HEAL CREC
Community Based Organisation · Gilgil, Kenya

RESEARCH PROJECT REPORT

SYSTEMATIC LITERATURE REVIEW

Graduate Joblessness, Mental Health and Substance Use in Kenya

What the Kenyan evidence says about educated young people without sustainable income, and what it means for HEAL CREC's work in Gilgil

Healthcare | Education | Advocacy | Leadership

PREPARED BY
Healcrec (HEAL CREC CBO)
Imani House, G06, Gilgil Town, Nakuru County

DATE
28 November 2026
Rapid systematic review · PRISMA 2020

SCOPE
Kenya, 2010–2026
21 sources · 4 research questions

From desperation to prosperity

AT A GLANCE

What the Kenyan evidence says

HEAL CREC believes that the lack of sustainable income among educated young people in Gilgil drives mental distress and drug abuse. This review tested that belief against 21 Kenyan sources.

259	21	4	0
records screened	sources included	research questions	studies on Gilgil graduates

STRONG

Graduates are left out

NYOTA, the main national youth employment programme, accepts only youth educated up to Form 4.

MODERATE

Underemployment, not idleness

Graduates move slowly and unevenly into work, mostly informal or poorly paid.

MODERATE

Money stress harms mental health

Low and insecure income is linked to depression and anxiety; cash support improved wellbeing in a Kenyan trial.

LIMITED

The drug link is not proven

Unemployment and substance use co-occur, but new income can also raise drinking.

MODERATE

Training with placements works

A Kenyan randomised evaluation found training plus paid internships raised employment and earnings.

NONE

No local evidence yet

No data exist for Gilgil; HEAL CREC's baseline survey would be the first.

CONTENTS

Contents

	Abstract	3
1	Introduction	4
2	Methods	5
3	Results	7
4	Findings: RQ1 — graduate un/underemployment in Kenya	9
5	Findings: RQ2 — joblessness, mental health and substance use	11
6	Findings: RQ3 — what works in Kenya	13
7	Findings: RQ4 — Nakuru County and Gilgil	15
8	Public and political discourse (Tier 3 context)	17
9	Discussion	18
10	Conclusions	19
11	Recommendations	20
12	Evidence gaps and a research agenda for HEAL CREC	22
13	References	23
	Appendices	25

How to read the evidence grades

STRONG several good Kenyan sources, consistent, including a representative or experimental design

MODERATE at least one good source, mostly consistent LIMITED few, small or mixed sources NONE no Kenyan evidence, or media only

SUMMARY

Abstract

BACKGROUND.

HEAL CREC CBO in Gilgil, Nakuru County, believes that the lack of sustainable income among educated young people drives their mental distress and substance use. This review tests that belief against Kenyan evidence.

OBJECTIVES.

To synthesise Kenyan evidence (2010–2026) on graduate un/underemployment, its links to mental health and substance use, effective interventions, and local data for Nakuru and Gilgil, and to make evidence-graded recommendations.

METHODS.

A rapid systematic review following PRISMA 2020, limited to Kenya. Twenty-one web searches returned 259 records. Sources were classed in three evidence tiers, appraised with JBI and AACODS tools, and synthesised narratively with a grade for each finding.

RESULTS.

Twenty-one sources were included (11 Tier 1, 5 Tier 2, 5 Tier 3). Graduates mostly face slow, fragmented, informal transitions rather than outright unemployment, and the national NYOTA programme excludes anyone educated beyond Form 4. Low and insecure income was linked to depression and anxiety in young adults, and a Kenyan randomised trial found cash transfers raised psychological wellbeing by 0.26 standard deviations. Evidence that unemployment drives substance use was limited and mixed; some studies linked income and work to more drinking. A randomised evaluation found training plus internships raised employment and earnings, including for men over 24. No Kenyan programme combining livelihood and mental health support for graduates was found, and there were no data for Gilgil.

CONCLUSIONS.

HEAL CREC's case is supported for joblessness and mental distress, not yet for substance use. Graduates fall through a gap in national provision. HEAL CREC should combine training and placements with wellbeing and substance use prevention, and evaluate the model through a Gilgil baseline survey and pilot.

LIMITATIONS.

Single reviewer, open-access sources only, mostly cross-sectional evidence, and two key national studies read only through media reports.

SECTION 1

Introduction

1.1 Background

Kenya is producing more graduates than its formal economy can absorb. Most new jobs are informal, and the largest national youth employment programmes are closed to people with a college or university qualification (see Section 4). At the same time, drug and alcohol use and common mental disorders are recognised national public health problems.

HEAL CREC CBO was founded in Gilgil Town, Nakuru County, by young people from the community who met at a local youth base. They observed two things happening together: widespread drug and alcohol abuse and mental distress among young people, and educated young people with no sustainable income. HEAL CREC's working hypothesis is that the second drives the first. The name expresses its aim: hope that moves young people from desperation to prosperity.

1.2 Rationale

HEAL CREC intends to design interventions across four pillars: Healthcare, Education, Advocacy and Leadership. Before it asks funders or county government to back those interventions, it needs to know three things. Does Kenyan evidence support the link it has observed? Which approaches have worked in Kenya? And where is the evidence missing, so that HEAL CREC's own research can fill the gap?

1.3 Objectives

1. To identify, appraise and synthesise Kenyan evidence published from 2010 to 2026 on graduate un/underemployment, its links to mental health and substance use, and interventions that address them.
2. To test HEAL CREC's hypothesis against that evidence, including evidence that cuts against it.
3. To make evidence-graded recommendations for each HEAL pillar and for key audiences.
4. To set out a primary research agenda for Gilgil.

1.4 Review question and sub-questions

The review uses a PEO framework.

Element	Definition
Population	Kenyan young people aged 24–35 who have completed a college diploma or undergraduate degree and are not in sustainable income (unemployed, underemployed, or in irregular or informal work)
Exposure	Graduate unemployment, underemployment and income insecurity
Outcomes	Mental health (depression, anxiety, psychological distress), substance use and wellbeing

- **RQ1.** What is the extent and nature of graduate un/underemployment in Kenya?
- **RQ2.** What Kenyan evidence links un/underemployment or income insecurity to mental health and substance use among young adults, especially graduates?
- **RQ3.** Which interventions in Kenya improve income, mental health or substance use outcomes for this group, and what results have they reported?
- **RQ4.** What does the evidence show for Nakuru County and Gilgil, and where are the gaps?

