



MINISTRY OF
HEALTH

REPUBLIC OF KENYA

GUIDELINE FOR COMMUNITY ENGAGEMENT IN KENYA

2025



Guideline For Community Engagement in Kenya 2025

Developed by the Division of Health Promotion and Education Management, Ministry of Health

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For further information and copies, please contact:

Division of Health Promotion and Education Management

KMTC Ground, Old Mbagathi Road

P.O Box 30562 - 00100, Nairobi, Kenya

Email: healthpromotion@health.go.ke

Website: www.health.go.ke

GUIDELINE FOR COMMUNITY ENGAGEMENT IN KENYA

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FOREWORD



Community engagement has become increasingly critical in recent years, particularly in the context of global health challenges and the ongoing efforts to achieve Universal Health Coverage (UHC). The COVID-19 pandemic underscored the importance of involving communities in health initiatives, as it highlighted the need for culturally relevant and widely accepted health interventions. The pandemic also demonstrated how community involvement can enhance the effectiveness of health programs and ensure their sustainability.

In Kenya, community engagement is essential for addressing health disparities and improving access to essential services. By actively involving communities in the planning, implementation, and evaluation of health programs, we empower individuals to take ownership of their health outcomes. This approach fosters resilience and builds stronger, more inclusive health systems.

The Ministry of Health has developed this guideline to provide a comprehensive framework for community engagement. This guideline aligns with the Government's broader health objectives, including the achievement of UHC and the Sustainable Development Goals (SDGs). They outline the principles, strategies, and actions necessary to engage communities effectively, ensuring that every voice is heard and every effort is aligned with our national health goals.

I urge all stakeholders, including health workers, policymakers, civil society organizations, and community leaders, to embrace this guideline and invest in strategies that promote meaningful community engagement. Together, we can build a healthier, more inclusive Kenya.

I extend my heartfelt gratitude to all those who contributed to the development of this guideline. Your dedication and collaboration have been instrumental in shaping a document that will guide our efforts for years to come.

A handwritten signature in blue ink, appearing to read 'Patrick Amoth'.

Dr Patrick Amoth, EBS
Director General for Health
Ministry of Health

PREFACE



Community engagement is the bedrock of sustainable health and development. In Kenya, where diverse cultures, traditions, and socio-economic conditions shape health outcomes, meaningful participation of communities is essential to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). This guideline recognize that communities are not mere beneficiaries but active partners in designing, implementing, and evaluating health interventions that directly affect their lives.

The *Guideline For Community Engagement in Kenya* provide a structured framework to empower communities, foster ownership of health initiatives, and bridge gaps between policy intent and grassroots realities. Aligned with the *Kenya Health Policy 2014-2030*, *Vision 2030*, and the *Constitution of Kenya (2010)*, this document emphasizes equity, inclusivity, and cultural relevance. It builds on lessons learned from Kenya’s health sector, including the pivotal role of Community Health Promoters (CHPs) and the Social Health Authority (SHA), to ensure no one is left behind.

This edition addresses emerging challenges such as digital innovation, crisis management, and climate resilience while reaffirming timeless principles of trust, transparency, and participatory governance. By standardizing methodologies for stakeholder engagement, resource mobilization, and impact evaluation, this guideline aim to transform community engagement from a theoretical concept into actionable, measurable strategies.

I commend the collaborative spirit of county governments, civil society organizations, development partners, and community leaders who contributed to this document. Together, we can harness the power of engaged communities to build a healthier, more equitable Kenya.



Dr. Joseph Lenai, OGW.

Ag. Head – Directorate of Primary Health Care
Ministry of Health

ACKNOWLEDGEMENT



The Ministry of Health extends its deepest gratitude to the many individuals and organizations whose support and collaboration have made the development of the National Community Engagement Guideline for Kenya possible.

We are grateful to the health promotion stakeholders who contributed their time, expertise, and insights. Your dedication and commitment to improving community health and well-being have been invaluable.

Special thanks go to the members of the Community Engagement Technical Working Group and the Health Promotion and Education Directorate for their tireless efforts in drafting, reviewing, and refining this guideline. Your expertise and hard work have ensured that this guideline is comprehensive, practical, and aligned with our national health goals.

We also acknowledge the technical and financial support provided by our development partners, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Voluntary Services Overseas (VSO) and partners. Your support has been crucial in the development and dissemination of this guideline.

Finally, we thank all the communities across Kenya for their active participation and engagement. Your feedback and experiences have shaped this guideline and will continue to guide our efforts towards achieving a healthier, more inclusive Kenya.



Gladys Mugambi

Head, Division of Health Promotion and Education Management
Ministry of Health

ABBREVIATIONS

CHP	-	Community Health Promoter
CSO	-	Civil Society Organization
KMTC	-	Kenya Medical Training College
MOH	-	Ministry of Health (Kenya)
SDG	-	Sustainable Development Goal
SHA	-	Social Health Authority
UHC	-	Universal Health Coverage
WHO	-	World Health Organization

GLOSSARY OF TERMS

Community Engagement - The process of involving individuals, groups, and organizations within a community in activities, initiatives, and decision-making processes that affect their lives and well-being.

