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KENYA HEALTH ADVOCACY GUIDELINE



2025
1st Edition



**KENYA HEALTH
ADVOCACY
GUIDELINE**

2025

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2025**

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

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FOREWORD



Health promotion plays a fundamental role in ensuring the well-being of individuals and communities. Since the 1986 Ottawa Charter, advocacy has remained a core strategy for empowering individuals and influencing policies that shape health outcomes. Effective advocacy bridges the gap between public health priorities and policy implementation, ensuring that all people have access to the highest attainable standard of health.

Kenya has embraced Primary Health Care (PHC) as the foundation for achieving Universal Health Coverage (UHC). In line with this approach, health advocacy is crucial for strengthening health literacy, mobilizing resources, and influencing decision-makers to prioritize health. This Kenya Health Advocacy Guideline provides a standardized framework for health professionals, policymakers, and stakeholders to implement effective advocacy strategies at all levels of governance.

The guideline aligns with the Kenya Health Policy 2014-2030, the Constitution of Kenya (2010), and the Universal Health Coverage agenda. It outlines best practices for advocacy, ensuring coordinated efforts in influencing policies and mobilizing communities toward better health outcomes.

I urge all health sector stakeholders, government agencies, civil society organizations, academia, and development partners to adopt and apply this guideline in advancing Kenya's health agenda.

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

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

PREFACE



The Ministry of Health remains committed to strengthening Primary Health Care (PHC) as a vehicle for achieving Universal Health Coverage (UHC). A key component of PHC is health promotion, which empowers individuals and communities to take control of their health and well-being.

This guideline seeks to standardize health advocacy efforts at national, county, and sub-county levels by providing structured approaches to influencing policies, mobilizing resources, and engaging communities. It builds on Kenya’s health sector achievements by integrating advocacy as a strategic tool for improving health service delivery and addressing social determinants of health.

The guideline provides a practical framework for stakeholders, including policymakers, healthcare professionals, development partners, and community health workers, to apply effective advocacy strategies. By enhancing coordination, this guideline will ensure that health advocacy efforts contribute to equitable access to healthcare services and improved public health outcomes.

I extend my appreciation to the Division of Health Promotion and Education Management, technical working groups, county health promotion officers, and all stakeholders who contributed to the development of this document. I am confident that this guideline will significantly enhance health advocacy efforts in Kenya.

A handwritten signature in blue ink, appearing to read 'Dr. Joseph Lenai', with a long horizontal flourish extending to the right.

Dr. Joseph Lenai, OGW.

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

ACKNOWLEDGEMENT



The development of this Kenya Health Advocacy Guideline has been a collaborative effort, bringing together expertise from across the Ministry of Health, county governments, development partners, and civil society organizations.

I wish to express my sincere gratitude to the Cabinet Secretary for Health and the Principal Secretary, State Department of Public Health and Professional Standards, for their leadership and support in ensuring that this guideline align with national health priorities. Special thanks go to the Director General for Health and Directorate of Primary Health Care for their technical guidance in shaping this document.

A special appreciation goes to the Division of Health Promotion and Education Management team, the Technical Working Group members, and representatives from various health directorates and county health promotion officers for their invaluable contributions.

We also acknowledge the technical and financial support provided by development partners, including WHO, UNICEF, AMREF, Kenya Red Cross, EGPAF, Living Goods, Clinton Health Access Initiative, and Voluntary Service Overseas (VSO). Their commitment to strengthening health advocacy in Kenya is commendable.

Finally, I extend my gratitude to all stakeholders, partners, and individuals who provided feedback and input during the consultation and review process. This guideline will serve as a cornerstone for advancing health advocacy in Kenya.

A handwritten signature in blue ink, appearing to read 'Gladys Mugambi'.

Gladys Mugambi

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

EXECUTIVE SUMMARY

Health advocacy is a critical component of Kenya’s Primary Health Care (PHC) approach and a key enabler of Universal Health Coverage (UHC). Effective advocacy ensures that public health priorities receive the necessary attention, resources, and policy support, leading to improved health outcomes for all Kenyans.