SECTION 2

Methods

The review followed PRISMA 2020 reporting. It was carried out on 28 November 2026 by a single reviewer using open web sources. The protocol below was fixed before searching began; it was not registered.

2.1 Eligibility criteria

Criterion	Included	Excluded
Geography	Kenya, national or county level	Other countries, unless Kenyan results are reported separately
Period	Published 2010–2026	Before 2010
Population	Young adults, ideally 24–35 and tertiary-educated; wider adult samples accepted where results for employment, income or education are reported	Studies of under-18s only
Topics	Graduate or youth (un)employment; links between employment or income and mental health or substance use; interventions with reported results	Opinion with no data (except Tier 3 context)
Language	English	Other languages

2.2 Evidence tiers

Tier	Source types	How it is used
1	Peer-reviewed Kenyan studies; official statistics and plans (KNBS, NACADA, CUE, Ministry of Health, County Government of Nakuru); law and policy	Can support a finding on its own
2	Research organisations and think tanks (KIPPRA, AFIDEP, APHRC); World Bank and J-PAL evaluations; NGO programme data	Supports findings when the method is stated
3	Established Kenyan media; political statements; verified official social media	Context only. Never the sole basis for a finding

A working paper or preprint with a stated method is treated as Tier 2. Where a media report cited a study, the review looked for the original and cited it where it could be read.

2.3 Sources and search strategy

Searches ran on a general web search engine, with results drawn from PubMed/PMC, Frontiers, BMC/Springer, Cambridge Core, PLOS, medRxiv, a university repository (UCL), and government and agency sites (nacada.go.ke, nakuru.go.ke, msea.go.ke, labour.go.ke, worldbank.org, povertyactionlab.org, pep-net.org). The full search log, with all 21 search strings, is in Appendix A.

2.4 Screening and selection

Records were screened on title and excerpt against the eligibility criteria. Full texts were then sought for eligible records. A source was included only if the full text, or an official summary page, was opened and read.

2.5 Data extraction and quality appraisal

For each included source, the review recorded the author, year, tier, design, sample, setting, measures and key findings (Appendix B). Studies were appraised against the main JBI checklist questions for their design. Grey literature was appraised with AACODS (authority, accuracy, coverage, objectivity, date, significance). Each source was rated high, moderate or low (Appendix C).

2.6 Synthesis and grading

The review used narrative synthesis by research question, because designs and measures were too varied to pool. Each finding is graded on the strength of the evidence behind it.

Grade	Meaning
STRONG	Several Tier 1 sources of moderate or high quality, consistent, including an experimental or nationally representative design
MODERATE	At least one good Tier 1 or Tier 2 source, mostly consistent
LIMITED	Few, small or low-quality sources, or inconsistent findings
NONE	No Kenyan evidence found, or Tier 3 only

Contrary and mixed findings are reported alongside supporting findings.

2.7 Limitations of this review

- **One reviewer:** screening, extraction and appraisal were not double-checked by a second reviewer.
- **Open sources only:** paywalled articles and subscription databases (Scopus, Web of Science, PsycINFO) were not searched. Three full texts could not be opened (Section 3).
- **Web search, not database search:** record counts are search-engine hits, so the PRISMA numbers describe this search, not the whole literature.
- **No registration:** the protocol was not registered (for example on PROSPERO).
- **English only, and a single day of searching.**

These limits mean the review is systematic in method but should be read as a rapid systematic review.

SECTION 3

Results

The searches returned 259 records, and 21 sources were included: 11 Tier 1, 5 Tier 2 and 5 Tier 3. Only one included study (S8) sampled graduates directly. Most others sampled students or young adults in general, so the evidence on the review's exact population is thin.