Community Health Promoter (CHP) - A trained individual who delivers health services at the household and community levels.

Universal Health Coverage (UHC) - A health system where all individuals and communities receive essential health services without financial hardship.

Social Health Authority (SHA) - Kenya's initiative to centralize healthcare financing and service provision for UHC.

Sustainable Development Goals (SDGs) - A global blueprint of 17 objectives aimed at eradicating poverty, reducing inequalities, and promoting health and well-being by 2030.

Participatory Governance - A model where citizens and stakeholders actively participate in decision-making processes affecting their health and well-being.

Health Promotion - The process of enabling individuals and communities to increase control over their health determinants and improve their overall health.

1.1 CHAPTER ONE

1.0 What Is Community Engagement, and Why Is It Important?

Community engagement refers to the process of involving individuals, groups, and organizations within a community in activities, initiatives, and decision-making processes that affect their lives and well-being. It encompasses a range of approaches aimed at empowering community members to participate actively in identifying needs, setting priorities, and finding solutions to local challenges

In Kenya, like many parts of the world, achieving Universal Health Coverage (UHC) remains a significant challenge. Despite efforts to improve health care access, many citizens still face difficulties accessing essential health services.

- **Health Service Coverage:** About half of Kenya's population lacks full coverage of essential health services. While the government has made strides with initiatives like SHIF (Social Health Insurance Fund), gaps remain, especially in rural areas.
- **Financial Strain on Health care:** Many Kenyans are pushed into poverty due to out-of-pocket expenses for health care. Although SHIF aims to reduce this burden, over 7 million people are still at risk of financial hardship, especially during medical emergencies.
- **National and Global Commitments:** Kenya is committed to achieving UHC by 2030, aligning with the Sustainable Development Goals (SDGs). However, progress has been slow, and meeting the targets remains uncertain, particularly for marginalized groups like people living in informal settlements, persons with disabilities, and remote communities.
- **Inclusive UHC:** Achieving UHC in Kenya will not only require individual medical treatment but also preventive measures such as immunization campaigns, hygiene promotion, and malaria control efforts. Equity, social inclusion, and targeted interventions for disadvantaged populations are crucial for real progress.

1.1 Why must we act?

In Kenya, UHC is at the forefront of the government's Big Four Agenda, which aims to ensure that every citizen has access to affordable and quality health care services. The Ministry of

Health, in partnership with local counties, has recognized that achieving UHC requires community participation and collaboration with civil society.

- **Community Involvement:** The WHO emphasizes the importance of community and civil society engagement in reaching health-related SDG goals. In Kenya, this engagement can be seen through community health Promoters (CHPs) who play a crucial role in delivering health messages and services at the household and community level.
- **Political Will and Resource Mobilization:** Achieving UHC in Kenya will require bold political action, innovative resource mobilization, and adaptive leadership, especially at the county level where health care services are decentralized. This means expanding the reach of SHI investing in front line health care systems, and ensuring that vulnerable populations are included in health care programming.

1.2 Why focus on community engagement?

Community engagement is essential to achieving UHC. The WHO defines community engagement as building relationships that enable stakeholders to collaborate on health issues and achieve positive outcomes. In Kenya, it is a proven mechanism for:

- **Trust and Local Solutions:** Engaging local communities fosters trust, mobilizes resources, and ensures that health care solutions are culturally appropriate. Health campaigns such as Beyond Zero, maternal health drives, and malaria eradication programs have shown that community involvement leads to better health outcomes.
- **Empowering Communities:** By involving communities in health decisions, local knowledge and capacity are strengthened. This promotes ownership of health programs and ensures that services are sustainable and effective in the long term. It also. Leads to community involvement in solving their health problems, engaging in making their environments healthy and dealing with determinants of health.

1.3 Who is this document for?

This guide targets a diverse audience of stakeholders, collectively referred to as "change agents." These include:

- Health workers and Community Health Promoters (CHVs)
- Health Promotion Officers
- Policy Makers and Planners

- Civil Society Organizations (CSOs)
- Teachers and Educators
- Religious Leaders and Local Authorities

These individuals are pivotal for driving health-related initiatives. They are the people on the ground who foster proactive health-seeking behaviors, from educating women on maternal health to organizing public health campaigns. They influence their communities and encourage local participation in achieving health for all.

CHAPTER TWO

2.0 Health Promotion for Community Ownership of Universal Health Coverage and the Sustainable Development Goals

Health promotion is a key strategy for achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). It involves enabling people to increase control over their health and its determinants, thereby improving their health.

2.1 Health Promotion Actions

The five key actions for health promotion, as outlined in the Ottawa Charter, are vital for achieving UHC. These actions should be revisited when developing community engagement strategies to address local health priorities and link to relevant SDGs.