The Kenya Health Advocacy Guideline (2025) provide a structured framework to standardize advocacy efforts at national, county, and sub-county levels. This guideline align with Kenya’s health policies, including the Kenya Health Policy 2014-2030, the Constitution of Kenya (2010), and the Kenya Health Sector Strategic Plan (KHSSP IV, 2019-2023). They offer evidence-based approaches to influencing policy, mobilizing resources, engaging stakeholders, and promoting community participation in health-related initiatives.

This document outlines:

- **Principles of Health Advocacy** – Ensuring clarity, independence, confidentiality, empowerment, equity, and accountability in advocacy efforts.
- **Levels of Advocacy** – Addressing health issues at macro (national and county), mezzo (organizational and community), and micro (individual and household) levels.
- **Advocacy Strategies** – Providing guidance on policy advocacy, social mobilization, networking, and stakeholder engagement to strengthen health programs.
- **Monitoring & Evaluation** – Establishing mechanisms for assessing advocacy effectiveness, tracking progress, and improving strategies.

The guideline serves as a practical tool for government agencies, civil society organizations, development partners, health professionals, and community health advocates to enhance health promotion and policy engagement. They also support the Ministry of Health’s goal of equitable, accessible, and high-quality healthcare services through coordinated advocacy efforts.

By adopting and implementing this guideline, stakeholders will contribute to a healthier, more informed, and empowered population, ensuring that health remains a national priority.

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DEFINITION OF TERMS

- Advocacy** - Actions to influence individuals, stakeholders, policy and decision-makers at all levels for resource allocation, drive desired change, give attention and commitment to solving social, political, and economic problems that directly affect people's lives.
- Champion** - An individual who has strong support, is knowledgeable and defends the advocacy issue.
- Duty bearer** - Entity or individual having primary obligation or responsibility to drive the advocacy agenda.
- E-Advocacy** - It involves championing for a particular cause through the use of electronic platforms such as radio, TV, online platforms such as blogs and digital/social media platforms such as emails, X, Facebook, WhatsApp, which may include sharing information that is unavailable elsewhere but it could also be a reinforcement/complement of information that is elsewhere.
- Intersectionality** - An analytical framework that examines how overlapping social and political identities (e.g., race, gender, class) create unique experiences of privilege or discrimination.
- Partner** - Individual, group or organization working with or supporting another to plan and implement the advocacy agenda.
- Stakeholder** - an individual, group, or organization that has interest in the advocacy issue and can either affect or be affected by the advocacy process and its results.
- Stakeholders Analysis** - This is a process of identifying people, groups and organizations then grouping them according to their levels of interest, power and influence in the advocacy process; to influence its outcome.

LIST OF ABBREVIATIONS

| | |
|-------|---|
| AU | - African Union |
| CSO | - Civil Society Organization |
| EAC | - East African Community |
| FBOs | - Faith Based Organizations |
| IGAD | - Intergovernmental Authority on Development |
| IHR | - International Health Regulations |
| M&E | - Monitoring and Evaluation |
| MOU | - Memorandum of Understanding |
| NGO | - Non-Governmental Organization |
| SMART | - Specific, Measurable, Achievable, Relevant and Time-bound |

1.0 CHAPTER ONE: INTRODUCTION

1.1 Introduction and Background

Globally, health advocacy is recognized as a cornerstone of effective public health, driving progress towards universal health coverage and health equity. The World Health Organization (WHO) emphasizes the importance of advocacy in promoting healthy policies, strengthening health systems, and empowering communities to take control of their health. Countries around the world are increasingly integrating advocacy into their national health strategies to address key health challenges and achieve the Sustainable Development Goals.

The Health in All Policies (HiAP) approach has been widely adopted to integrate health considerations into decision-making across various sectors, reinforcing the importance of advocacy in addressing social determinants of health. Regionally, Africa has witnessed increasing momentum in health advocacy, with continental efforts led by institutions such as the African Union (AU) and the Africa Centres for Disease Control and Prevention (Africa CDC). These initiatives have contributed to policy harmonization, cross-border health strategies, and collaborative approaches to tackling pressing health challenges such as communicable and non-communicable diseases.