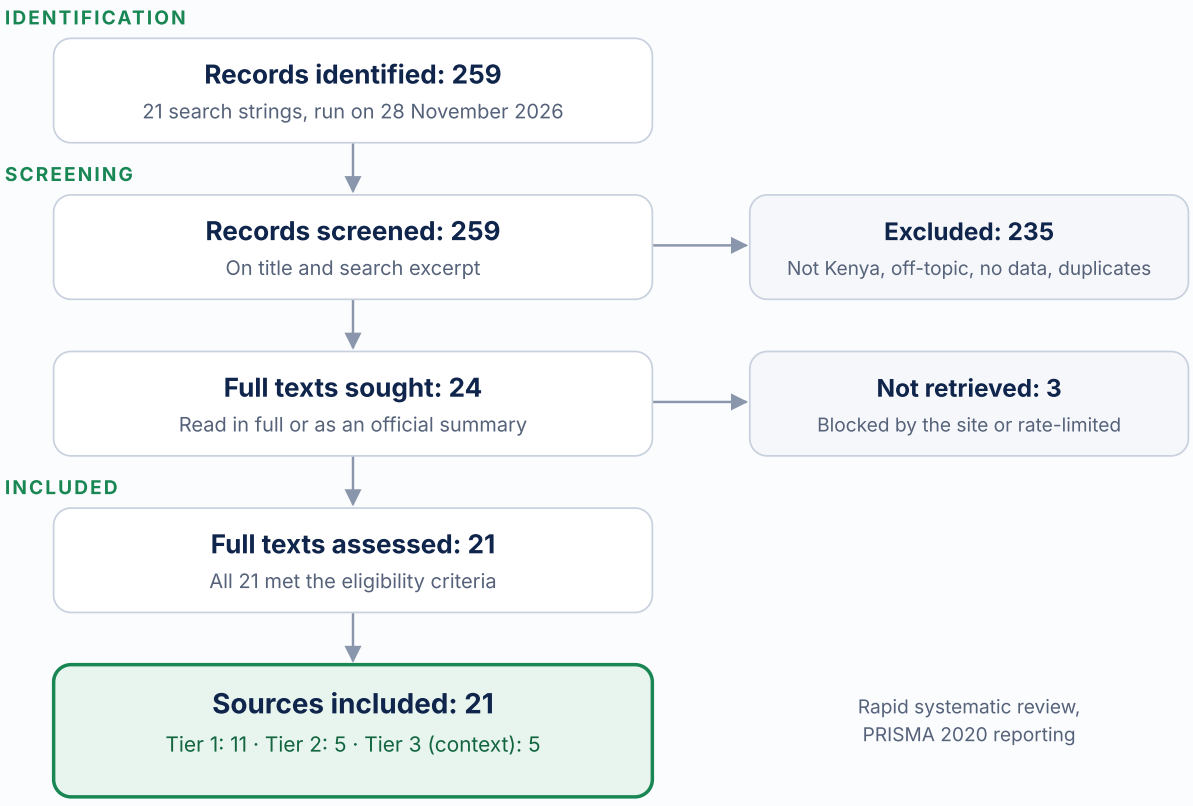


Figure 1. PRISMA 2020 flow diagram: identification to inclusion

Three full texts could not be opened: the *Daily Nation* report on the CUE employability study (the site blocks automated access), a Global Burden of Disease analysis of Kenyan young people in *eClinicalMedicine* (2023), and a KDHS 2022 depression analysis in *BMC Public Health* (2025). None of them is used for any finding.

3.1 Characteristics of included sources

ID	Source	Tier	Design	Sample and setting	Quality
S1	NACADA (2022)	1	National household survey	3,314 people aged 15–65, all 47 counties	HIGH
S2	Mutiso et al. (2022)	1	Cross-sectional	9,742 students (68.6% university); Nairobi, Machakos, Kitui, Makueni	MODERATE
S3	Mugotitsa et al. (2025)	1	Cross-sectional	1,424 students, Pwani University; mean age 24	MODERATE

ID	Source	Tier	Design	Sample and setting	Quality
S4	Kamau et al. (2026)	1	Cross-sectional	404 adults aged 18–29, Mathare, Nairobi	LOW
S5	Musyoka et al. (2025)	1	Baseline of a pilot cluster trial	94 youth aged 15–24, Mukuru and Kibra, Nairobi	LOW
S6	Melkam et al. (2025)	1	Secondary analysis of KDHS 2022	16,901 people aged 15–49, national	MODERATE
S7	Okello (2025)	1	Secondary analysis, 4 countries	World Bank data 2017–2021; Kenya reported separately	LOW
S8	McCowan, Oanda & Oketch (2017)	1	Graduate tracer survey	510 graduates, 6–12 months after graduating, 3 universities	LOW
S9	County Government of Nakuru (2023)	1	County development plan	Nakuru County, including Gilgil Sub-County	MODERATE
S10	MSEA (n.d.)	1	Official programme page	NYOTA project, national	HIGH
S11	Mwangala et al. (2024)	2	Community cross-sectional (preprint)	1,528 adults; Nairobi, Mombasa, Kwale	MODERATE
S12	Honorati (2015)	2	Randomised evaluation	1,618 youth aged 15–29; Nairobi, Mombasa	MODERATE
S13	Haushofer & Shapiro (2016)	1	Randomised controlled trial	1,440 poor rural households, Rarieda	HIGH
S14	World Bank (2025)	2	Programme results brief	KYEOP, national	MODERATE
S15	Onsomu et al. (2023)	2	Policy review	Kenyan youth employment policies	MODERATE
S16	Osano (2026), *The Standard*	3	Media report of a CUE study	National	LOW
S17	Muia (2026), *Citizen Digital*	3	Media report of an AFIDEP study	National	LOW
S18	Mburu (2026), *Daily Nation*	3	Media report	NYOTA applicants, national	LOW

Two further Tier 3 sources are used only in Section 8: S19, an undated 2025 *People Daily* opinion feature on youth joblessness and mental health, and S20, *The Star*'s 31 March 2026 report of a speech in Gilgil. Both are rated low. S21, the State Department for Labour and Skills Development's April 2026 brief on the Graduate Employability Rate (Tier 1, high), is used in Section 11.

3.2 Quality summary

Four sources were rated high, eight moderate and nine low (including all five Tier 3 sources). Almost all studies are cross-sectional, so they show associations, not causes. Two randomised designs are included (S12, S13), but neither studied graduates. Full appraisal notes are in Appendix C.

SECTION 4

Findings: RQ1 — graduate un/underemployment in Kenya

Kenyan graduates are more often underemployed than fully unemployed. They move slowly and unevenly into work, mostly into informal or poorly paid jobs, and the biggest national youth employment programme excludes them.

4.1 Slow, fragmented transitions MODERATE

- **Tracer evidence (S8).** A survey of 510 graduates from three leading universities, 6–12 months after graduation, found 14% fully unemployed. That was lower than the authors expected. But fewer than half worked full-time, 19% said their work had no link to their studies, and 65% wanted to change jobs. Most earned entry-level or possibly non-graduate salaries. The authors conclude that the problem is less absolute unemployment than fragmented, provisional careers: part-time work, internships and further study while waiting for a graduate job.
- **CUE employability study, as reported (S16).** *The Standard* reported on 17 September 2026 that a Commission for University Education study found graduates take an average of 11.6 months to find a first job. It reported that 25.3% found work within six months, 34.7% within 6–12 months, and about four in ten took over a year. Employers cited gaps in practical experience, communication, problem-solving and adaptability. **The original CUE report could not be opened, so these figures should be checked against it before they are quoted in a proposal.**
- **National household data (S15).** KIPPRA's review of KIHBS 2015/16 gives youth unemployment of 17.7%, against 7.4% for all working-age adults. Time-related underemployment (working under 28 hours a week) was 35.9% for youth and 20.4% overall. No figures are given for tertiary-educated youth.

4.2 Most new work is informal MODERATE

- An AFIDEP and CAP-YEI analysis, as reported by *Citizen Digital* (S17), estimates that 800,000 to 1 million young people join the labour market each year, while the formal economy created 78,600 jobs in 2024. More than four in five employed young people work informally, without contracts, health insurance or social security.
- The same report found the formal wage share of the youth labour force fell from 54% to 41% between 2016 and 2021 (S17). This is a Tier 3 report of a Tier 2 study; the original was not opened.
- KIPPRA finds that youth employment programmes are fragmented, mostly urban, weakly evaluated and focused on basic rather than higher-level skills (S15).