2.1.1 Developing Personal Skills

Improving health literacy is essential across all communities and throughout the life-course. To achieve UHC, individuals need both personal and social skills acquired through information and education. Schools play a critical role in equipping students with the knowledge and skills necessary for healthier living. Enhanced personal skills enable individuals to take greater control over their health and environments, making informed choices. Without these skills, health-seeking behavior and adherence to treatment will remain low, making UHC goals harder to attain. This aligns with:

- SDG 4 (Quality Education)
- SDG 3 (Good Health and Well-Being)

2.1.2 Strengthening Community Action

Empowering communities is central to health promotion. Community action involves local participation in identifying health priorities, making decisions, and implementing strategies. This can range from simple health awareness campaigns to more complex initiatives like participatory budgeting for health programs. Leaders must be equipped to influence the health landscape of their communities effectively. This focus on community ownership is consistent with:

- SDG 11 (Sustainable Cities and Communities)
- SDG 10 (Reduced Inequalities)
- SDG 5 (Gender Equality)

2.1.3 Creating Supportive Environments

The sociological perspective is vital for understanding how various factors—physical, social, economic, political, and cultural—impact health. The environment plays a crucial role in shaping health outcomes. Healthy environments, whether in schools, workplaces, or communities, provide the foundation for supportive health settings. It is important to ensure that the needs of current generations do not compromise those of future generations, aligning with:

- SDG 1 (No Poverty)
- SDG 2 (Zero Hunger)
- SDG 4 (Quality Education)
- SDG 6 (Clean Water and Sanitation)

2.1.4 Building Healthy Public Policy

Achieving UHC within the framework of the SDGs requires that health is prioritized across all sectors and levels of government. Policymakers must consider the health implications of their decisions and take responsibility for health outcomes. This includes creating policies that encourage healthier choices, whether through local regulations, fiscal measures, or community initiatives. Such policies are linked to:

- SDG 7 (Affordable and Clean Energy)
- SDG 9 (Industry, Innovation, and Infrastructure)
- SDG 12 (Responsible Consumption and Production)

2.1.5 Reorienting Health Services

The responsibility for health promotion must be a collective effort involving individuals, community groups, health professionals, and government institutions. If health financing shifts towards promoting health and preventing diseases, rather than solely providing clinical care, the overall health of the population will improve, leading to reduced health care costs. This approach supports:

- SDG 3 (Good Health and Well-Being)
- SDG 5 (Gender Equality)
- SDG 11 (Sustainable Cities and Communities)

2.2 Leveraging Digital Engagement

In the modern era, digital tools and social media play a crucial role in community engagement, especially in remote areas where physical engagement might be challenging. Strategies for leveraging digital platforms include:

- I. **Social Media Campaigns** - Utilizing platforms like Facebook, X, and WhatsApp to disseminate health information and engage with community members.
- II. **Mobile Health Applications** - Developing apps that provide health education, reminders for vaccinations, and access to telemedicine services.
- III. **Online Forums and Webinars** - Hosting virtual meetings and discussions to involve community members in health decision-making processes.
- IV. **SMS and Mobile Messaging** - Sending health tips, reminders, and alerts through SMS to reach a wider audience, including those without internet access.

2.3 Crisis Management

Maintaining community engagement during crises, such as pandemics or natural disasters, is crucial. Guidelines for crisis management include:

- a) **Emergency Communication Plans:** Developing clear communication strategies to keep the community informed during crises.
- b) **Adaptable Engagement Methods:** Utilizing digital tools and remote engagement techniques when physical meetings are not possible.
- c) **Community Resilience Building:** Training community members in emergency preparedness and response to enhance resilience.
- d) **Partnerships with Relief Organizations:** Collaborating with NGOs and other organizations to provide support and resources during crises.
- e) **Post-Crisis Recovery Plans:** Engaging the community in planning and implementing recovery efforts to ensure sustainable rebuilding.

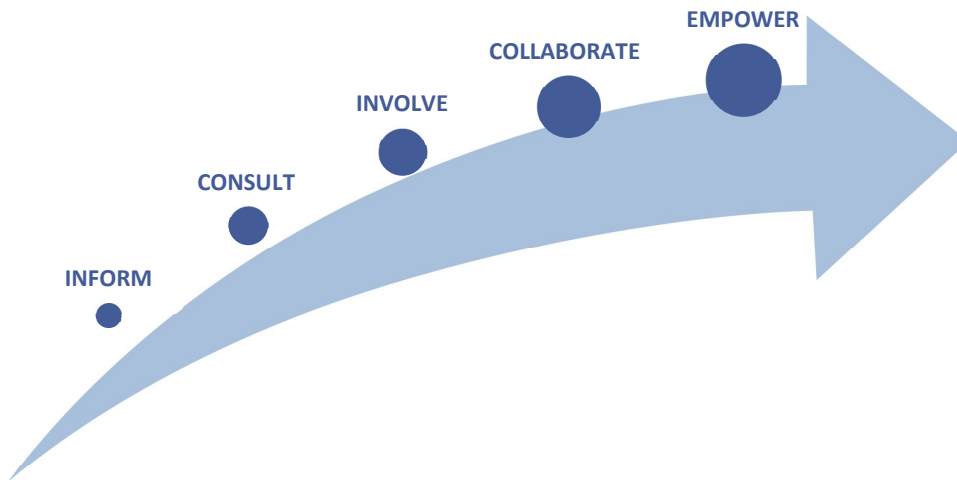
2.4 Community Engagement and People’s Participation

Community engagement has been described as both an art and a science to develop relationships and direct collective actions towards the common good. Empirical results, known theories, interventions, and participatory actions to promote health community engagement show five levels of community engagement from involvement to community empowerment. These levels are often referred to as the levels of participation – inform, consult, involve, collaborate, and empower.

