



Contribution ID: 76

Type: Oral Presentation

Community-Level Suicide Surveillance in Kenya: Descriptive Insight from the mDharura Application in Nakuru County (2020-2025).

ABSTRACT

Community-Level Suicide Surveillance in Kenya: Descriptive Insight from the mDharura Application in Nakuru County (2020-2025).

Authors: Lydia Nyaga¹, Joy K. Mugambi¹, Ann Njeri¹, Elizabeth Kiptoo¹, Moses Obiero¹

¹Department of Health, Nakuru County

Background: Suicide is a rising public health concern in Kenya, especially among adolescents and young adults. In 2021, over 700,000 suicide deaths were recorded globally, with 79% occurring in low- and middle-income countries. In Kenya, suicide rate was at 6.1 per 100,000 in 2021. However, community-level data on suicide and attempted suicide in Kenya remains limited, undermining the development of effective interventions. To address this gap, Nakuru adopted m-Dharura application in 2020 into its County Event-Based Surveillance (CEBS) system. The platform empowers community health promoters to report and escalate public health events including suicide cases, in real-time. This study analyzes suicide-related signals reported from January 2020 to April 2025 to reveal trends, demographic patterns, and response systems gaps.

Methods: A retrospective descriptive study was conducted utilizing data from the CEBS system obtained via the m-Dharura application. The Nakuru County line list was downloaded and subjected to data cleaning to exclude incomplete, unverified, and misclassified records. The analysis focused on variables such as gender, suicide method, sub-county distribution, and response type recorded. This process resulted in a final dataset of 400 verified suicide related signals. Descriptive statistics were generated using Microsoft Excel to inform policy and guide intervention strategies.

Results: Of the 400 suicide-related signals, 337 (84.25%) were complete suicides, 63 (15.75%) were attempted suicides. Men accounted for 53% of the suicide deaths, while women represented 46% of attempted suicides. Gilgil Sub-county reported the highest suicide signals, accounting for 18.5% of all cases. Most of the cases had unknown methods of suicide (74.5% for suicides and 51% of attempted suicides). Among cases with known methods, self-poisoning and hanging were most frequent at 49% and 6.8% respectively. Notably, 76.25% of suicide cases did not receive documented follow-up or response from sub county disease surveillance officers, highlighting serious gaps in emergency mental health care linkage and crisis response.

Conclusion and Recommendations: The findings highlight the value of CEBS and digital tools like the mDharura App in detecting suicide cases and supporting mental health surveillance at the community level. However, gaps in follow-up and data quality remain. Strengthening Community Health Promoters' capacity and timely reporting is key. County-level data review and quick mental health team responses are effective low-cost steps. Nationally, adding suicide reporting to DHIS2 would improve visibility, accountability, and resource allocation, enhancing suicide prevention and mental health reforms in Kenya.

Key words: Cases, Community surveillance, Suicide.

Primary author: NYAGA, LYDIA (DEPARTMENT OF HEALTH NAKURU)

Co-authors: Ms KAMAU, Ann Wanjru (DEPARTMENT OF HEALTH NAKURU); Mrs KIPTOO, Elizabeth (DEPARTMENT OF HEALTH NAKURU); Dr MUGAMBI, Joy (DEPARTMENT OF HEALTH NAKURU); Mr ONYANGO, Moses Obiero (DEPARTMENT OF HEALTH NAKURU)

Presenters: Ms KAMAU, Ann Wanjru (DEPARTMENT OF HEALTH NAKURU); NYAGA, LYDIA (DEPARTMENT OF HEALTH NAKURU)

Track Classification: Securing the Future: Holistic Approach to Mental Health for Generations: From Awareness to Action: Suicide Prevention Across the Lifespan