can we do to reduce Suicide?
MALE YOUTH: Counseling
CHIEF: Find ways to group youth then invite the chief in such forums so they not only see a chief as a disciplinarian but someone who can support them too
CHW: Targeted dialogue with different groups, like I have a number of youth that I meet with and we discuss various issues, structures of sensitization from chiefs and village elders, religious leaders and encourage family dialogues to improve family relationships
Facilitator: Are there Funds/ Resources for Mental Health Activities?
CHIEF: We have human resource – the chiefs, village elders where people who have tried to commit suicide can be recalled sharing their issues, but we lack transport
CHW: The community members themselves, retirees who can offer their services in writing proposals; the County government can assist in that level when we approach them with proposals. We do not have a plan now for suicide prevention, but we can draw up a work plan, liaise with local administration, identify cases and refer them to counselors.
CHIEF: Partners can be asked to support like Plan International and the Chief can offer a Hall for people to meet in

g) Maseno University Focus Group Discussion

Facilitator: What is Suicide?
FEMALE YOUTH 4: Taking one's own individual life
MALE YOUTH 5: Anything one does to take their life for whatever reason
MALE YOUTH 3: Associate suicide with hanging
MALE YOUTH 4: Conscious or unconscious will for an individual to take his/her life
Facilitator: Is there a way suicide is referred to in Maseno?
FEMALE YOUTH 5: Abomindation, taboo
Facilitator: What are the Terms used in Maseno to Refer to Suicide?
FEMALE YOUTH 1, FEMALE YOUTH 2: Suicide
MALE YOUTH 2: *Kujimurder* (to kill self)

MALE YOUTH 1: *Kujikemba* (but varies from school to school within the campus)
Facilitator: Does Suicide Take Place in Higher Institutions of Learning?
FEMALE YOUTH 3: Since my first year in this school, five students have committed suicide and I am in my 4th year
MALE YOUTH 4: I am in 3rd year and have witnessed two suicides
FEMALE YOUTH 5: In 2018, at least three tried to commit suicide. In medical school, to go to the next class, you can either repeat, be discontinued, fail or continue and this is determined by a list that is put up after exams. This pass list brings so much tension and pressure
MALE YOUTH 3: Last semester, I heard of two suicides and both were former students who had just graduated. There was a 4th year student from the University of Nairobi, who we were friends with, and he committed suicide. He was in the school of medicine and this happened after the pass list was posted. There is always an attempted suicide after the pass list every academic year.
FEMALE YOUTH 2: When a lecturer informs you that graduation is near and you are not in the graduation listbecause of missing marks, there's so much stress and more commit suicide or attempt to commit suicide
FEMALE YOUTH 3: Relationship issues like breakups and rejections lead to attempted suicides using an overdose of pills
FEMALE YOUTH 1: At the University of Nairobi, a lady committed suicide due to her boyfriend being unfaithful
MALE YOUTH 2: There were some Mount Kenya University (MKU) students who betted on who would get a certain lady. One of the guys who betted didn't have money to pay the bet and killed himself
FEMALE YOUTH 1: I also heard of someone who killed themselves because they had betted and lost
Facilitator: What were the Maseno Suicide Cases About?
FEMALE YOUTH 1: When you try to do something and fail
FEMALE YOUTH 5: There were three attempts in medical school because of the academic pressure and the work situation when we go to the hospitals. We are exposed to a lot of trauma and have no way of debriefing. There is also the issue of school fees as there is a young man at Moi University who killed himself because he didn't have money to go back to school for the next semester
FEMALE YOUTH 3: Most campus students are depressed and when there are stressors like disagreements with parents and relationship issues, they are easily pushed into suicide
FEMALE YOUTH 2: One boy committed suicide in December because he had a strenuous relationship with his parents, and he couldn't handle the conflict any longer
MALE YOUTH 4: Poor relationships between students and parents back at home. There was a boy who loved a certain girl and wanted to marry her, but the parents were not for the marriage, so it led to depression
MALE YOUTH 3: Lack of finances like school fees and money for upkeep, leads to depression
MALE YOUTH 2: Too many expectations on gambling or betting, in relationships, expecting the lady to behave like a wife and if these expectations are not met, it leads to depression and

suicide.

FEMALE YOUTH 5: In medical school, there was a girl who had a relationship with a lecturer so she could get the leakage for the exams. As the lecturer moved onto another girl, he stopped giving her the leakage and they fell out. The wife of the lecturer found out about the relationship and sent thugs to rough the lecturer and the girl up. The girl ended up being beaten and raped. She failed her exams twice and became depressed and moved back into her parents' home. The last we heard of her; she had become psychotic

FEMALE YOUTH 1: There was a girlfriend to a lecturer who had taken nude photos of the lecturer and her friend found them. The friend had school fees issues and couldn't pay her fees, so she used the photos to blackmail the lecturer into paying her school feels. She gave the lecturer an ultimatum that he either pays the fees or she would send the photos into a class whatssup group. The girlfriend to the lecturer nearly committed suicide since she also had nude photos with the lecturer and to get her help, we took her to the Dean of Students who told her friend to delete the photos. This happened last semester

MALE YOUTH 2: The boys in campus have nothing to give to lecturers but can offer to give money to the lecturers so they are given favorable marks. However, a lecturer once died before the boy could get the marks. He attempted to commit suicide but was helped and is now okay

MALE YOUTH 1: Young men in campus are affected by relationships as they are at a disadvantage and can't compete with lecturers who can offer good marks and money to their girlfriends. If the lecturer finds out that a certain boy is dating a girl he is interested in, they frustrate the young men with poor marks and failing them

MALE YOUTH 3: A course mate of mine was dating a lady the lecturer was also dating. When the lecturer found out, he told him that he would fail him continuously

FEMALE YOUTH 2: From some people's backgrounds, they have no way of getting money

FEMALE YOUTH 1: There was a man who graduated, and he was failed constantly for dating a lady the lecturer was dating. His friends told him to leave the girl alone, but he persisted and that led to a lot of frustrations on his part

MALE YOUTH 2: There is unfair competition between the male students and the lecturers who have more to offer the girls and this leads to depression and they (male students) either attempt to commit suicide or die by suicide

MALE YOUTH 4: I had a friend who attempted suicide because he was lamenting that while others are able to eat, he couldn't even afford food. He therefore wanted to take his own life

FEMALE YOUTH 3: Being a victim of missing marks is very depressing, you may be told to redo the unit and you don't know if you will even graduate. If you can't prove that you attended class, you may have to redo it after your peers have graduated

FEMALE YOUTH 1: Some of us have missing marks. We have the CAT papers and marks to show we did the unit but the lecturer will instead call you for a date in Kisumu so you can get your marks. The lecturer asked me to send my photo instead of my details so I can get my marks. I did the paper again, but I am yet to get my marks after rejecting the lecturer.

FEMALE YOUTH 3: I have a friend who in 2nd year, a lecturer tried to date her, but she refused. The lecturer told her she would look for him. To date she is yet to get marks for a unit the lecturer taught. Another friend was also told to go to Nakuru to sort out the issue of missing

marks with the lecturer. She had earlier refused like I did but I feel she is giving in because she lives with her grandmother who needs her support after graduation

Facilitator: How did you feel when someone attempted suicide or committed suicide?