In Kenya, significant progress has been made towards improving the health status of citizens. The Constitution of Kenya (2010) (Article 43, 1(a)) provides for, “a rights-based approach to health service delivery and outlines that every person has a right to the highest attainable standard of health”. The Vision 2030 development blueprint seeks to provide a high-quality life to all citizens. The vision’s social pillar intends to build a just and cohesive society with social equity in a clean and secure environment. Through the health sector, the country aims to provide an efficient and high-quality health care system by shifting the national health bill from curative to preventive care.

The Kenya Health Policy (2014-2030) goal is to attain the highest possible standard of health in a responsive manner. The policy focuses on six objectives which demonstrates the need to strengthen health promotion interventions at all levels and facilitate the use of products and services that lead to healthy lifestyles in the population. This is in line with the Sustainable Development Goal (SDG) 3: - Good health and well-being by providing better and accessible health systems to increase life expectancy.

Despite increasing investment in health care, health inequalities still exist with Kenyans falling into poverty in pursuit of quality health care or having to bear with long running illnesses. Advocacy is an essential component of any strategy to improve public health at all levels of care. Advocacy focuses on influencing policymakers, organizations, or key individuals to motivate them to take action in support of responsive policies.

Advocacy requires active involvement from health advocates and all stakeholders to make a case for change and provide expert support throughout the process. Decision-makers depend on this involvement to ensure the enacted policies are as strong, effective and equitable as possible.

Advocacy has played a critical role in raising public awareness about various health issues through targeted campaigns. These campaigns have been designed to promote healthy behaviors, increase uptake of health services, and reduce the burden of communicable and non-communicable diseases. It has also played a critical role in mobilizing resources to support the Ministry of Health’s mandates. This includes engaging with donors and other development partners to secure funding for health programs and initiatives.

Over the past years, inclusion of health advocacy in all policies and programs across the globe has yielded significant health outcomes. The Health in All Policies (HiAP) approach provides a foundation for this guideline.

The Ministry of Health has identified the need to harmonize and consolidate all the health advocacy guidelines within the health sector. This guideline provides for the wider application by professionals through coordinated health advocacy. It also shapes the practice of advocacy as a strategy for influencing policy, as well as providing knowledge on how to; secure commitment and actions of decision makers at all levels on priority health issues. Therefore, there is need to get a share of resources for identified health issues in spite of competition for resources, keep identified issues on public and media agenda and create desired change for positive health outcomes.

1.2 Rationale

This guideline is essential for streamlining advocacy efforts, ensuring consistency, and maximizing impact in influencing health policies and programs. It provides a structured approach to strengthen health policy and system reforms, ensuring alignment with national and global health goals like Universal Health Coverage and the SDGs.

By standardizing advocacy approaches, the guideline establishes a clear framework for initiatives, promoting consistency and a unified voice across organizations and stakeholders. It also enhances stakeholder engagement and coordination, facilitating multi-sectoral collaboration, encouraging community participation, and improving resource mobilization through strategic partnerships.

Ultimately, this guideline aims to strengthen communication, ensure accountability, build capacity, and address emerging health challenges. By promoting skill development for advocates and institutionalizing advocacy within health systems, it ensures the sustainability of efforts to improve health outcomes.

1.3 Goal and Objectives

1.3.1 Goal

To harmonize and enhance health advocacy to improve efficiency and effectiveness of health service delivery in Kenya.

1.3.2 Objectives

- a)** Establish clear principles, strategies, and systems for effective advocacy, ensuring long-term integration into health systems and governance.
- b)** Guide evidence-based advocacy to influence health policies, prioritize health in decision-making, and foster collaboration among diverse stakeholders.
- c)** Develop skills and empower professionals to enhance messaging and leverage diverse platforms to reach target audiences.
- d)** Uphold equity, secure resources, and establish tracking mechanisms to measure advocacy success, adapting strategies for continuous learning.