4.3 Graduates are excluded from the main national programme STRONG

- The NYOTA project, financed by the World Bank, targets 820,000 unemployed youth aged 18–29 (up to 35 for persons with disabilities) **with Form 4 education or below** (S10). College and university graduates are not eligible.
- Demand far exceeds supply. The *Daily Nation* reported over 3 million applications in about seven months, with about two-thirds rejected and 90,319 funded so far (S18). The article does not say why applicants were rejected, so it cannot show how many were graduates.

4.4 What the evidence does not show

No opened source gives an unemployment or underemployment rate specifically for graduates aged 24–35, nationally or in Nakuru. The tracer evidence comes from elite universities with a low response rate (16.2%), which likely understates difficulty for graduates of smaller colleges.

SECTION 5

Findings: RQ2 — joblessness, mental health and substance use

Kenyan evidence supports a link between low or insecure income and depression and anxiety among young adults, and one randomised trial shows that easing poverty improves psychological wellbeing. The evidence that unemployment drives substance use is thinner and mixed. No Kenyan study opened in this review tested the link in graduates aged 24–35 with an adequate design.

5.1 Mental distress is common among young adults and students MODERATE

Study	Population	Depression	Anxiety	Other
S3 Mugotitsa et al. (2025)	1,424 university students, Kilifi	—	—	30.9% screened positive for any condition
S4 Kamau et al. (2026)	404 adults aged 18–29, Mathare	32.2%	43.1%	Stress 32.2%
S11 Mwangala et al. (2024)	1,528 adults, three counties	25.9%	10.9%	Preprint
S5 Musyoka et al. (2025)	94 youth aged 15–24, Nairobi informal settlements	25% probable	34% probable	Severe stress 14%

These are screening-tool rates, not diagnoses, from non-representative samples. They are much higher than the 3.84% of KDHS 2022 respondents who reported a doctor's diagnosis of depression or anxiety (S6), which points to a large gap between symptoms and care.

5.2 Low and insecure income is linked to depression and anxiety MODERATE

- In Mathare, earning under KES 5,000 a month was linked to higher odds of depression and stress (AOR 3.69, 95% CI 1.23–11.06). A household income unaffected by COVID-19 was protective (AOR 0.13) (S4).
- In three counties, unemployed women had higher odds of anxiety than women in skilled or professional work (AOR 2.13, 95% CI 1.05–4.33), as did women in casual labour (AOR 2.02). Employment did not stay in the final depression model (S11).
- **Experimental evidence (S13).** In a randomised trial of GiveDirectly cash transfers to 1,440 poor rural households in Rarieda, recipients' psychological wellbeing rose by 0.26 standard deviations, driven by more happiness and life satisfaction and less stress, worry and depression. This shows that easing financial pressure can improve mental health, though the sample was rural households, not graduates.

5.3 Unemployment and substance use LIMITED, MIXED

- Unemployed adults had higher odds of current drug use than those in skilled or professional work (AOR 2.48, 95% CI 1.18–5.22), and casual labourers too (AOR 2.05) (S11, preprint).
- **Contrary evidence.** In the same study, men with household income above KES 30,000 had higher odds of current alcohol use (AOR 3.32) (S11). In Nairobi informal settlements, working youth had higher alcohol scores than non-working youth (S5). Among students, alcohol and tobacco use were linked to wealth in both directions, and the authors named cheap, easy availability as the main driver (S2). Money, not only its absence, can increase drinking.

- Higher depression and anxiety scores went with higher alcohol, tobacco and cannabis use among young people in Nairobi (S5). Among 9,742 students, substance use was linked to major depression, generalised anxiety and other disorders (S2). Distress and substance use travel together; the direction is not established.

5.4 National substance use among 25–35-year-olds STRONG FOR PREVALENCE

NACADA's 2022 national survey (S1) gives these rates for people aged 25–35:

Substance	Lifetime use	Past-month use
Alcohol	22% (men 32.5%, women 14.4%)	14%
Tobacco	12%	6.0%
Khat	6.8%	—
Cannabis	3.7%	—

Use is higher in urban areas and among men. The survey does not break use down by employment or education, so it cannot test HEAL CREC's hypothesis.

5.5 Graduates specifically LIMITED

- One multi-country paper reports Kenyan depressive symptoms rising with education: 37.6% for high school or less, 63.1% for bachelor's degree holders and 71.3% for advanced degrees (S7). The paper gives no sample sizes and its own regression finds no significant link between unemployment and mental health, so it is rated low quality. It suggests, at most, that a degree does not protect against distress.
- Among Pwani University students, those aged 25–29 had higher crude odds of a mental health condition (OR 2.6), but this was not significant after adjustment (AOR 1.42, 95% CI 0.86–2.35). Strong family support (AOR 0.47) and mental health insurance (AOR 0.61) were protective (S3).

5.6 Evidence that cuts against the hypothesis

- In KDHS 2022, people with a job had **higher** odds of a diagnosed depression or anxiety than those between jobs (AOR 1.55) (S6). Because the outcome is a doctor's diagnosis, this may reflect better access to care among the employed rather than better mental health among the jobless.
- The alcohol findings above (S5, S11) show that income can increase substance use. Interventions that raise income need to include substance use prevention.

SECTION 6

Findings: RQ3 — what works in Kenya

Training combined with a work placement has raised employment and earnings for Kenyan youth, including men over 24, and comprehensive programmes outperform single-component ones. No Kenyan intervention was found that addresses income and mental health together for graduates.

6.1 Training plus internships MODERATE

The Kenya Youth Empowerment Project pilot (S12) was a randomised evaluation in Nairobi and Mombasa. Youth aged 15–29 received two weeks of life skills, five weeks of core business training, five weeks of technical training and a 12-week private-sector internship, with a KES 6,000 monthly stipend.

Outcome	Result
Employment, men who completed	+14.2 percentage points
Wage earnings, men over 24	Larger gains than for younger men
Wage earnings, women	About +KES 7,500 a month (unreliable because of attrition)
Life skills training alone	No significant effect
Cost per participant	About KES 97,000 including administration
Payback period	About 14 months (men), 10 months (women)

Tertiary-educated youth could make up to 40% of each cycle, but the programme mostly reached people who had dropped out of tertiary education. It is the closest tested model to HEAL CREC's target group.