MALE YOUTH 5: I felt discouraged and surprised because this guy was a former student and businessman, someone I had looked up to. He left a note and he had killed himself because his girlfriend was cheating on him.

MALE YOUTH 4: Worried, especially when I see someone committing suicide after graduation

FEMALE YOUTH 4: Scared because this is someone who graduated and was a role model. It makes me lose morale in completing school

FEMALE YOUTH 3: I get scared because a 4th year student who was a friend committed suicide after we met for lunch and he actually paid for that lunch. He had seemed jovial and had given no clue that anything was wrong. That made me scared about people's moods even when they are smiling

FEMALE YOUTH 2: Shocked and scared at how many people are dying silently. There are many people embracing the 'psycho' culture of being seen as a loner and quiet. It makes us feel like dying is better

FEMALE YOUTH 1: I feel scared and depressed because I judge myself on whether I talk to my friends effectively and why they never opened up but decided to commit suicide. I feel disappointed and judge myself

FEMALE YOUTH 5: A cousin close to me killed himself and it was tough since we were close, and people expected me to have answers. I felt emotive and confused and everything I didn't want to feel

MALE YOUTH 3: I feel cold, sad and frustrated

MALE YOUTH 2: When it's about missing marks, I feel empathetic

MALE YOUTH 1: I fail to understand since normal people do not commit suicide

FEMALE YOUTH 5: After encountering too much suicide, it becomes an option, a way out, if things become hard because we think, they are dead and at peace, so it is easy to have suicidal thoughts

Facilitator: Do you seek help when you have these bad feelings?

FEMALE YOUTH 4: I talk, cry and go on a retreat with friends

MALE YOUTH 2: Pray for intervention

FEMALE YOUTH 1: Cry and pray for God's Intervention, go to counselor Lucy and share to feel better

FEMALE YOUTH 3: I used to mourn and cry but nowadays, I feel a bit sad and it goes away, expecting the next suicide death

MALE YOUTH 4: If you think you are in a problem, then people are in trouble

MALE YOUTH 5: Men become isolated as they do not trust others to keep their issues confidential

FEMALE YOUTH 1: If there is a friend going through a hard time, I tend to help them and, in the process,, I forget what I was going through

MALE YOUTH 3: I try to understand people and accuse the reason rather than the person

Facilitator: For those who are not Peer Counselors, how do they Cope?

MALE YOUTH 5: They take alcohol and drugs, for example, a course mate of mine who was introduced to alcohol by a lecturer. He even misses classes and is wasting his life away
Facilitator: What was the Rate of the Suicide Cases in 2019?
FEMALE YOUTH 3: Two
FEMALE YOUTH 5: One
Facilitator: Was this an increase or a decrease?
MALE YOUTH 3: Increase because in one month, we had three completed suicide cases
FEMALE YOUTH 4: We hear of many attempted suicide cases and there are others that we may not hear of
FEMALE YOUTH 3: Attempted suicide cases are rarely made public, but I dealt with two
MALE YOUTH 5: I have also handled one attempted suicide
FEMALE YOUTH 1: For me, one attempted suicide
MALE YOUTH 3: I have had two attempted suicides that I have witnessed
FEMALE YOUTH 5: I talked to two students who had attempted suicide
MALE YOUTH 2: I have encountered one attempted suicide and I also realized that people who say they will kill themselves never do it. Those who complete suicide are the very quiet ones
FEMALE YOUTH 5: The owner of the supermarket across the road committed suicide also last year
Facilitator: Who is Most at Risk to Commit Suicide?
MALE YOUTH 3: Ladies attempt suicide while the men complete
FEMALE YOUTH 3: For the two suicide cases I had mentioned, one was a man who attempted suicide and another a man who completed
FEMALE YOUTH 4: Men hardly share their issues, so they easily think of suicide *kikikumana* (when things get tough)
FEMALE YOUTH 3: The ones who completed suicide were all men
FEMALE YOUTH 5: Two males completed and one female attempted suicide
Facilitator: Which Groups of People in Campus are Vulnerable to Committing or Attempting to Commit Suicide?
FEMALE YOUTH 5: Medical Students in the School of medicine; we have no debriefing sessions, when we go to the hospitals, the workload is a lot and the pass list adds pressure
MALE YOUTH 3: School of mathematics; they are the most depressed and get into drugs due to the workload and pressure especially in pure and applied mathematics. They joke that they need counseling, but it is a concern
MALE YOUTH 5: Sports people; they get depressed when they lose a match, wondering what they will tell the school and everyone who had been rooting for them and especially if the school had promised a monetary reward, it is very demoralizing
MALE YOUTH 4: School of education, there is a student who has been here since 2004 and is now just about to graduate
FEMALE YOUTH 1: The groups that bet (gambles)
FEMALE YOUTH 2: The writers; they write dark things on suicide and their struggles
FEMALE YOUTH 5: Single mothers and fathers in campus, the student parents who may not have good support at home

FEMALE YOUTH 3: The student Dads who have to struggle to send money for their children
Facilitator: What is the most Common Means of Suicide?
MALE YOUTH 5: Overdose on drugs, but we do not know the drugs used
FEMALE YOUTH 5: Ropes, pesticides, taking alcohol and jumping from a building, overdose on paracetamol
MALE YOUTH 3: A lady attempted to drown herself in the Siriba Campus pool
Facilitator: What is the procedure followed if one Commits Suicide?
FEMALE YOUTH 5: Call police to authorize moving of body which will be taken to the morgue then buried
COUNSELOR: Never had any suicide happen in school
MALE YOUTH 5: In Luo culture, the body is caned to remove the spirit as it is believed it will haunt the living
FEMALE YOUTH 5: Quarrel the body
Facilitator: What of the Suicide Attempt Cases within the School Campus, how is that handled?
FEMALE YOUTH 1: People don't speak up and look for solutions
FEMALE YOUTH 5: People use Organophosphates and they are taken to hospital for treatment after first aid then the family is notified
Facilitator: Are you Aware that Suicide is Illegal?
All: Yes
MALE YOUTH 5: That is why we keep it quiet and protect those who attempt to commit suicide
FEMALE YOUTH 3: It is better to create a safe space and try and help them come out of it
FEMALE YOUTH 5: Others believe that someone's life is their own and see no need to report
MALE YOUTH 2: Government has the obligation to protect life
Facilitator: How do we feel about this law?
FEMALE YOUTH 5: Some people can't make rational decisions and shouldn't be judged on that
MALE YOUTH 5: It is not rational because they do not understand why they tried to kill self. They may be jailed but after, they will still go back and commit suicide
MALE YOUTH 3: It creates fear and doesn't help. They need to be rehabilitated
FEMALE YOUTH 2: They need to be encouraged and there is no positivity in jail
MALE YOUTH 2: May be good or bad as others may become afraid because of the punishment
MALE YOUTH 5: In jail, they are mixed with other criminals and beaten up and it doesn't help those with irrational thoughts
FEMALE YOUTH 4: Can report to a health center where the counselors can talk to them
MALE YOUTH 4: Law is good because awareness can be created through the law
MALE YOUTH 2: Suicide is a crime and attempting it is criminal and life is sacred and should be protected
FEMALE YOUTH 3: Find out the reason for suicide. There's a man who attempted suicide because he had not had food for three days and the girlfriend, he had invested in financially had left him for someone else. Is taking such a person to jail justice?
MALE YOUTH 5: Create a conducive environment for us to live in. I can't live like a beggar then you expect me to enjoy the situation