1.4 Levels of Advocacy

- Macro Level - It is done to create an enabling environment for change at International, National and County levels.
- Mezzo Level - It is done at the organizational and community level through social mobilization.
- Micro Level - It targets individuals and households which deals with attitude, cultural practices and behavior change.

1.5 Users of the guideline

This Health Advocacy Guideline is designed for use by a wide range of stakeholders who contribute to health promotion and improved health outcomes in Kenya. This includes;

- National and County Government
- Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs)
- Health Professionals and Associations
- Private Sector
- Development Partners and Donors
- Media and Communication Professionals
- Community Leaders

Each of these user groups will leverage this guideline to enhance their advocacy efforts, promote effective health policies, and improve the health and well-being of communities across Kenya.

2.0 CHAPTER TWO: PRINCIPLES OF ADVOCACY AND NETWORKING

2.1 Introduction

Principles of advocacy provide guidance in harmonizing and integrating content and context of messages as well as address possible unfair, harmful practices by providing specific and acceptable standards as a point of reference.

To have successful advocacy, concepts are developed based on the principles in consideration of peer-reviewed research and must be consistent with the existing policies and laws. The concept developed, therefore, embraces diversity and overcomes assumptions, prejudices, antipathies and desires to develop trust among advocacy agents based on shared values and ethics. Advocates work independently but in harmony within shared values and audiences.

2.2 Principles of advocacy

The following are the key principles of advocacy;

a) **Clarity of purpose**

Clearly stating the issue, ensuring that the target audience can see, hear and understand the message being communicated.

The framing of the health issue should be evidence-based.

Stages of identifying the issue for advocacy include:

- Clearly identify the advocacy issue
- Frame the question
- Analyze the situation
- Take into account ethical considerations
- Define the desired advocacy result

b) **Independence**

The health advocate should be loyal to the people they represent, support and stand by their views and concerns. They need to ensure that peoples' voices are heard and taken into account. The advocate stands up against injustice, discrimination and dis-empowerment. They should ensure there is no conflict of interest when advocating for the health agenda.

c) **Confidentiality**

The advocate should ensure sensitive information about an individual they represent remains confidential to build trust.

d) **Community-Centered Approach**

Supporting communities, groups and individuals to ensure that their rights and interests to participate and make decisions that affect their lives are protected. This is by strengthening community structures to empower and facilitate access to information and transparency from those responsible in providing health services.

e) **Empowerment**

Enabling people to take action through the process of enlightening and building their capacity to overcome barriers makes them stronger and more confident, especially in taking control of their health and its determinants.

f) Equality and diversity

Ensure that everyone has a fair chance to participate, and access, health services without discrimination directly or indirectly. Based on the intersectionality approach, there must be a recognition that everyone has different individual experiences and we must consider all factors that marginalize individuals based on age, race, gender, ethnicity, class and disability, health status, among others that limit them from accessing health services.

g) Accountability

Taking responsibility and being obligated to the public for the advocacy process and the services offered with regard to desirable health outcomes.

2.3 Networking

Networking in health interventions refers to the process of building and maintaining relationships and collaborations among individuals, organizations and institutions to improve health outcomes. It involves creating connections between different stakeholders involved in health interventions, such as healthcare providers, researchers, policymakers and community members, to share information, resources and expertise. Networking takes many forms, including partnerships between healthcare providers and community-based organizations, collaborations between researchers and clinicians, and joint efforts between public health agencies and government agencies. The goal of these collaborations is to increase the effectiveness of health interventions by leveraging the strengths and resources of different partners. Effective networking requires strong communication skills, trust, and a willingness to work together towards common goals. Networking facilitates exchange of knowledge and expertise, improve quality of care, and ultimately improve health outcomes for individuals and communities.

2.3.1 Establishing and sustaining networking in advocacy

Networking in advocacy is important for members who have a common understanding on a particular health issue to form a coalition or an alliance and work together towards achieving a particular goal. It takes committed individuals and organizations to undertake a successful and efficient advocacy campaign.