2.5 Levels of Community Engagement

- a) **Inform** - Providing information to help the community understand issues, alternatives, and solutions. This level involves one-way communication where information is disseminated to the community without expecting feedback.
- b) **Consult** - Obtaining community feedback on analysis, alternatives, and decisions. This level involves two-way communication where the community's input is sought and considered in decision-making processes.
- c) **Involve** - Working directly with the community throughout the process to ensure concerns and aspirations are consistently understood and considered. This level ensures that community members are actively engaged in the planning and implementation stages.
- d) **Collaborate** - Partnering with the community in each aspect of the decision, including the development of alternatives and identification of the preferred solution. This level involves shared decision-making and joint problem-solving.
- e) **Empower** - Placing final decision-making in the hands of the community. This level involves giving the community the authority and resources to make decisions and implement solutions independently.

Figure 1 Levels of community engagement



Empowerment is considered a level with the highest degree of participation (16,18,28,29).

2.6 Theoretical Models of Community Engagement

Several theoretical models provide frameworks for understanding and implementing community engagement:

2.6.1 Self-Determination Theory

Focuses on the competence, autonomy, and relatedness of stakeholders, emphasizing the importance of satisfying basic human needs for motivation and well-being.

2.6.2 Behavior Change Ball

Incorporates capability, opportunity, and motivation to reflect behaviors in intermediaries that foster intersectoral collaboration. It helps organizations assess their position within the health system and identify elements that can bring about change.

2.6.3 Community-Based System Dynamics

Uses mental models and computer-simulated formal models to uncover and understand endogenous sources of system behavior. This approach facilitates teamwork and participatory actions to solve problems.

2.6.4 Participatory Action Research (PAR)

Puts communities at the center of research processes, addressing their needs and desires through a reflective process that creates transformative social change. It involves joint analysis, co-design, and co-creation of projects to reduce health inequities.

CHAPTER THREE

3.0 Community Engagement Principles and Enabling Factors

3.1 Community Engagement Principles

The principles of community engagement provide the value base for a common and shared appreciation of purpose. A combination of these principles is important for developing an effective community engagement strategy.

3.1.1 Trust

Building and maintaining trust is crucial for successful community engagement. Trust is strengthened through transparency, accountability, and consistent face-to-face interactions. Early engagement and co-planning of agendas and actions with the community help build this trust.

3.1.2 Accessibility

Ensuring equitable access to engagement opportunities is essential. Geographic, linguistic, cultural, and socio-economic barriers must be addressed to include marginalized groups. Strategies should be developed to reduce equity gaps and ensure that all community members can participate.

3.1.3 Contextualization

Aligning initiatives with local culture and context increases their effectiveness. Understanding the community's perspective and values is key to creating impactful engagement. Change agents play a vital role in finding effective ways to engage with the community and using models that resonate locally.

3.1.4 Equity

Addressing social determinants of health requires equity to be at the center of public health initiatives. Collaboration with communities, health, and non-health partners is essential to achieve health equity. Strong engagement practices are closely linked to successfully addressing the health equity agenda.

3.1.5 Transparency

Transparency is fundamental for participatory processes and decision-making. It builds trust and promotes other enabling factors for effective community engagement. Clear communication about goals, processes, and outcomes is necessary.

3.1.6 Autonomy

Empowering individuals and communities at all levels fosters autonomy. Community engagement should be integrated into governance structures and processes, creating opportunities for participation at local, regional, and national levels. Sharing best practices of participatory governance systems internationally is also important.

3.2 Enabling Factors

Several factors influence the success or failure of community engagement efforts. Based on literature and practical experiences, the following are important enabling factors for successful community engagement:

3.2.1 Governance

Good governance, strong leadership, and clear roles and responsibilities are critical. Developing roles within the community and building on existing capacities enhance community ownership and foster buy-in. Participatory governance structures and processes should support this.

3.2.2 Leadership

Two categories of leadership are described:

- a) **Top-Down Leadership** - Uses "position power" and has a hierarchical character.
- b) **Community-Driven Leadership** - More collaborative, harnessing the power of a common vision and relationships. Often, a combination of both approaches is needed to create a holistic and sustainable engagement model.

3.2.3 Decision-Making

Joint decision-making processes involving the community are essential for sustainability. This involves a shift from utilitarian perspectives to more inclusive approaches where power and decision-making are shared with the community.

3.2.4 Communication, Collaboration, and Partnerships

Effective communication practices and mutual understanding among various actors at all levels are important. Establishing partnerships, building networks, and fostering long-term relationships enhance sustainable and effective community engagement initiatives.

3.2.5 Availability of Resources

The availability of resources plays a crucial role in sustaining community engagement efforts. Resources that enhance organizational capacity can significantly influence engagement. Empowering approaches that build capacity and increase community assets contribute to the sustainability of engagement efforts.