Facilitator: What Recommendations would you give to Policymakers Regarding this Law?
FEMALE YOUTH 3, FEMALE YOUTH 4: Have space spaces for us to air issues
FEMALE YOUTH 2: Those who attempted suicide shouldn't be judged
MALE YOUTH 5: Have safe space in jail and rehabilitate them
Facilitator: What are the Red Flags/Signs that Someone may Commit Suicide?
MALE YOUTH 3: Isolation
MALE YOUTH 4: Verbal (I want to commit suicide)
MALE YOUTH 1: Talk of negative things
FEMALE YOUTH 5: Withdrawal, being quiet, change in behavior like loss of interest in life, posts on social media
FEMALE YOUTH 3: Sleeping too much
Facilitator: What are the Cultural Factors leading to Suicide?
MALE YOUTH 2: Female Genital Mutilation (FGM) can lead to suicidal thoughts
MALE YOUTH 3: There is a friend of mine whose sister broke up with the boyfriend because they were not from the same community and the boy was not accepted. It leads to depression and suicide
FEMALE YOUTH 5: A friend's husband died and there was to be cleansing by the *Jater* (a man who inherits a widow). It was traumatizing, also having a child out of wedlock and in the university is shameful and can elicit suicidal thoughts. An aunt of mine also tried to commit suicide because there were rituals to be done when her son committed suicide and died.
Facilitator: Do people who have attempted Suicide face Stigma?
FEMALE YOUTH 3: Some have to redo the academic year and those who knew about the incident tell others and people isolated him since they never wanted to talk to him and trigger any suicidal thoughts
FEMALE YOUTH 1: The girl whose nude photos were nearly posted in the class whatssup was isolated because everyone knew about her and the lecturer having an affair. She couldn't go to parties or class for fear of being gossiped
MALE YOUTH 5: Some families that have a history of suicide miss out on marriage partners as people are told not to marry in certain families
Facilitator: How can you fight this Stigma?
FEMALE YOUTH 5: Talk about suicide and teach people
FEMALE YOUTH 2: Ask people to understand those who attempt suicide as people handle pressures differently with everyone having different breaking points
MALE YOUTH 3: Change of attitude and understand the person
MALE YOUTH 5: Create awareness the way HIV awareness was created and is now accepted
Facilitator: Which Groups within the Campus Addresses Suicide?
FEMALE YOUTH 3: Groups in counseling center, there is a support group for those who are depressed, student Mums and Student Dads need to have a group, We have Coffee hour every Wednesday where students hold meetings and at the end we have evaluation forms that they fill in to show how effective the interaction was
FEMALE YOUTH 5: We need to have mentors in Medical school; people are supported by friends after the pass list is out and those with school fee problems are supported by friends

COUNSELOR: During orientation, students need to attend these orientation sessions and know who to turn to in times of problems, like the student leader counselor, there are scholarships and work study in school for those with fee problems,
Facilitator: What Recommendations would you give to Policymakers on a County Specific Suicide Strategy?
FEMALE YOUTH 1: Have more Counseling Centers
FEMALE YOUTH 3: Involve people who have been suicidal in the process, including their relatives
MALE YOUTH 5: Have an awareness day to reach out to people on suicide prevention
FEMALE YOUTH 5: Incorporate mental health into life skills course and how to go about life and cope with it. The Government to sponsor this unit for all university students and make it compulsory in 1st year.
FEMALE YOUTH 2: Strengthen the counseling department and have one in the Department of Mathematics
MALE YOUTH 5: Learn from MKU who have a system of handling missing marks
FEMALE YOUTH 5: Advocacy by government on mental health care by having posters in hospitals, schools and a hotline for Kisumu County with a message on suicide
MALE YOUTH 4: Construct a Boda Boda shed with a message on suicide
COUNSELOR: Continuous engagement in the university with counselors, county government
Facilitator: Are the Lecturers aware of how students feel about the Relationship between Lecturers and Students?
FEMALE YOUTH 5: They are aware how students feel
COUNSELOR: Action is taken when students speak out and talk about it
FEMALE YOUTH 5: Train lecturers on mental health issues
MALE YOUTH 2: Get personal testimonies from people who tried to commit suicide
FEMALE YOUTH 3: Organize mental health day with an activity to entice students like sports, baking
Facilitator: Are there Funds Allocated for Mental Health in the Campus?
COUNSELOR: It is based on need then the university can allocate funds, and this is also based on the current trends

h) Nyahera Sub Location Focus Group Discussion

Facilitator: What is suicide?
CHW: Taking life
VILLAGE ELDER 1: Taking life using rope or poison
Facilitator: How is Suicide referred to in Nyahera?
VILLAGE ELDER 2: *Derwuok* (killing self) *madho sum* (taking poison)
VILLAGE ELDER 1: Hanging
VILLAGE ELDER 2: Using a rope or something to tie around the neck
Facilitator: What are the most recent Cases of Suicide in Nyahera?
CHW: Not common

ASSISTANT CHIEF: Isolated cases
Facilitator: When did you last Hear about suicide?
VILLAGE ELDER 2: 2018/2017
WOMAN REPRESENTATIVE: Early 2018
CHV 1: A woman killed three children and then killed herself in early 2018
VILLAGE ELDER 2: She poisoned the children then hung herself
VILLAGE ELDER 1: The woman thought the husband loved the first wife more that she was loved that's why she killed her co-wife's children (her stepchildren) and then killed herself. She was pregnant
Facilitator: Have you Heard about Suicide in other areas?
VILLAGE ELDER 2: In radio and TV about other counties; I heard about one last year in Homabay where a child was caned by the mother then the child killed himself using a rope
CHV 1: A young girl had broken her mother's jiko (cooking appliance) and she thought she would be beaten so she killed herself. She was in class 4
CHV 2: I heard of one in Bondo where a boy killed himself because the girlfriend was unfaithful to him
Facilitator: How did you feel when you heard about the Suicide Cases?
VILLAGE ELDER 2: It is painful, and we were not happy with the woman who had killed the three children. The people were harsh, and she killed herself
WOMAN REPRESENTATIVE: It was very painful, I cried
WOMAN OF REPRODUCTIVE AGE 18-25: Sad because one of the children used to say hi to me as I passed and even more painful because the woman who killed them then killed herself was the second wife and the pain is still there because as we pass, we can still see the graves
VILLAGE ELDER 1: It was a shock to everyone who attended the burials. The first wife and mother to the killed children had gone to church and left when her children were okay only to be called that her children were dead. It was a shock to me as a parent
ASSISTANT CHIEF: The villages were affected psychologically because losing four people in one family is very sad. Being a polygamist in the community at that time was not good because people were afraid that just like in that polygamist family, someone may kill stepchildren and kill themselves. People were depressed so much in the community. The woman who killed herself was a quiet person and she revenged on children who were innocent. I never attended the funeral due to emotions I had but I had visited the family and it was painful. People with co-wives became very suspicious of each other because people do copy, and it is not forgotten. It will take time to forget
CHV 1: Regret; the woman who killed herself and the children had attempted suicide earlier and had been rescued. Had we not saved her, she wouldn't have killed those children
ASSISTANT CHIEF: In 2017, a boy who came from a polygamist home was having some land dispute with his stepbrothers. He killed himself. Being polygamist however is a recent law and is looked at as a good thing because having three different women from three different places in Nyanza, brings good genes from all over and it was viewed that nothing could go wrong but co wives differ and that's why they are called *nyiego* (jealousy). They shouldn't be together or relating to the stage of killing