Steps in establishing and sustaining advocacy network:

- i.** Develop a written problem statement on the proposed advocacy issue as a focus for the alliance.
- ii.** Map stakeholders that will help in addressing health related concern.
- iii.** Set objectives and goals of the partnership with clear purpose, scope and priorities.
- iv.** Select a steering committee at all levels to plan and coordinate.
- v.** Establish a process to ensure the steering committee is accountable and responsive to the wider group.
- vi.** Division of Health promotion will establish task forces to plan and coordinate different activities.
- vii.** Assess progress periodically and make necessary changes.
- viii.** Develop a code of conduct to ensure mutual respect and responsibility, including a mechanism for addressing complaints and grievances.

2.3.2 Potential advocacy partners

- a) National and County Government – Ministries, departments and agencies that are relevant to a specific advocacy issue should be identified at the onset and outset of the process.
- b) Legislative bodies (e.g. Parliament, Senate and County Assemblies) – Legislative bodies are often the highest law and decision-making organs for major national policy changes, and their members are a key audience for new policy advocacy efforts. Within these bodies are committees dedicated to specific issues, such as health and other social services. Legislative bodies have a specific responsibility to debate and advice on policies, including researching and drafting legislation. It is important to work closely with these units throughout the advocacy process.
- c) Development and Donor organizations e.g. Bilateral & Multilateral organizations,
- d) Civil Society Organizations and Non-governmental organizations including CBOs, and FBOs
- e) Every health program has a unique network of partners who are active on a given public health issue. These partners often play a critical role in convening other sectors/programs of health and providing expert guidance on specific policy issues. Any organization with the right mission and capacity to participate should be involved—and all partners should be engaged according to the comparative advantages and assets they bring to the work.
- f) Media – The media is an important outlet in reaching out to the masses, policymakers and other stakeholders. All media channels National and Vernacular Radio and TV stations, (traditional and new, online and offline) should be mapped and engaged appropriately, these include; electronic, audio-visual, and digital and print media.
- g) Local advocacy groups – Local organizations with advocacy interest and capacity are essential to build momentum and include the voice of citizens in the advocacy process for instance welfare organizations, trade unions among others. They are influential in opening doors to key government partners and contacts, and mobilize large groups and professional bodies to raise their voices in support of an issue.
- h) Regional and global advocacy platforms – Where appropriate, inter-governmental bodies can present additional opportunities to advocate and provide leadership with member countries. For example, the East African Community, Intergovernmental Authority on Development (IGAD), and African Union (AU) were set up to promote cultural, economic and political development in the region.

2.4 Strategies for engaging stakeholders

- a) **Develop an advocacy plan** - The basic process for engaging stakeholders consists of identifying the stakeholders, analyzing each stakeholder and their influence, identifying an entry point to them, formulating a campaign plan, harnessing their insights and influencing their attitudes as well as periodically reviewing and monitoring the outcomes.
- b) **Enlist the line government partners from the outset** – Though government decision-makers are ultimately a target of advocacy efforts, they can and should be engaged at the partnership level as soon as possible. Government co-sponsorship of events, participation in roundtable discussions, and broad input into advocacy activities will ensure that they are enrolled in the work and its goals early on.
- c) **Develop MOUs and formal partnerships** – When multiple partners are fully committed to a long-term advocacy process, a memorandum of understanding (MOU) can be an effective way to formalize commitments

at the outset. The MOU can outline the scope of the shared project and activities, key roles and responsibilities, and budget contributions.

- d) Clearly define roles and responsibilities** – A clear division of responsibility for activities should be based on the comparative advantages within the partnership, including conducting research and establishing the evidence-base, conducting policy and legislative analyses, developing communications materials and engaging the media, liaising with relevant partners or legislative agencies, and building consensus through workshops and events.
- e) Budgeting-** Identify the budget cycle and source of resource mobilization.
- f) Identify an advocacy “moderator”** – Having one person or organization clearly defined in a leadership role can help ensure that the effort is well-coordinated

3.0 CHAPTER THREE: STRATEGIES AND SYSTEMS FOR CONDUCTING ADVOCACY

3.1 Introduction

Effective health promotion advocacy requires well-structured strategies and systems to ensure impactful policy influence, resource mobilization, and community engagement. This chapter outlines the essential strategies and systems necessary for conducting successful health advocacy efforts. It focuses on leadership and governance, capacity building, coordination, human resources and access to commodities and technologies that support advocacy initiatives at both the national and county levels.