3.3 Applications of Community Engagement in Addressing Health and Social Issues

3.3.1 Behavioral, Cultural, and Social Conditions

- a) **Vaccination During Outbreak Response** - Engaging communities to increase vaccination uptake during outbreaks of diseases such as measles, polio, and COVID-19. Community health providers can educate and mobilize residents to participate in vaccination campaigns.
- b) **Raising Awareness on Harmful Products** - Conducting awareness campaigns about the dangers of tobacco use, alcohol abuse, and the consumption of unhealthy foods. Community forums and school programs can be used to disseminate information.
- c) **Tackling Gender Bias** - Promoting gender equality through community dialogues and workshops that address issues such as female genital mutilation (FGM), early marriage, and gender-based violence. Engaging local leaders and influencers to advocate for women's rights and empowerment.
- d) **Reducing Drunk-Driving** - Implementing community-based interventions to reduce drunk-driving incidents. This can include educational programs, community patrols, and partnerships with local law enforcement to promote safe driving practices.

3.3.2 Health System Determinants

- a) **Improving Access to Primary Health Care Services** - Engaging communities to identify barriers to accessing health care and developing solutions such as mobile clinics, community health centers, and telemedicine services. Community health committees can play a role in monitoring and improving service delivery.

- b) **Providing Information and Programs for Communicable and Non-Communicable Diseases** - Educating communities about the prevention and management of diseases such as HIV/AIDS, tuberculosis, malaria, diabetes, and hypertension. Community health workers can conduct home visits and organize health education sessions.
- c) **Providing psychosocial support** - Establishing community-based mental health support groups and counseling services. Training community health workers to recognize and address mental health issues and refer individuals to appropriate care.

3.3.3 Prerequisites for Health

- a) **Addressing Unemployment** - Implementing community-driven economic empowerment programs such as vocational training, microfinance initiatives, and support for small businesses. Engaging local businesses and government agencies to create job opportunities.
- b) **Improving Housing Conditions** - Mobilizing communities to participate in housing improvement projects, such as building affordable homes, upgrading informal settlements, and ensuring access to basic amenities like water and sanitation.
- c) **Ensuring Access to Water and Sanitation Projects** - Engaging communities in the planning and implementation of water and sanitation projects. This can include constructing boreholes, rainwater harvesting systems, and community toilets. Promoting hygiene education to prevent waterborne diseases.
- d) **Ensuring Access to Education for Girls** - Promoting initiatives that encourage girls' education, such as scholarship programs, mentorship, and community awareness campaigns. Addressing cultural barriers that prevent girls from attending school.

3.3.4 Upstream Driving Forces

- a) **Tackling Poverty** - Implementing community-based poverty alleviation programs that focus on income generation, social protection, and access to basic services. Engaging communities in participatory budgeting and decision-making processes to ensure resources are allocated effectively.
- b) **Improving Working Conditions** - Advocating for better working conditions through community-led campaigns and partnerships with labor unions and employers. Addressing issues such as fair wages, safe working environments, and workers' rights.
- c) **Addressing Climate Change and Environmental Degradation** - Engaging communities in environmental conservation projects, such as tree planting, waste

management, and sustainable agriculture practices. Educating residents about the impacts of climate change and promoting resilience-building activities.

- d) **Managing Demographic Change and Urbanization** - Planning and implementing community-driven urban development projects that address the needs of growing populations. This can include infrastructure development, public transportation, and the creation of green spaces.

CHAPTER FOUR

4.0 Approaches to Community Engagement and a Checklist for Developing a Community Engagement Strategy

4.1 Approaches to Community Engagement

Community engagement can be approached in various ways, depending on the context, objectives, and resources available. Here are four primary approaches to community engagement, each with its unique characteristics and applications.

- a) **Community-oriented approach** - the community is informed and mobilized to participate in addressing immediate short-term concerns with strong external support.
- b) **Community-based approach** - the community is consulted and involved to improve access to health services and programmes by locating interventions inside the community with some external support.
- c) **Community-managed approach** - there is collaboration with leaders of the community to enable priority settings and decisions from the people themselves with or without external support of partners.
- d) **Community-owned approach** - community assets are fully mobilized and the community is empowered to develop systems for self-governance, establish and set priorities, implement interventions and develop sustainable mechanisms for health promotion with partners and external support groups as part of a network.

Figure 2 Approaches to community engagement



4.2 Community engagement as the ‘glue’

The matrix below provides guidance on the types of community engagement approaches that serve as the ‘glue’ that links problems to health promotion actions.