6.2 Comprehensive youth employment programmes MODERATE

- The World Bank reports that KYEOP reached more than 145,000 young people and created 125,000 direct jobs. Participant employment rose from 70% to 85%, and tracer studies and impact evaluations found 50% higher earnings (S14). The results page does not define its comparison groups, so these figures need the full evaluation reports behind them.
- KIPPRA's review finds consensus that comprehensive programmes work best, citing KYEOP as a model. The free Ajira Digital initiative had trained almost 83,000 youth (S15).
- The CUE study, as reported, recommends longer, supervised internships, work-integrated learning and industry-designed placements (S16).

6.3 Income support and wellbeing MODERATE

Cash transfers raised psychological wellbeing by 0.26 standard deviations and did not increase spending on alcohol or tobacco (S13). The trial was in poor rural households, so it supports the principle that easing financial strain helps mental health, not a specific graduate programme.

6.4 Psychosocial support for young adults NONE FOR THIS GROUP

No study of a mental health intervention for Kenyan graduates or young adults aged 24–35 was found and opened. Screening identified randomised trials of lay-delivered group therapies in Kenya for other groups, including school-based programmes for adolescents and a brief programme for women affected by gender-

based violence. These were outside the review population and were not appraised; they show that lay-delivered models are being tested in Kenya.

6.5 Combined economic and mental health interventions NONE

No Kenyan evaluation was found of a programme that combines employment or enterprise support with mental health or substance use support for graduates. This is the gap HEAL CREC's integrated model would fill, and it means HEAL CREC would need to evaluate its own model.

SECTION 7

Findings: RQ4 — Nakuru County and Gilgil

There is no published evidence on graduate unemployment, mental health or substance use in Gilgil, and very little for Nakuru County. What exists describes the population and the county's stated priorities.

7.1 Population

STRONG FOR THE FIGURES GIVEN

Measure	Figure	Source
Nakuru youth aged 18–34, 2019 Census	649,854	S9, Table 1.5.5
Nakuru youth aged 18–34, 2025 projection	794,638	S9, Table 1.5.5
Share of Nakuru population under 35	About 74.7%	S9, p. 12
Gilgil Sub-County population, 2019 Census	185,209	S9, Table 1.5.3
Gilgil Sub-County, 2027 projection	217,824	S9, Table 1.5.2
Gilgil urban population, 2023 projection	69,832	S9, p. 18

Gilgil is one of three municipalities in Nakuru County, with Naivasha and Molo (S9).

7.2 County priorities

LIMITED

The Nakuru CIDP 2023–2027 lists control of drug and substance abuse and promotion of youth empowerment under social protection (S9). The part of the plan that could be read gives no youth unemployment rate, no substance use data and no mention of mental health services. Only about the first fifth of the document text could be read, so later chapters may contain more.

7.3 Regional substance use

MODERATE, REGIONAL ONLY

NACADA reports figures for the former Rift Valley region, which includes Nakuru, for ages 15–65 (S1):

Substance	Lifetime use	Past-month use
Alcohol	16.7%	9.6%
Tobacco	14.1%	8.5%
Khat	3.6%	—
Cannabis	3.0%	—

These regional rates are below the national rates for 25–35-year-olds in Section 5.4, but they cover all adults and a very large region. They say nothing reliable about Gilgil.

7.4 Gaps

- No Nakuru or Gilgil data on graduate unemployment or underemployment.
- No county or sub-county data on depression, anxiety or substance use among young adults.

- No data on how many graduates live in Gilgil or what they do for income.

HEAL CREC's own baseline survey would be the first such evidence (Section 12).

SECTION 8

Public and political discourse (Tier 3 context)

This section reports what is being said in Kenyan media and by public officials. It shows that graduate joblessness, youth drug abuse and mental health are live public concerns. None of it is used as evidence of how large these problems are.

Source	Date	What was said
***The Star* (S20)**	31 Mar 2026	Interior PS Raymond Omollo, speaking at Utumishi Boys Academy **in Gilgil**, said drug and substance abuse is among the biggest problems facing young people and is rising
***The Standard* (S16)**	17 Sep 2026	Coverage of the CUE study on graduates' long wait for a first job and employers' views of skills gaps
***Citizen Digital* (S17)**	18 Jun 2026	Coverage of the AFIDEP and CAP-YEI youth employment report; AFIDEP's board chair called for greater accountability for results
***Daily Nation* (S18)**	Mar 2026	Over 3 million applications to NYOTA in about seven months, most rejected
***People Daily* (S19)**	Undated (2025)	Opinion feature linking youth joblessness to anxiety, depression, isolation and substance use; quotes a psychiatrist on raised risk of depression, self-harm and suicide

8.1 A figure to treat with caution

The *People Daily* feature states that 67% of youth aged 15–34 are unemployed, citing the Federation of Kenya Employers (S19). The review could not find the original FKE source. The figure is far above KIHBS-based youth unemployment of 17.7% (S15) and likely mixes unemployment with underemployment, inactivity or informality. **It should not be used in HEAL CREC documents unless the original FKE source and its definition are found.**

SECTION 9

Discussion

9.1 What the evidence says about HEAL CREC's hypothesis

HEAL CREC's hypothesis has two parts. The evidence treats them differently.

Part of the hypothesis	Verdict	Grade
Many educated young Kenyans lack sustainable income	Supported. Graduates face slow, fragmented, mostly informal transitions, and the main national programme excludes them	MODERATE
Financial strain from joblessness harms their mental health	Plausible and partly supported. Low and insecure income is linked to depression and anxiety, and easing poverty improves wellbeing in a trial	MODERATE (young adults); limited (graduates)
Joblessness drives their drug and alcohol use	Not established. One preprint links unemployment to drug use, but other studies link income and work to more drinking	LIMITED, mixed

The fairest reading is that joblessness is one important driver of distress among young adults, alongside family support, access to care and the easy availability of cheap alcohol and drugs (S2, S3). For substance use, the relationship probably runs both ways: distress and idleness can lead to use, and new income can fund it.

9.2 How this applies to Gilgil

Gilgil is a fast-growing municipality of about 200,000 people in a county where three in four residents are under 35 (S9). Drug abuse among young people is a priority named by the county and raised publicly by national officials in Gilgil itself (S9, S20). But no data describe Gilgil's graduates. HEAL CREC cannot yet say how many there are, how many lack sustainable income, or how their mental health and substance use compare with national figures. Its first job is to measure this.