Facilitator: Have you heard of any Attempted Suicide Cases?
ASSISTANT CHIEF: A young man attempted suicide using poison and was brought into the health facility and saved
CHV 1: Late last year, a woman attempted suicide; we never knew her, where she came from or why she did that
VILLAGE ELDER 2: A woman quarreled with the husband and attempted to drink pesticide, but he took it from her
CHV 2: I heard a woman tried to kill herself due to family matters, but she was rescued
CHV 1: There was the woman here in Nyahera who had attempted suicide before she killed the children
Facilitator: As compared to the past, ehat would you say about the suicide trend?
VILLAGE ELDER 1: Some years back, there were rare cases of suicide but nowadays, it is more than before especially when were young. It is increasing
ASSISTANT CHIEF: Attempted and completed suicides are not common here
VILLAGE ELDER 1: They are not common in Nyahera due to Christianity and parents counsel and guide their children. The lady who killed the children and herself was staying in Nairobi with the husband and they had come for the holidays. The first wife was in church of the (Legion of Mary) when the incidence happened.
Facilitator: Who are mostly affected by suicides?
VILLAGE ELDER 1: Youth
VILLAGE ELDER 2: Very few women
VILLAGE ELDER 1: Very few men
Facilitator: Which Groups are Prone to Commit Suicides?
All: None
Facilitator: What are the Means used to Commit Suicide?
VILLAGE ELDER 2: Ropes, belts, *leso* (material tied buy women around the waist)
CHW: Chemicals
VILLAGE ELDER 1: Rope is more common
CHV 1: The boy who killed himself used triatrix
VILLAGE ELDER 2: Rope is common to women more than men. Women use *leso* and poison or chemicals, youth also use chemicals and ropes
VILLAGE ELDER 1: In the past, ropes were used
Facilitator: What are the Signals/Red Flags that indicate someone may Commit Suicide?
VILLAGE ELDER 1: After being disappointed, they will say that they will kill self. The boy who killed himself did so because the stepbrothers had taken a bigger chunk of the land during land division and left him with a small portion so he said he would die and leave for them the land. He finally killed himself
WOMAN OF REPRODUCTIVE AGE 18-25: Isolation
What are the Issues driving people to Commit Suicide?
CHV 1: Family feud and misunderstandings which are not common but can lead to suicide
CHW: Land issues
WOMAN REPRESENTATIVE: Lack of school fees

VILLAGE ELDER 1: Polygamy is an issue but not so much in Nyahera
4: Satan (*jachien*) just makes someone to feel like killing self
VILLAGE ELDER 1: It is in the lineage beginning from the grandparents so other children may commit suicide
Facilitator: What are the Cultural Factors Promoting Suicide?
VILLAGE ELDER 2: Feuds can lead to anger and killing self
WOMAN OF REPRODUCTIVE AGE 18-25: In Achego, a woman killed herself when the mother in law insisted, she has to be inherited after her husband died
VILLAGE ELDER 2: Due to Christianity here in Nyahera, we don't have these cultures
CHV 2: If one doesn't get good guidance and counseling after HIV testing, it can lead to suicide
CHV 1: Nyahera doesn't have much culture
Are you Aware that Suicide Attempt is Illegal?
VILLAGE ELDER 1: Should be reported if one attempts
ASSISTANT CHIEF: It is a criminal offense and most people don't know. Attempt is worse than completed but mostly it is not reported as the family covers it up
WOMAN OF REPRODUCTIVE AGE 18-25: Counseling should be given then they are taken to court
VILLAGE ELDER 1: They should not be sympathized with. If they want to hang using a rope, then they should be added another rope
ASSISTANT CHIEF: It can be inherited from the grandparents and even if they are beaten, it doesn't help them because it runs in the family
Facilitator: Who Should Implement/Enforce the Consequences of Attempted Suicide?
ASSISTANT CHIEF: Law enforcement officers
CHW: Counselors and doctors to report to authorities
ASSISTANT CHIEF: Incidences of not reporting and not offering counseling, leads to murder/suicides like the woman who attempted to kill herself, was saved and later she killed three children and herself.
Facilitator: Is the Law Against Suicide Good?
All: Yes
VILLAGE ELDER 1: If imprisoned, one would never attempt again
ASSISTANT CHIEF: If left alone, they can still go and take their life, yet life is not their own but belongs to the whole community. Just like beating a child or a wife is criminal, taking life is also criminal. So, if they want to use a rope, add them another one and they will not do it. They just need counseling too
WOMAN OF REPRODUCTIVE AGE 18-25: First handle the case through counseling and find out what is wrong
WOMAN REPRESENTATIVE: Counseling
CHV 1: Find out the problem then counsel
CHW: Add another rope the counsel them
CHV 2: Solve the problem, counsel and pray
VILLAGE ELDER 1: Add them a rope or poison and even show them where they will be buried
VILLAGE ELDER 2: Counsel them and if they don't listen, I will bring for them a rope. The family

always sits down with someone who is attempting suicide and when they refuse to listen, they are given a rope. This adding of the rope is symbolic to show that the devil will not come back to haunt the family

ASSISTANT CHIEF: My younger brother was not performing well in school and he tried to kill himself. Another brother of mine saved him from taking the poison. When my father came and found that there was a suicide attempt and my brother had been saved, my father was furious at my other brother for not allowing my younger brother to take his life. He caned the brother who had saved his sibling's life and said he had ten children and if one died, it wouldn't be a big loss as he would be left with nine. My brother has never tried to kill himself to date

VILLAGE ELDER 2: When the family added someone a rope, it was like a punishment from a family court martial

ASSISTANT CHIEF: The rope used in a completed suicide is very useful in boosting business

VILLAGE ELDER 2: The rope is cut in three and can be burned for the ash to chase away the devil

VILLAGE ELDER 1: There was a man who had a wife who couldn't conceive. The man would threaten to take another wife and the woman would tell him she would kill herself. One day, the man went and built a home and a kitchen and brought another woman. He then went and brought a rope and poison and asked his first wife to choose which one she would prefer to use to end her life. She went to her in-laws and cried about it but has never tried to kill herself to date.