3.2 Leadership and Governance in Health Advocacy

3.2.1 Importance of Leadership in Advocacy

Leadership is a critical component of health advocacy, providing vision, direction, and influence to drive health policy changes and implementation. Strong leadership ensures sustained advocacy efforts and the alignment of health promotion goals with national and global health priorities.

3.2.2 Governance Structures for Health Advocacy

Governance in health advocacy ensures accountability, transparency, and effectiveness in implementing advocacy strategies. Key governance structures include:

- **National-Level Governance:** The Ministry of Health (MoH), through the Division of Health Promotion, provides policy direction, strategic guidance, and coordination of health advocacy initiatives.
- **County-Level Governance:** County health departments ensure advocacy efforts are context-specific and address local health concerns. County health promotion officers play a leading role in advocating for county-level health priorities.
- **Multi-Sectoral Committees:** These committees involve key stakeholders, including government agencies, CSOs, private sector representatives, and community-based organizations, to promote collaborative advocacy efforts.
- **Health Promotion Advisory Committee:** This committee provides expert guidance, coordination, and oversight for national and county-level health advocacy efforts. It includes representatives from government, academia, civil society, and development partners, ensuring a comprehensive and evidence-based approach to advocacy.

3.3 Capacity Building for Effective Advocacy

3.3.1 Training and Development of Advocates

To strengthen advocacy effectiveness, it is essential to build the capacity of health promotion officers, community health workers, policymakers, and other stakeholders involved in advocacy. This includes:

- Training on policy analysis, negotiation, communication, and evidence-based advocacy.
- Workshops on stakeholder engagement and coalition-building.
- Development of mentorship programs to nurture emerging health advocates.

3.3.2 Institutional Capacity Building

Institutional frameworks must be strengthened to support systematic advocacy efforts. This includes:

- a) Establishing dedicated health advocacy units/section at the national and county levels.
- b) Developing standardized health advocacy toolkits and manuals.
- c) Investing in research and data collection systems to generate evidence for advocacy.

3.4 Coordination of Health Advocacy Efforts

3.4.1 National-Level Coordination

At the national level, coordination is led by the Directorate/Division/Unit responsible for Health Promotion within the Ministry of Health at National level. Responsibilities include:

- a) Developing and disseminating national health advocacy guideline.
- b) Developing standardized tools and messages for health advocacy.
- c) Facilitating cross-sector collaboration between ministries, CSOs, and development partners.
- d) Ensuring alignment of county advocacy initiatives with national health priorities.
- e) Strengthen and operationalize Health Promotion Advisory Committees
- f) Mobilizing resources for health promotion activities including Advocacy.
- g) Capacity Building
- h) Monitoring and evaluating health advocacy activities
- i) Knowledge management

3.4.2 County-Level Coordination

At the county level, coordination is led by the directorates/divisions/unit responsible for health promotion overseeing advocacy efforts at the county level. The leadership should be done by a technical person whose roles include:

- a) Leading county health advocacy campaigns.
- b) Engaging community stakeholders, policymakers, and media to amplify advocacy messages.
- c) Collecting community health data to inform policy discussions.
- d) Monitor and report health
- e) Media engagement (radio, Tv, digital platforms, newspaper etc)
- f) Advocate for county level health policies that promotes preventive healthcare and behaviour change.
- g) Conduct public awareness campaigns on key health issues.
- h) Work with community health promoters and civil society organizations to amplify health information
- i) Coordinate multisectoral collaboration with government agencies, NGOs, Faith Based organization and private sector.
- j) Mobilize Resource for health promotion activities
- k) Train community health promoters, healthcare workers, local leaders, influencers and champions on health advocacy.
- l) Strengthen and operationalize Health Promotion Advisory Committees

3.4.3 Partnerships and Stakeholder Engagement

Successful advocacy requires strong partnerships among various stakeholders, including:

- i. All Government agencies and Ministries are responsible for health in their policy development and implementation in promoting health at workplaces.
- ii. Non-governmental organizations (NGOs) and CSOs: Provide technical expertise, funding, and grassroots mobilization.
- iii. Community groups, opinion leaders and religious groups: Strengthen community participation and demand for better health policies.
- iv. Media and digital platforms: Amplify advocacy messages and enhance public awareness.