Approach	Related health promotion actions	Examples
Community-Oriented Approach	Informing and mobilizing the community to participate in addressing immediate short-term concerns. The approach often relies on strong external support to initiate and sustain activities. The goal is to raise awareness and encourage community members to take action on specific issues.	During a measles outbreak, a community-oriented approach might involve mobilizing parents to have their children vaccinated through awareness campaigns and vaccination drives.
Community-Based Approach	The community is consulted and involved in improving access to health services and programs. Interventions are located within the community, with some external support to ensure sustainability. The focus is on building local capacity and fostering community participation.	Establishing community health centers in rural areas where residents are involved in the planning and management of the centers, ensuring that services meet local needs.
Community-Managed Approach	Collaborating with community leaders to enable priority setting and decision-making by the community members themselves. It emphasizes local ownership and leadership, with or without external support from partners.	A community-managed approach to water and sanitation projects where local committees are formed to oversee the construction and maintenance of water facilities, ensuring that they are well-managed and sustainable.
Community-Owned Approach	Community assets are fully mobilized, and the community is empowered to develop systems for self-governance. This includes establishing priorities, implementing interventions, and developing sustainable mechanisms for health promotion with partners and external support groups as part of a network	A community-owned cooperative for agricultural development where farmers collectively decide on crop choices, share resources, and market their produce, leading to improved food security and economic empowerment.

4.3 A checklist for the development of a community engagement strategy

The checklist tool assesses different aspects of a community engagement strategy that incorporates components discussed in the previous section. A set of questions are also provided to guide the assessment for selecting the appropriate approach.

Assessment points	Checklist	Key questions for a community engagement strategy
Types of change agents	<ul style="list-style-type: none"> ● Health workers ● Political leaders ● Social workers ● Teachers ● Community leaders ● Volunteers ● Researchers ● Others 	<ul style="list-style-type: none"> ● Who are the change agents who can make a difference? ● What is the best way to work with them to lead a community engagement effort? ● What type of social networks and influence can they leverage for community engagement?
Previous health promotion actions used in the community	<ul style="list-style-type: none"> ● Developing personal skills ● Strengthening community action ● Creating supportive environments ● Building healthy public policy ● Reorienting health systems ● Others 	<ul style="list-style-type: none"> ● What health promotion actions are the change agents most familiar with? ● Note: Starting with previous experiences helps build confidence to try other actions
Types of existing healthy settings in the community	<ul style="list-style-type: none"> ● Healthy cities ● Healthy islands ● Health-promoting schools ● Health-promoting hospitals ● Healthy villages ● Healthy marketplaces ● Others 	<ul style="list-style-type: none"> ● What types of settings exist? ● If some healthy settings exist would it make sense to start with these settings and build on them?
Levels of people’s participation seen in the past	<ul style="list-style-type: none"> ● Inform ● Consult ● Involve ● Collaborate ● Empower ● Others 	<ul style="list-style-type: none"> ● What levels of people’s participation has been seen in the past? If higher levels of participation (such as collaboration and empowerment) did not occur; why not?

Relevant community engagement principles for the community/ setting	<ul style="list-style-type: none"> ● Trust ● Accessibility ● Contextualization ● Equity ● Transparency ● Autonomy 	<ul style="list-style-type: none"> ● What do people in the community value the most? ● What values need to be emphasized in the strategy to overcome barriers to engagement?
Presence of enabling factors	<ul style="list-style-type: none"> ● Governance ● Leadership ● Decision-making ● Communication, collaboration and partnerships ● Resources 	<ul style="list-style-type: none"> ● Describe enabling factors that are present in the community. ● What are the current strengths that will facilitate engagement?
Priority problems identified by the community	<ul style="list-style-type: none"> ● Behavioral, cultural and social conditions ● Health systems determinants ● Preconditions for health ● Upstream driving forces ● Others 	<ul style="list-style-type: none"> ● What are the perceived ● problems in the community ● that are likely to result in strong community engagement? ● Make a list of the problems, and using participatory methods ask the participants to rank these based on people’s perspective.
Approach being considered	<ul style="list-style-type: none"> ● Community-oriented ● Community-based ● Community-managed ● Community-owned 	<ul style="list-style-type: none"> ● Choose two of the approaches that best align with the type of engagement suited to the community’s existing capability and the perceived problems. ● Review the health promotion actions that are relevant to each approach and develop an action plan based on this.

CHAPTER FIVE

5.0 Examples of Community Engagement Approaches and How Health Promotion Actions Are Applied

This chapter provides practical examples of how different community engagement approaches can be applied to address various health and social issues. These examples illustrate the effectiveness of community engagement in promoting health and achieving sustainable development goals.

5.1 Case studies to illustrate the four approaches

The following case studies illustrate how the different approaches use health promotion actions to achieve a health outcome that emphasizes equity, inclusion and social cohesion.

Case Study 1: Community-Oriented Approach

Project: Vaccination Campaign During Measles Outbreak

Location: Rural Kenya

Key Features: Informing and mobilizing the community to address immediate short-term concerns.

Description: During a measles outbreak, health workers and community health promoters (CHPs) conducted awareness campaigns to educate parents about the importance of vaccination. Mobile clinics were set up in accessible locations, and local leaders were involved in encouraging participation. The campaign resulted in a significant increase in vaccination rates, helping to control the outbreak.

Case Study 2: Community-Based Approach

Project: Establishing Community Health Centers

Key Features: Consulting and involving the community to improve access to health services and programs.

Description: In County X, community health centers were established with the active involvement of local residents. Community members participated in the planning and management of the centers, ensuring that services were tailored to meet their specific needs. The centers provided essential health services, including maternal and child health care, immunizations, and treatment for common illnesses.