VILLAGE ELDER 1: My first-born girl child was called to a National Day school after performing well in her final exams. The boy was called to a day school as he didn't perform so well. The boy insisted he wanted to go to boarding school because his sister was in boarding. His mother was supportive of the idea. I wasn't. I told him he would have to repeat the class so he can be called to a boarding school and he refused and threatened to kill himself. I told him to go and drown in the river for a painless death, but the rope is also another option. I told him I will remain with the children who will not stress me. If you treat them softly, they are encouraged to kill themselves. My boy never tried to kill himself and is doing very well, in fact he drives a car now and even sends me money and we are very good friends.

Facilitator: Is there Stigma attached to those People who attempted suicide?

VILLAGE ELDER 1: My son is very comfortable, and he loves me.

CHV 1: The first days after one tried to commit suicide, it is hard but after time passes, everyone forgets

Facilitator: How can this Stigma be Reduced?

CHV 1: Ongoing counseling

CHV 1: Counseling

Facilitator: Which Groups are working to reduce Suicide in Nyahera?

CHW: CHVs do counseling though only a few are trained as counselors

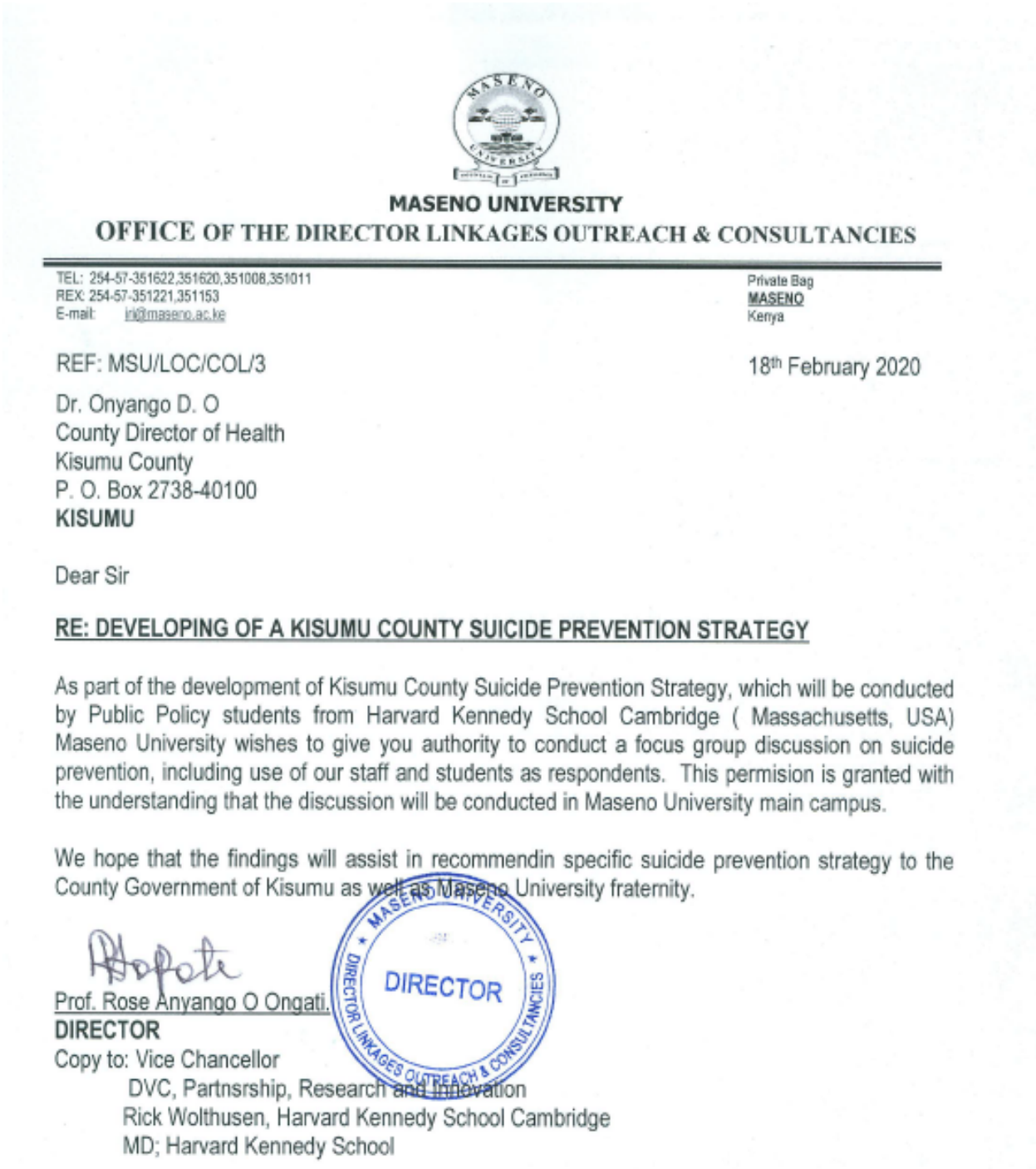
Facilitator: What Recommendations would you give Policymakers on a County Specific Suicide Strategy?

VILLAGE ELDER 2: Call for *Barazas* (public meetings with chiefs) and educate people on suicide

CHW: Sensitizations on suicide and train CHVs on counseling
CHV 1: Work with local administration and the health facility
ASSISTANT CHIEF: Keep data on suicide though it is uncommon in our area
Facilitator: Are there Funds to Implement Suicide Prevention Activities?
CHW: There is human resource like the chief, CHVs, health facility and the churches
Dr. Rick: Does making Suicide Illegal affect People?
VILLAGE ELDER 2: Yes, due to criminal record, he will not be allowed to travel outside the country due to lack of documentation from immigration as they will not have police clearance that will enable them to get clearance in immigration. People require the Certificate of Good Conduct of Police Clearance from the police so having a record of an attempted suicide will not allow someone to get this document.

Miscellaneous

Appendix L: Permission Letter to run Focus Group Discussion from Maseno University



MASENO UNIVERSITY

OFFICE OF THE DIRECTOR LINKAGES OUTREACH & CONSULTANCIES

TEL: 254-57-351622,351620,351008,351011
REX: 254-57-351221,351153
E-mail: lri@maseno.ac.ke

Private Bag
MASENO
Kenya

REF: MSU/LOC/COL/3

18th February 2020

Dr. Onyango D. O
County Director of Health
Kisumu County
P. O. Box 2738-40100
KISUMU