3.5 Human Resource for Health Advocacy

Advocacy is a skill that health promotion professionals must possess to influence decisions, policies, and practices that affect health. Effective human resource management for health advocacy will:

3.5.1 Skill Sets for Health Promotion

Health promotion should have a diverse set of skills to effectively advocate for health which include:

- a) **Communication** - Ability to articulate health issues clearly and persuasively to diverse audiences (policymakers, media, community).
- b) **Policy Analysis** - Understanding of policy-making processes, including how to analyze and influence policy development.
- c) **Negotiation** - Ability to negotiate effectively with decision-makers and stakeholders to achieve desired outcomes.
- d) **Evidence-Based Advocacy** - Proficiency in gathering, analyzing, and presenting evidence to support advocacy messages.
- e) **Community Mobilization** - Skills in engaging and mobilizing communities to support advocacy efforts.
- f) **Media Engagement** - Ability to work with media to raise awareness of health issues and promote advocacy campaigns.
- g) **Partnership Building** - Skills in forging strong alliances with other organizations and stakeholders to amplify advocacy efforts.
- h) **Resource Mobilization** - Ability to identify and secure funding for advocacy initiatives.

3.5.2 Training and Capacity Building

To ensure that health promotion officers and other health professionals have the necessary skills, it is essential to provide Pre-service and in-service training and capacity building opportunities. It is important for all implementers to ensure that advocacy is done professionally by professionals.

A standardized training package targeting various actors such as champions, professionals developed and approved by Ministry of Health, Division of Health Promotion, shall be adopted by all implementors/stakeholders for purposes of capacity building and monitoring.

3.5.3 Deployment of Technical Officers

Health promotion officers shall be deployed at National and county and sub county levels to ensure professionalism is applied in health advocacy as per the career guidelines.

3.6 Commodities and Technologies for Health Advocacy

In Health advocacy, commodities and technologies play a vital role in amplifying messages, mobilizing communities, and influencing policy. All implementors shall embrace and build capacity on multiple new technologies and commodities to reach wide targeted audiences for health advocacy including and not limited to;

a) Communication Technologies

These facilitate outreach, engagement, and mobilization:

- Social Media Platforms for awareness campaigns and engagement
- Messaging Apps for grassroots mobilization and community discussions
- Websites & Blogs to share advocacy materials, research, and impact stories
- Email Campaigns & Newsletters for direct advocacy communication with stakeholders
- Radio & TV Broadcasts for mass awareness, particularly in rural and underserved areas

b) Digital Tools & Data Technologies

These help in data collection, analysis, and advocacy planning:

- Online Surveys & Polls to gather public opinions and feedback
- Data Visualization Tools to present advocacy issues compellingly
- Geospatial Mapping to highlight disparities and track advocacy efforts
- Artificial Intelligence (AI) and chatbots to automate engagement and provide advocacy information

c) Print & Visual Health Advocacy Materials

These help in awareness and community education:

- Pamphlets & Brochures to distribute information on key advocacy topics
- Posters & Banners for visibility in public spaces and events
- T-shirts, Caps & Merchandise to reinforce messages through branding
- Billboards & Public Signage for high-visibility campaigns

d) Assistive & Mobile Technologies

These enhance accessibility and inclusivity:

- Braille Materials & Screen Readers to ensure advocacy reaches people with visual impairments
- Sign Language Interpretation Apps to include persons with hearing disabilities
- Mobile Health Solutions for health advocacy campaigns in remote areas

e) Health Advocacy-Specific Platforms & Networks

These enable coordination and coalition-building:

- Petition Platforms for mobilizing public support
- Crowdfunding Platforms for funding advocacy initiatives
- Online Advocacy Networks for collaboration and knowledge sharing

4.0 CHAPTER FOUR: DESIGNING AN ADVOCACY CAMPAIGN

Designing advocacy campaigns will require strong partnership and participation among advocating agents for the desired change. Advocacy campaigns draw attention to a problem and guide on the best solution in seeking to mobilize support for the intended behavior and policy change.