9.3 The policy gap

The strongest finding for HEAL CREC's case is a gap in provision rather than in evidence. NYOTA serves youth with Form 4 education or below (S10). Graduates must rely on internships and self-directed job search. Training-plus-internship models have worked for older male youth in Kenya (S12), but no programme combines that with mental health and substance use support. An integrated, graduate-focused model would be new in Kenya and would need its own evaluation.

9.4 Strengths and limitations of the evidence

Strengths: a nationally representative substance use survey (S1); two randomised designs (S12, S13); and several recent studies using validated screening tools (S3, S4, S11).

Limitations:

- Almost all studies are cross-sectional, so cause and effect cannot be established.
- Samples are mostly Nairobi, coastal or student populations, not peri-urban graduates in the Rift Valley.
- Only one study (S8) sampled graduates directly, from three elite universities with a low response rate.
- Two key national figures (the CUE study and the AFIDEP report) were read only through media reports.
- The review's own limits (Section 2.7) mean relevant paywalled studies may have been missed.

SECTION 10

Conclusions

1. **The problem is real but mostly underemployment.** Kenyan graduates move slowly and unevenly into work, much of it informal and poorly paid. Absolute unemployment is lower than often claimed.
2. **Graduates fall through a gap in provision.** The largest national youth employment programme is closed to them, and no Kenyan programme combines income support with mental health support for them.
3. **Financial strain and mental distress are linked.** Low and insecure income is associated with depression and anxiety among young Kenyan adults, and a Kenyan trial shows that easing poverty improves wellbeing. HEAL CREC's case for linking its Education and Healthcare pillars is reasonable.
4. **The substance use link is not proven.** Unemployment, distress and substance use co-occur, but income can also increase drinking. Livelihood support must be paired with prevention.
5. **Training with placements works.** Kenya's best-tested model, training plus a paid internship, raised employment and earnings, including for men over 24.
6. **Gilgil has no evidence base.** HEAL CREC should present its project as both an intervention and the first study of graduate wellbeing in Gilgil.

SECTION 11

Recommendations

Each recommendation names the evidence it rests on and its grade. Where the grade is limited or none, the recommendation is to test, not to scale.

11.1 For HEAL CREC, by pillar

Pillar	Recommendation	Evidence	Grade	Intervention it justifies
Education	Build the core programme around training plus a supervised, paid work placement with local employers, rather than training alone	S12, S15, S16	MODERATE	Skills bootcamp and placement track
Education	Do not run stand-alone life skills courses; fold soft skills into technical training and placements	S12 (life skills alone had no effect)	MODERATE	Integrated curriculum
Education	Base course choices on a local labour market scan of Gilgil and Naivasha employers	S15, S16, S17	MODERATE	Labour market scan before launch
Healthcare	Offer peer wellbeing groups and screening alongside every livelihood activity, with referral to county services	S3, S4, S11, S13	MODERATE (link); none (graduate-specific intervention)	Graduate wellbeing circles, piloted and evaluated
Healthcare	Build substance use prevention into enterprise and placement support, because new income can raise drinking	S2, S5, S11	LIMITED	Prevention module in every track
Healthcare	Strengthen family and peer support, which protected students' mental health	S3	LIMITED	Family and peer engagement sessions
Advocacy	Make the case, with evidence, that graduates without sustainable income are excluded from NYOTA	S10, S18	STRONG	Policy brief to county and national government
Advocacy	Stop using unverified figures such as "67% youth unemployment"; use KNBS-based figures and say what they measure	S15, S19	STRONG	Fact-checked advocacy materials
Leadership	Train graduate peer champions to run wellbeing circles and enterprise groups, under supervision	Lay-provider models seen at screening; not appraised	NONE	Pilot champion model with evaluation

11.2 For other audiences

Audience	Recommendation	Evidence	Grade
Nakuru County	Publish sub-county youth unemployment and substance use data, and add youth mental health to the CIDP's social protection actions	S9	LIMITED
Nakuru County	Partner with CBOs to pair county drug-abuse control with livelihood programmes for young adults	S1, S9	LIMITED
National government	Open a graduate window in youth employment programmes, or a parallel programme for unemployed graduates up to 35	S10, S12, S18	MODERATE
National government	Enforce and publish the Graduate Employability Rate, which institutions must now compute from tracer studies, so graduate outcomes can be tracked	S8, S16, S21	MODERATE
Partners and funders	Fund combined livelihood and mental health pilots with built-in evaluation	S12, S13, gap in S15	MODERATE (components); none (combination)
Partners and funders	Support existing programmes rather than duplicating them, as KIPPRA recommends	S15	MODERATE
Tertiary institutions	Lengthen and supervise internships and work-integrated learning; expand careers guidance	S8, S16	MODERATE

11.3 What HEAL CREC should not claim

- That joblessness causes drug abuse among graduates. Say instead that the two are linked and that the evidence is mixed.
- Any Gilgil prevalence figure until its own baseline survey is done.
- The CUE figures until they are checked against the original report.

SECTION 12

Evidence gaps and a research agenda for HEAL CREC

12.1 Gaps found

Gap	Why it matters for HEAL CREC
No unemployment or underemployment rate for graduates aged 24–35, nationally or by county	HEAL CREC cannot size its target group
No Kenyan study testing whether joblessness predicts later distress or substance use in graduates (all cross-sectional)	The causal link in HEAL CREC's story is unproven
No Kenyan evaluation of combined livelihood and mental health support for graduates	HEAL CREC's model has no proof of concept
No Nakuru or Gilgil data on young adults' mental health or substance use	No local baseline to measure change against
Substance use data not broken down by education or employment	The national survey cannot test the hypothesis

12.2 Proposed research agenda

1. **Baseline survey in Gilgil Sub-County (months 1–4).** Cross-sectional survey of graduates aged 24–35, using validated tools already used in Kenya: PHQ-9 and GAD-7 for depression and anxiety, and AUDIT and DUDIT or WHO ASSIST for substance use. Record employment status, income, income regularity and hours worked. Analyse the link between income insecurity and each outcome.
2. **Qualitative study (months 2–5).** In-depth interviews and focus groups with graduates, families and local employers on how joblessness, stress and substance use connect, and on local job opportunities.
3. **Pilot evaluation (months 6–18).** Compare graduates who join the integrated programme with similar graduates on a waiting list, measuring income, wellbeing and substance use at baseline, 6 and 12 months. A waiting-list design is fair when places are limited.
4. **Follow-up (month 24).** Re-survey the baseline cohort to see whether changes in income predict later changes in mental health and substance use. This would be the first longitudinal Kenyan evidence on the question.