Dear Sir

RE: DEVELOPING OF A KISUMU COUNTY SUICIDE PREVENTION STRATEGY

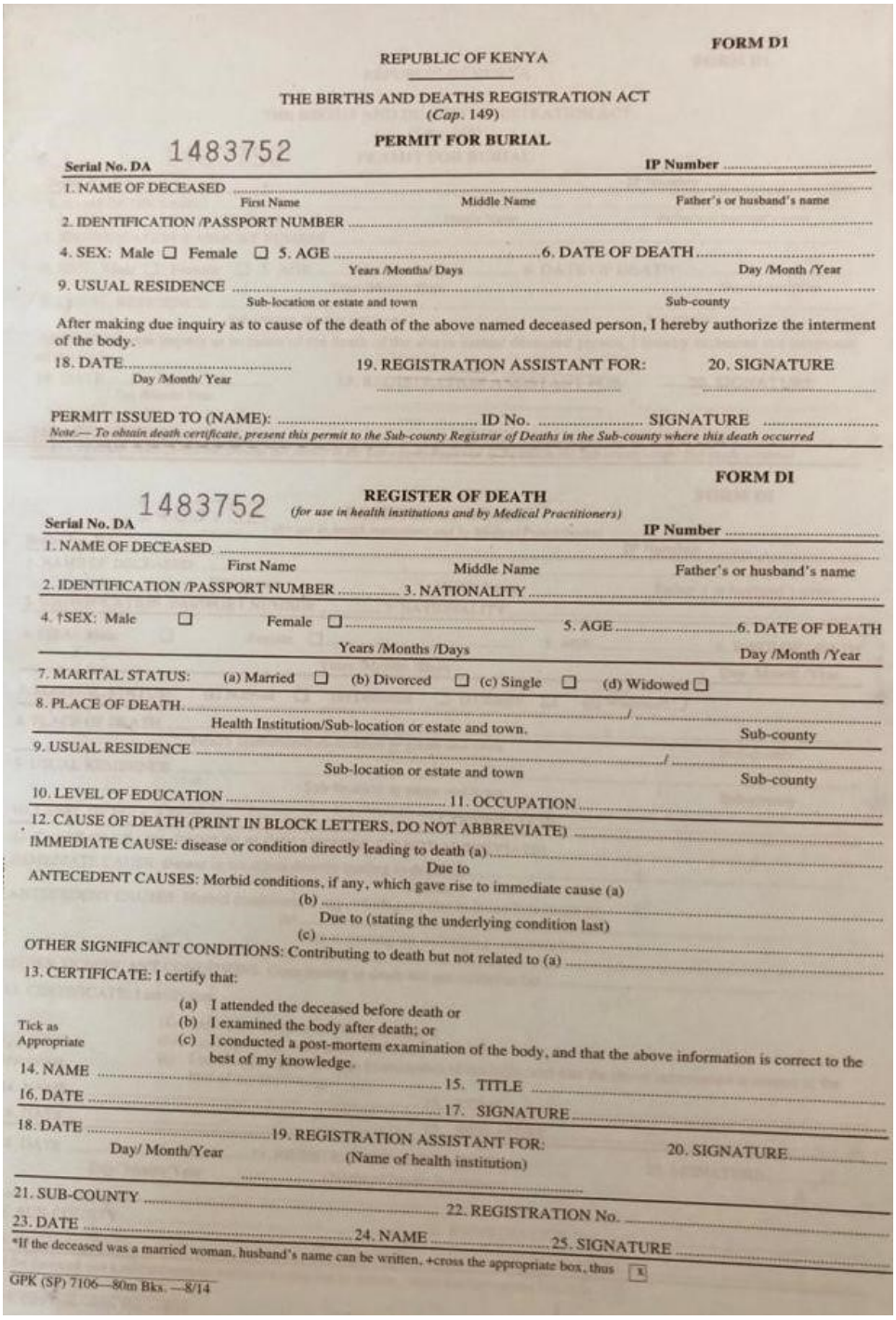
As part of the development of Kisumu County Suicide Prevention Strategy, which will be conducted by Public Policy students from Harvard Kennedy School Cambridge (Massachusetts, USA) Maseno University wishes to give you authority to conduct a focus group discussion on suicide prevention, including use of our staff and students as respondents. This permision is granted with the understanding that the discussion will be conducted in Maseno University main campus.

We hope that the findings will assist in recommendin specific suicide prevention strategy to the County Government of Kisumu as well as Maseno University fraternity.

MASENO UNIVERSITY * DIRECTOR LINKAGES OUTREACH & CONSULTANCIES * DIRECTOR

Prof. Rose Anyango O Ongati.
DIRECTOR
Copy to: Vice Chancellor
DVC, Partnsrship, Research and Innovation
Rick Wolthusen, Harvard Kennedy School Cambridge
MD; Harvard Kennedy School

Appendix M: Death Certificate D1 Form and D2 Form



FORM D1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT
(*Cap.* 149)

PERMIT FOR BURIAL

Serial No. DA 1483752 IP Number .....

1. NAME OF DECEASED .....
First Name Middle Name Father's or husband's name

2. IDENTIFICATION /PASSPORT NUMBER .....

4. SEX: Male ☐ Female ☐ 5. AGE ..... 6. DATE OF DEATH .....
Years /Months/ Days Day /Month /Year

9. USUAL RESIDENCE .....
Sub-location or estate and town Sub-county

After making due inquiry as to cause of the death of the above named deceased person, I hereby authorize the interment of the body.

18. DATE ..... 19. REGISTRATION ASSISTANT FOR: 20. SIGNATURE
Day /Month/ Year

PERMIT ISSUED TO (NAME): ..... ID No. ..... SIGNATURE .....

Note.— To obtain death certificate, present this permit to the Sub-county Registrar of Deaths in the Sub-county where this death occurred

FORM DI

REGISTER OF DEATH
(for use in health institutions and by Medical Practitioners)

Serial No. DA 1483752 IP Number .....

1. NAME OF DECEASED .....
First Name Middle Name Father's or husband's name

2. IDENTIFICATION /PASSPORT NUMBER ..... 3. NATIONALITY .....

4. †SEX: Male ☐ Female ☐ ..... 5. AGE ..... 6. DATE OF DEATH
Years /Months /Days Day /Month /Year

7. MARITAL STATUS: (a) Married ☐ (b) Divorced ☐ (c) Single ☐ (d) Widowed ☐

8. PLACE OF DEATH ..... / .....
Health Institution/Sub-location or estate and town. Sub-county

9. USUAL RESIDENCE ..... / .....
Sub-location or estate and town Sub-county

10. LEVEL OF EDUCATION ..... 11. OCCUPATION .....

12. CAUSE OF DEATH (PRINT IN BLOCK LETTERS, DO NOT ABBREVIATE) .....

IMMEDIATE CAUSE: disease or condition directly leading to death (a) .....
Due to

ANTECEDENT CAUSES: Morbid conditions, if any, which gave rise to immediate cause (a)
(b) .....
Due to (stating the underlying condition last)
(c) .....

OTHER SIGNIFICANT CONDITIONS: Contributing to death but not related to (a) .....

13. CERTIFICATE: I certify that:

Tick as Appropriate
(a) I attended the deceased before death or
(b) I examined the body after death; or
(c) I conducted a post-mortem examination of the body, and that the above information is correct to the best of my knowledge.