Case Study 3: Community-Managed Approach

Project: Water and Sanitation Project

Key Features: Collaborating with community leaders to enable priority setting and decision-making by the community.

Description: In County X, local committees were formed to oversee the construction and maintenance of water and sanitation facilities. Community members were trained in water management and hygiene

practices. The project improved access to clean water and sanitation, reducing the incidence of waterborne diseases and enhancing overall community health.

Case Study 4: Community-Owned Approach

Project: Agricultural Cooperative for Food Security

Key Features: Fully mobilizing community assets and empowering the community to develop systems for self-governance.

Description: In County X, farmers formed a cooperative to collectively decide on crop choices, share resources, and market their produce. The cooperative provided training on sustainable farming practices and access to quality seeds and tools. This initiative improved food security and increased household incomes, contributing to better health and well-being.

5.2 Theoretical models for community engagement

a) Self-Determination Theory

This theory describes how the satisfaction of basic human needs and goals is a key determinant of human motivation. It highlights the importance of satisfying the needs for competence, autonomy, and relatedness for health and well-being. Leadership and communication styles play a crucial role in meeting these needs. In the context of community engagement, successful approaches should address the competence, autonomy, and relatedness of key stakeholders to foster motivation and participation.

b) Behaviour Change Ball

This model incorporates capability, opportunity, and motivation to reflect the behaviors of intermediaries, which can induce processes leading to intersectoral collaboration. It helps organizations and groups assess their position within a complex health system and identify elements that can bring about change. Key organizational behaviors of intermediaries include leadership, agenda setting, policy formulation, adaptive management, network formulation, innovation, teamwork, and implementation. The model also emphasizes the importance of identifying social networks of relevant stakeholders in relation to health.

c) Community-Based System Dynamics

This model involves creating mental models that represent our thinking and combining them with computer-simulated formal models to uncover and understand endogenous sources of system behavior. It has been applied in various settings to involve communities in creating informal causal maps and using formal models to make explicit mental models. This approach allows for testing explanations about system behavior and assessing causal relationships between variables. Concepts such as Group

Model Building, teamwork, visual representations, and scripts are used to engage the community in solving problems through participatory actions.

d) Participatory Action Research (PAR)

PAR aims to put communities and participants at the center of research, planning, and intervention in a reflective process to create transformative social change. It involves communities in jointly analyzing and reflecting on issues that affect them, co-designing and co-creating projects to reduce health inequities, and incorporating participatory monitoring and evaluation. PAR facilitates the self-organization of communities and contributes to the development of more democratically active citizens. It has been effective in addressing health-related challenges by involving communities in the entire process.

e) Social Accountability and Public Participation

This model emphasizes the role of civic engagement in holding public officials and service providers accountable. It is particularly relevant in the Kenyan context, where the 2010 Constitution enshrines public participation as a national value and principle of governance. Implementing social accountability initiatives can increase transparency and improve governance performance. Public participation mechanisms established in various counties have demonstrated the effectiveness of this model in enhancing community engagement and promoting better health outcomes.

These models provide a comprehensive framework for understanding and implementing effective community engagement strategies, emphasizing the importance of context, collaboration, and empowerment in promoting health and well-being.

CHAPTER SIX

6.0 Monitoring and Evaluation Framework

Monitoring and evaluation (M&E) are critical components of community engagement initiatives, ensuring that activities are effective, efficient, and aligned with the desired health outcomes. This chapter outlines a detailed framework for assessing the effectiveness of community engagement initiatives.

6.1 Baseline Assessments

Conducting initial assessments to understand the community's needs and existing engagement levels is essential. Baseline data provides a reference point against which progress can be measured. This involves community surveys to collect data on health behaviors, attitudes, and access to services. Focus groups can engage community members in discussions to gather qualitative insights, while establishing key health indicators helps monitor changes over time.

6.2 Key Performance Indicators (KPIs)

Establishing specific, measurable indicators to track progress and outcomes is crucial. KPIs should be aligned with the goals of the community engagement initiatives. These may include:

- a) Participation rates to measure the number of community members involved in activities,
- b) Health outcomes to track changes in health indicators such as vaccination rates and disease prevalence, and
- c) Satisfaction levels to assess community satisfaction with engagement processes and health services.

6.3 Regular Feedback Mechanisms

Implementing systems for continuous feedback from community members allows for real-time adjustments to strategies. Feedback mechanisms can include suggestion boxes placed in accessible locations for anonymous feedback, regular community meetings to discuss progress and gather input, and digital platforms such as social media and mobile apps to collect feedback from a broader audience.

6.4 Impact Evaluation

Assessing the long-term effects of engagement initiatives on health outcomes and community well-being is essential. Impact evaluation involves conducting longitudinal studies over an extended period to observe changes and trends. Comparative analysis can be used to compare data from engaged

communities with those not involved in the initiatives, while case studies document detailed accounts of specific interventions and their outcomes.

6.5 Reporting and Dissemination

Regularly sharing findings with stakeholders ensures transparency and accountability. Effective reporting and dissemination strategies include:

- a) Publishing annual reports that provide comprehensive updates on the progress and impact of community engagement initiatives.
- b) Workshops and seminars can be organized to present findings and discuss implications with stakeholders
- c) Online portals can be created to share data and reports with a wider audience.