12.3 Ethics and approvals

The study will need ethical approval from an accredited Kenyan research ethics committee and a research licence from NACOSTI. Personal data must be handled under the Data Protection Act 2019. Participants who screen positive for severe depression, suicidal thoughts or hazardous substance use need a referral pathway agreed in advance with Gilgil Sub-County health services.

SECTION 13

References

All sources were accessed on 28 November 2026.

S1 National Authority for the Campaign Against Alcohol and Drug Abuse. (2022). *National survey on the status of drugs and substance use in Kenya, 2022*. NACADA. nacada.go.ke

S2 Mutiso, V. N., Ndetei, D. M., Muia, E. N., Musyimi, C., Osborn, T. L., Kasike, R., Onsinyo, L., Mbijjiwe, J., Karambu, P., Sounders, A., Weisz, J. R., Swahn, M. H., & Mamah, D. (2022). Prevalence and perception of substance abuse and associated economic indicators and mental health disorders in a large cohort of Kenyan students. *BMC Psychiatry, 22*, 191. https://doi.org/10.1186/s12888-022-03817-2

S3 Mugotitsa, B., Momanyi, R., Kuria, J., Amadi, D., Masai, J., Angula, E., Tsofa, B., Greenfield, J., Todd, J., & Kiragga, A. (2025). Understanding mental health among university students in Kenya: What role do family support and age play? *Frontiers in Public Health, 13*, 1557058. https://doi.org/10.3389/fpubh.2025.1557058

S4 Kamau, G. W., Njiru, L., Mutugi, M., & Wamathai, A. (2026). Prevalence of depression, anxiety, and stress and associated risk factors among young adults in Mathare slums, Nairobi County, Kenya. *Primary Health Care Practice Journal, 4*, 5. https://doi.org/10.11604/PHCP.2026.4.5.47717

S5 Musyoka, C. M., Byansi, W., Mutavi, T., Mbwayo, A., Kyalo, D. N., Mulwa, A., Moon, S., & Mathai, M. (2025). A pilot study of alcohol and substance use, mental health symptoms and social vulnerabilities among youth in Nairobi's informal settlements. *Cambridge Prisms: Global Mental Health, 12*, e151. https://doi.org/10.1017/gmh.2025.10102

S6 Melkam, M., Fentahun, S., Takelle, G. M., Rtbey, G., Andualem, F., Nakie, G., Tadesse, G., & Wassie, Y. A. (2025). Prevalence and determinants of depression and/or anxiety among adults using Kenya Demographic and Health Survey of 2022: Multilevel logistic regression analysis. *PLOS ONE*, e0319571. https://doi.org/10.1371/journal.pone.0319571

S7 Okello, J. (2025). Poverty, unemployment, and mental health: Differential impacts among university graduates in Kenya, South Africa, Uganda, and Zambia. *Theoretical and Applied Economics, 32*(4), 155–172. store.ectap.ro

S8 McCowan, T., Oanda, I., & Oketch, M. (2017). Towards a national graduate destinations survey in Kenya: An exploratory study of three universities. *Higher Education Policy*. https://doi.org/10.1057/s41307-017-0044-x (author version)

S9 County Government of Nakuru. (2023). *Nakuru County integrated development plan 2023–2027*. nakuru.go.ke

S10 Micro and Small Enterprises Authority. (n.d.). *NYOTA project*. msea.go.ke

S11 Mwangala, P. N., Kerubo, A., Makandi, M., Odhiambo, R., & Abubakar, A. (2024). *Prevalence and associated factors of mental and substance use problems among adults in Kenya: A community-based cross-sectional study* [Preprint]. medRxiv. medrxiv.org

S12 Honorati, M. (2015). *The impact of private sector internship and training on urban youth in Kenya* (Policy Research Working Paper No. 7404). World Bank. https://doi.org/10.1596/1813-9450-7404

S13 Haushofer, J., & Shapiro, J. (2016). The short-term impact of unconditional cash transfers to the poor: Experimental evidence from Kenya. *The Quarterly Journal of Economics, 131*(4), 1973–2042. https://doi.org/10.1093/qje/qjw025. Results read from the J-PAL evaluation summary.

S14 World Bank. (2025, April 15). *The youth dividend: Investing in Kenya's next generation*. worldbank.org

S15 Onsomu, E., Ngugi, R., Munga, B., Nyabaro, V., Sitati, M., Oduol, T., & Wanyama, S. R. (2023). *Empirical review of youth employment policies (YEPs) and their impact in Kenya* (PEP Policy Paper 2023-02). Partnership for Economic Policy. pep-net.org

S16 Osano, G. (2026, September 17). Graduates take long to secure jobs amid skills mismatch. *The Standard*. standardmedia.co.ke

S17 Muia, J. (2026, June 18). About 1 million youth enter labour market yearly, over 80% find informal jobs – Report. *Citizen Digital*. citizen.digital

S18 Mburu, P. (2026, March 18). Over 3m youths jostle for 220,000 Nyota slots. *Daily Nation*. nation.co.ke

S19 People Daily. (2025). Silent strain: What no one's saying about jobless youth mental health. *People Daily*. peopledaily.digital

S20 Etyang, P. (2026, March 31). PS Omollo warns students against drug abuse. *The Star*. the-star.co.ke

S21 State Department for Labour and Skills Development. (2026). *Graduate employability rate and ranking framework* (Career Information Brief No. 1). Ministry of Labour and Social Protection. labour.go.ke

SUPPORTING MATERIAL

Appendices

Appendix A. Search log

All searches were run on 28 November 2026. "Hits" is the number of results the search engine returned.