14. NAME ..... 15. TITLE .....

16. DATE ..... 17. SIGNATURE .....

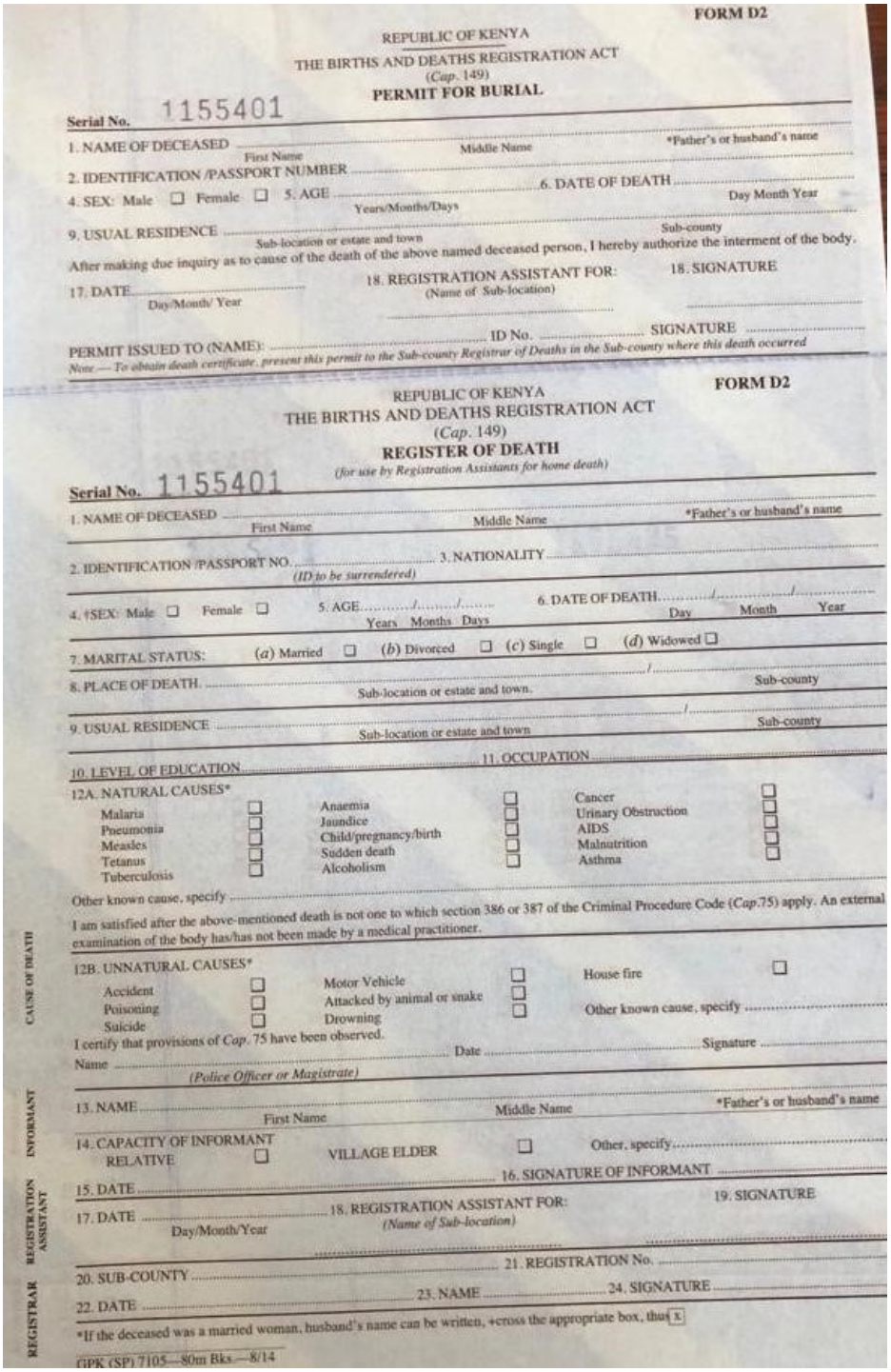
18. DATE ..... 19. REGISTRATION ASSISTANT FOR: 20. SIGNATURE .....
Day/ Month/Year (Name of health institution)

21. SUB-COUNTY ..... 22. REGISTRATION No. .....

23. DATE ..... 24. NAME ..... 25. SIGNATURE .....

*If the deceased was a married woman, husband's name can be written, +cross the appropriate box, thus ☒

GPK (SP) 7106—80m Bks. —8/14



FORM D2

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT

(*Cap.* 149)

PERMIT FOR BURIAL

Serial No. 1155401

1. NAME OF DECEASED ..... (First Name) (Middle Name) *Father's or husband's name

2. IDENTIFICATION /PASSPORT NUMBER .....

4. SEX: Male ☐ Female ☐ 5. AGE ..... (Years/Months/Days) 6. DATE OF DEATH ..... (Day Month Year)

9. USUAL RESIDENCE ..... (Sub-location or estate and town) (Sub-county)

After making due inquiry as to cause of the death of the above named deceased person, I hereby authorize the interment of the body.

17. DATE ..... (Day/Month/ Year) 18. REGISTRATION ASSISTANT FOR: ..... (Name of Sub-location) 18. SIGNATURE .....

PERMIT ISSUED TO (NAME): ..... ID No. ..... SIGNATURE .....

Note — To obtain death certificate, present this permit to the Sub-county Registrar of Deaths in the Sub-county where this death occurred

FORM D2

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT

(*Cap.* 149)

REGISTER OF DEATH

(for use by Registration Assistants for home death)

Serial No. 1155401

1. NAME OF DECEASED ..... (First Name) (Middle Name) *Father's or husband's name

2. IDENTIFICATION /PASSPORT NO. ..... (*ID to be surrendered*) 3. NATIONALITY .....

4. †SEX: Male ☐ Female ☐ 5. AGE...../...../..... (Years Months Days) 6. DATE OF DEATH...../...../..... (Day Month Year)

7. MARITAL STATUS: (*a*) Married ☐ (*b*) Divorced ☐ (*c*) Single ☐ (*d*) Widowed ☐

8. PLACE OF DEATH. ..... (Sub-location or estate and town.) Sub-county

9. USUAL RESIDENCE ..... (Sub-location or estate and town) Sub-county

10. LEVEL OF EDUCATION ..... 11. OCCUPATION .....

CAUSE OF DEATH

12A. NATURAL CAUSES*

Malaria	☐	Anaemia	☐	Cancer	☐
Pneumonia	☐	Jaundice	☐	Urinary Obstruction	☐
Measles	☐	Child/pregnancy/birth	☐	AIDS	☐
Tetanus	☐	Sudden death	☐	Malnutrition	☐
Tuberculosis	☐	Alcoholism	☐	Asthma	☐

Other known cause, specify .....

I am satisfied after the above-mentioned death is not one to which section 386 or 387 of the Criminal Procedure Code (*Cap.*75) apply. An external examination of the body has/has not been made by a medical practitioner.

12B. UNNATURAL CAUSES*

Accident	☐	Motor Vehicle	☐	House fire	☐
Poisoning	☐	Attacked by animal or snake	☐		
Suicide	☐	Drowning	☐	Other known cause, specify	

I certify that provisions of *Cap.* 75 have been observed.

Name ..... (*Police Officer or Magistrate*) Date ..... Signature .....