6.6 Continuous Improvement

Using the insights gained from M&E activities to refine and improve community engagement strategies is vital. This includes adaptive management, making iterative adjustments based on feedback and evaluation results. Capacity building is also important, providing training and resources to community members and health workers to enhance their skills and knowledge. Additionally, developing sustainability plans ensures the long-term viability of engagement initiatives, fostering ongoing community empowerment and health improvements.

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ANNEXES

Annex I: Guide for Setting Up and Conducting Community Engagement

Phase	Key Activities
Before Engagement	<ul style="list-style-type: none"> ● Establish an internal engagement and communications group for planning ● Know the social context(s) ● Develop a stakeholders mapping document ● Identify human and financial resources ● Consider how you will work with a Identify any active Community Advisory Committee and engage with ● Review the research protocol and plans/Discuss challenges with key informants ● Develop tools and RCCE materials ● Plan and conduct activities with key community' groups
During Engagement	<ul style="list-style-type: none"> ● Establish mechanisms to ensure continuous input from local stakeholders. ● Set up bidirectional informal and formal communication channels. ● Engage in activities to foster trust and transparency. ● Provide alternatives for trial-related activities that can engender mistrust, e.g., offer video consent options instead of signatures. ● Troubleshoot challenges and share successes with the global trial community.
After Engagement	<ul style="list-style-type: none"> ● Prepare and communicate closure and exit strategies in advance. ● Obtain feedback from Community Advisory Committee and local champions for communication strategies to manage expectations, outcomes, follow-up, recommendations, and implementation. ● Troubleshoot challenges and share successes with the global trial community. ● Plan sufficient resources at the end of the trial for sharing findings with local stakeholders, collaborators, and participants.

Annex II: Implementation Plan for Community Engagement

Phase	Key Activities
Before Implementation	<ul style="list-style-type: none"> ● Set up a Community Advisory Committee with clear role descriptions and understanding about remuneration. ● Organize and conduct meetings with district leaders (civic, religious, cultural) to understand key questions, concerns, and information needs. ● Conduct consultations, focus group discussions (FGDs), key informant interviews (KIIs), and small discussions to understand, assess progress, and reorient approaches and strategies. ● Pre-test and refine messages and explanations, and obtain feedback.
During Implementation	<ul style="list-style-type: none"> ● Establish a mechanism for community partnerships throughout the trial to ensure continuous input and feedback from: (1) trial participants, (2) community leaders, (3) Community Advisory Committee. ● Establish and manage a mechanism for monitoring anxieties, concerns, and rumors.

	<ul style="list-style-type: none"> ● Keep a record of issues raised and how they were managed, including measures to improve trust.
After Implementation	<ul style="list-style-type: none"> ● Prepare and communicate closure and exit strategies. ● Communicate trial results through two-way communication, aligned with medical countermeasure deployment plans. ● Document closure plan. ● Document materials on trial outcomes.

Annex III: Accountability, Documentation, and Publication Protocols for Community Engagement

1. Hold evaluation and follow-up meetings with the community to give feedback
2. Document the process and activities to capture both best practices and challenges/gaps of the engagement of the communities
3. Go back to the communities to present the results of the research
4. Ensure to thank communities for their engagement in the scientific publication of the results of the trials (if possible, share a copy of the paper with the communities/health authorities/health care center/community library)

Annex IV: Framework for Monitoring and Evaluating Community Engagement Initiatives

Component	Description
Listen Actively and Maintain Trust	Understand and respect community concerns through two-way communication.
Facilitate Community Engagement Meetings	Organize focus group discussions and other meetings to gather insights and feedback from the community.
Community Dialogues with Experts	Encourage questions and provide thoughtful responses to enhance audience participation.
Ensure Fairness (Equity)	Ensure all engagement activities are fair and inclusive, addressing the needs of all community members.
Share Community Feedback	Share feedback and perceptions from the community with healthcare workers in treatment centers.
Manage Infodemic	Address misinformation both online and offline through social listening and community feedback mechanisms.
Adapt Communication Products	Tailor communication products and actions to the community's settings, education level, age, sex, socio-economic status, common languages/dialects, and preferred communication methods (oral, written, visual, etc.).

LIST OF CONTRIBUTORS

Name	Organization
Gladys Mugambi	Ministry of Health
Grace Wasike	Ministry of Health
Esther Kathini	Ministry of Health
Dr. Athanasias Ochieng	Ministry of Health
Charles Korir	Ministry of Health
Francis Mutia	Ministry of Health
Justina Mwikali	Ministry of Health
Rueben M. Mulei	Ministry of Health
Farida Tomno	Ministry of Health
Kigen Gideon	Ministry of Health
Catherine Matioli	Ministry of Health
Beatrice Kimetto	Ministry of Health
Purity Mwangi	Ministry of Health
Collins Chimuti	Ministry of Health
John Okari	Ministry of Health
Mwangi Waituru	Voluntary Service Overseas



REPUBLIC OF KENYA

MINISTRY OF HEALTH