#	Search string	Hits
1	Kenya graduate unemployment tracer study Commission for University Education	10
2	KNBS Quarterly Labour Force Report 2025 youth unemployment Kenya	17
3	unemployment depression young adults Kenya study	10
4	Kenya university students graduates depression prevalence cross-sectional PMC	10
5	NACADA national survey 2022 status of drugs and substance use Kenya prevalence youth 25-35	10
6	unemployment substance use young adults Kenya cross-sectional study associated factors	10
7	Kenya Mental Health Taskforce report 2020 unemployment youth findings	10
8	Kenya Youth Employment and Opportunities Project KYEOP impact evaluation results	10
9	Haushofer Shapiro GiveDirectly Kenya psychological well-being cash transfers	10
10	Kenya lay counsellor group therapy young adults randomized trial depression Kenya	10
11	Nakuru County drug and substance abuse youth study prevalence	10
12	"Employability of Graduates in Kenya" Commission for University Education report pdf	17
13	NYOTA project Kenya eligibility age education level youth 2025	19
14	Nakuru County Integrated Development Plan 2023-2027 youth unemployment drug abuse mental health	19
15	Gilgil drug abuse youth alcohol 2025 OR 2026	18
16	Kenya graduates unemployed mental health qualitative study "graduates" depression Kenya journal	10
17	Kenya Youth Empowerment Project internship evaluation Honorati employment earnings results	10
18	Kenya lay health worker psychological intervention adults depression randomized trial (StrongMinds, Friendship Bench, Problem Management Plus)	10
19	KDHS 2022 depression factors employment status Kenya self-reported diagnosis study results	10
20	Kenya Mental Health Action Plan 2021-2025 pdf strategic objectives community mental health	10
21	Kenya Youth Development Policy 2019 pdf unemployment priority areas	19
	Total	**259**

Appendix B. Data extraction: key findings by source

ID	Key findings used in this review	Section
S1	Ages 25–35: lifetime alcohol 22%, past-month 14%; tobacco 12%; khat 6.8%; cannabis 3.7%. Rift Valley rates for ages 15–65. No breakdown by employment or education	5.4, 7.3
S2	Current alcohol use 17.7%; substance use linked to depression, anxiety and other disorders; wealth associations in both directions; cheap availability the main driver	5.3
S3	30.9% screened positive; age 25–29 crude OR 2.6, adjusted 1.42 (not significant); family support AOR 0.47; insurance AOR 0.61	5.1, 5.5
S4	Depression 32.2%, anxiety 43.1%, stress 32.2%; income under KES 5,000 AOR 3.69; stable income AOR 0.13	5.1, 5.2
S5	Past-3-month alcohol 78%, cannabis 68%; distress linked to higher use; working youth had higher alcohol scores	5.1, 5.3
S6	Diagnosed depression and/or anxiety 3.84%; having a job AOR 1.55 vs between jobs	5.1, 5.6
S7	Kenya depressive symptoms 37.6% (high school or less) to 71.3% (advanced degree); weak methods	5.5
S8	14% unemployed 6–12 months after graduation; under half full-time; 19% work unrelated to studies; 65% want to change jobs	4.1
S9	Youth 18–34: 649,854 (2019), 794,638 (2025 projection); Gilgil 185,209 (2019); drug control listed as priority	7.1, 7.2
S10	NYOTA: ages 18–29, Form 4 or below, unemployed; 820,000 target	4.3
S11	Depression 25.9%, anxiety 10.9%; unemployed women anxiety AOR 2.13; unemployed drug use AOR 2.48; higher-income men alcohol AOR 3.32	5.1–5.3
S12	Training plus internship: men's employment +14.2 points (completers); larger earnings gains for men over 24; life skills alone no effect; cost about KES 97,000	6.1
S13	Cash transfers: wellbeing +0.26 SD; no rise in alcohol or tobacco spending	5.2, 6.3
S14	KYEOP: 145,000+ participants; employment 70% to 85%; 50% higher earnings	6.2
S15	KIHBS 2015/16 youth unemployment 17.7%, underemployment 35.9%; programmes fragmented; comprehensive designs work best	4.1, 4.2, 6.2
S16	CUE study as reported: 11.6 months to first job; 25.3% within 6 months; about 4 in 10 over a year	4.1
S17	AFIDEP as reported: 800,000–1 million entrants a year; 78,600 formal jobs in 2024; over 4 in 5 young workers informal	4.2
S18	Over 3 million NYOTA applications; about two-thirds rejected; reasons not given	4.3
S19	Opinion; unsourced or untraced figures including "67% youth unemployment"	8
S20	PS Omollo in Gilgil: youth drug abuse rising	8
S21	Institutions must compute a Graduate Employability Rate from tracer studies about 12 months after graduation	11.2

Appendix C. Quality appraisal

ID	Tool	Rating	Main reasons
S1	AACODS	HIGH	National probability sample, 87% response; minor inconsistencies in sample counts
S2	JBI cross-sectional	MODERATE	Very large sample, validated tools; convenience counties, not representative
S3	JBI cross-sectional	MODERATE	Validated tools; purposive sample, one university
S4	JBI cross-sectional	LOW	Convenience sample at one health centre; some adjusted results unclear
S5	JBI cross-sectional	LOW	n = 94, snowball sampling, bivariate tests only
S6	JBI cross-sectional	MODERATE	National data; outcome is a self-reported diagnosis; internal inconsistencies
S7	JBI cross-sectional	LOW	No sample sizes or instruments named; regression contradicts conclusions
S8	JBI cross-sectional	LOW	16.2% response, three elite universities, self-selection
S9	AACODS	MODERATE	Authoritative; only part of the text could be read
S10	AACODS	HIGH	Official programme page; facts limited to eligibility and targets
S11	JBI cross-sectional	MODERATE	Validated tools, community sample; not yet peer reviewed
S12	JBI RCT	MODERATE	Randomised; differential attrition, employer selection of interns
S13	JBI RCT	HIGH	Randomised, published in a leading journal; read via official summary
S14	AACODS	MODERATE	Authoritative; comparison groups not defined on the page
S15	AACODS	MODERATE	Government and KIPPRA authors; review, not primary data
S16–S20	AACODS	LOW	Media reports or opinion; originals not opened or not traced
S21	AACODS	HIGH	Official ministry brief