INFORMANT

13. NAME ..... (First Name) (Middle Name) *Father's or husband's name

14. CAPACITY OF INFORMANT RELATIVE ☐ VILLAGE ELDER ☐ Other, specify.....

15. DATE ..... 16. SIGNATURE OF INFORMANT .....

REGISTRATION ASSISTANT

17. DATE ..... (Day/Month/Year) 18. REGISTRATION ASSISTANT FOR: ..... (*Name of Sub-location*) 19. SIGNATURE .....

REGISTRAR

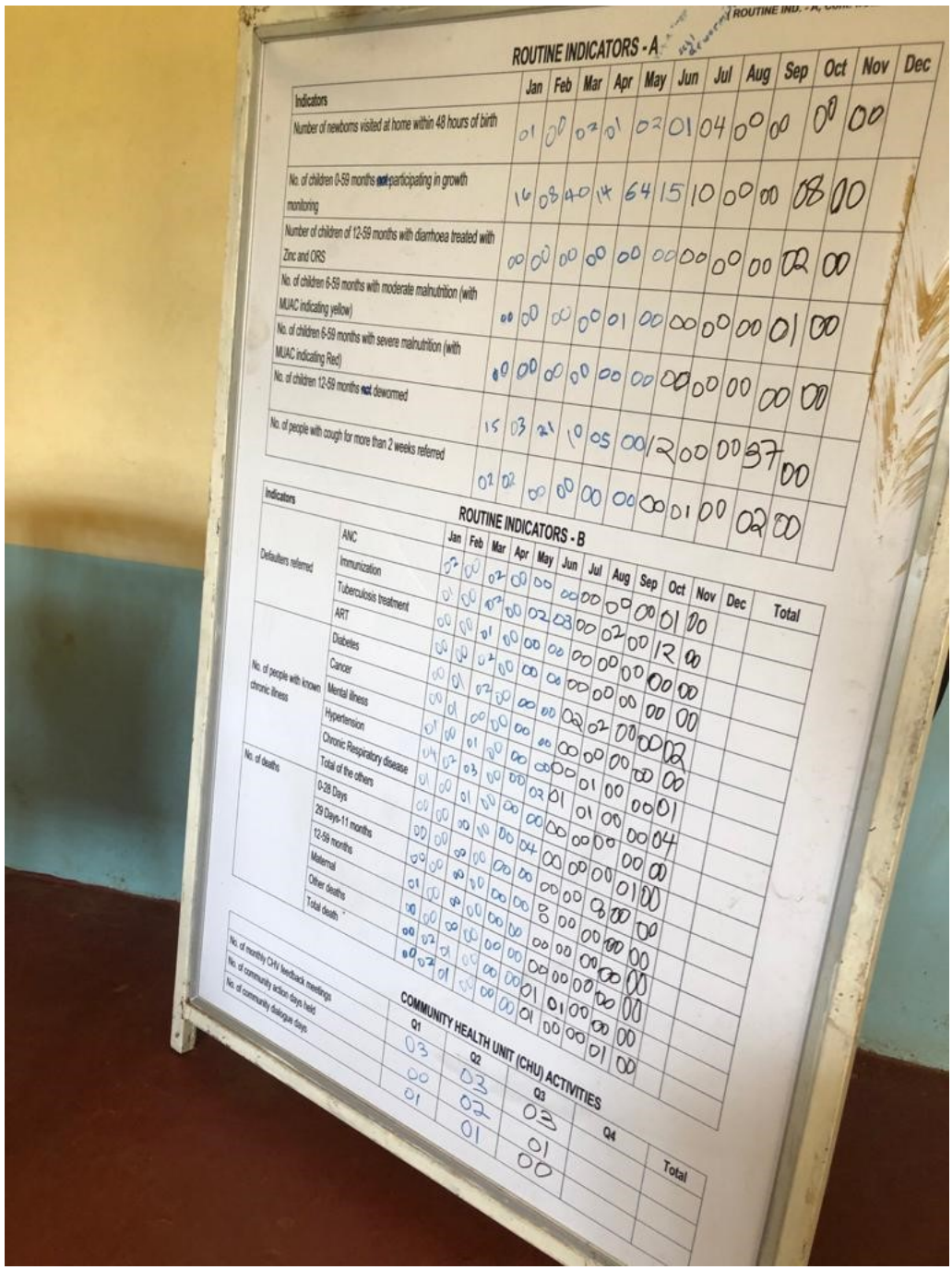
20. SUB-COUNTY ..... 21. REGISTRATION No. .....

22. DATE ..... 23. NAME ..... 24. SIGNATURE .....

*If the deceased was a married woman, husband's name can be written, +cross the appropriate box, thus [x]

GPK (SP) 7105—80m Bks—8/14

Appendix N: Routine Indicator - B



ROUTINE INDICATORS - A

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of newborns visited at home within 48 hours of birth	01	00	02	01	02	01	04	00	00	00	00	
No. of children 0-59 months not participating in growth monitoring	16	08	40	14	64	15	10	00	00	08	00	
Number of children of 12-59 months with diarrhoea treated with Zinc and ORS	00	00	00	00	00	00	00	00	00	02	00	
No. of children 6-59 months with moderate malnutrition (with MUAC indicating yellow)	00	00	00	00	01	00	00	00	00	01	00	
No. of children 6-59 months with severe malnutrition (with MUAC indicating Red)	00	00	00	00	00	00	00	00	00	00	00	
No. of children 12-59 months not dewormed	15	03	21	10	05	00	12	00	00	37	00	
No. of people with cough for more than 2 weeks referred	02	02	00	00	00	00	00	01	00	02	00	

ROUTINE INDICATORS - B

Indicators		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Defaulters referred	ANC	07	00	02	00	00	00	00	00	00	01	00		
	Immunization	01	00	07	00	02	03	00	02	00	12	00		
	Tuberculosis treatment	00	00	01	00	00	00	00	00	00	00	00		
	ART	00	00	02	00	00	00	00	00	00	00	00		
No. of people with known chronic illness	Diabetes	00	01	02	00	00	00	00	00	00	00	00		
	Cancer	00	01	02	00	00	00	00	00	00	00	00		
	Mental illness	01	00	00	00	00	00	02	02	00	00	02		
	Hypertension	04	02	03	00	00	00	00	00	00	00	00		
	Chronic Respiratory disease	01	00	01	00	00	00	01	00	00	00	01		
	Total of the others	00	00	01	00	00	02	01	01	00	00	04		
No. of deaths	0-28 Days	00	00	00	00	00	00	00	00	00	00	00		
	29 Days-11 months	00	00	02	00	00	04	00	00	00	01	00		
	12-59 months	01	00	00	00	00	00	00	00	00	00	00		
	Maternal	00	00	00	00	00	00	00	00	00	00	00		
	Other deaths	00	00	00	00	00	00	00	00	00	00	00		
	Total death	00	02	01	00	00	00	01	01	00	00	00		

COMMUNITY HEALTH UNIT (CHU) ACTIVITIES

	Q1	Q2	Q3	Q4	Total
No. of monthly CHV feedback meetings	03	03	03		
No. of community action days held	00	02	01		
No. of community dialogue days	01	01	00		