4.1 Stages for designing a successful advocacy

An advocacy campaign is a powerful tool for promoting social change and achieving policy goals. However, a successful advocacy campaign requires careful planning and execution.

These are the stages for a successful advocacy campaign:

a) Issue Identification

Identify the need, issue or problem that requires addressing through an advocacy campaign. It is important to have a clear understanding of the issue, its impact, and who is affected by it. This can be achieved by analyzing relevant data on the issue.

b) Set goals and objectives

Define the specific outcome that you want to achieve through an advocacy campaign. This includes but not limited to change in policy, increased public awareness or change in behavior.

c) Identify and define target Audience

The health advocate must identify individuals in the target audience, their positions, and their relative power base and then endeavor to persuade and mobilize them to support the advocacy issue. Determine who you need to influence in order to achieve your goal. This could be policy makers, community leaders or the general public.

d) Build Support and consensus

Identify and engage key stakeholders who can support the advocacy campaign. This could include: non-governmental organizations, networks, donors, coalitions, civil society organizations, professional associations, religious leaders or individual activists, among other organizations, who are directly affected by the issue.

e) Develop advocacy tool kit with Key Messages

Develop a clear and compelling message that will resonate with your target audience. Your message should be based on evidence and tailored to specific needs and interests of your audience.

The important questions to answer when preparing advocacy messages:

- i. What is the issue you would like to address?
- ii. Who are you trying to reach with the message?
- iii. What do you want to achieve with the message?
- iv. What do you want the recipient of the message to do (call to action)?
- v. What timeline do you have to pass the message to the target audience?
- vi. How are you going to address and deliver the messages?

f) Identify channels of communication

The choice of the medium depends on the target audience. Some of the commonly used channels of communication for advocacy initiatives include press releases, press conferences, a public debate, and a conference for policymakers.

g) Develop a plan of action

Develop a detailed plan of action that outlines the specific activities that you will undertake to achieve your goals. This could include media outreach, community mobilization or direct advocacy with policy makers.

h) Mobilize resources

Leverage on internal and external networks to advocate for the required resources for the health advocacy campaign. Advocacy networks should identify and mobilize potential contributors for resource allocation.

i) Implement the plan

The advocate should develop an implementation plan to guide the advocacy campaign. The plan should identify activities and tasks, responsible persons/committees, the desired time frame, and needed resources.

j) Monitoring and evaluation

Assess the progress and impact of the advocacy campaign to determine whether the goals and objectives have been achieved. This could include measuring change in policy, public awareness or behaviour.

4.2 When to conduct Health Advocacy

Health advocacy shall be initiated in alignment with the following contexts to advance public health objectives responsibly and ethically:

- a) Legislative or Policy Reform** - Advocacy is warranted when seeking amendments to laws, policies, or regulations at local, national, or international levels to address systemic health inequities or gaps in healthcare delivery.
- b) Social and Humanitarian Priorities:** Advocacy is appropriate to address societal determinants of health, including human rights violations, gender disparities, environmental degradation, healthcare access barriers, poverty, or educational inequities. Efforts should focus on shifting societal norms, behaviors, or institutional practices to achieve equitable health outcomes.
- c) Community Mobilization:** Advocacy is required to address localized health challenges through grassroots organizing. This includes mobilizing communities to demand improved public services, infrastructure, or initiatives that enhance community health resilience.
- d) Organizational Accountability:** Advocacy is necessary within corporations or institutions to reform internal policies, operational practices, or decision-making frameworks. Examples include promoting workplace safety, diversity and inclusion, ethical governance, or corporate health responsibility.
- e) Individual and Collective Rights:** Advocacy is permissible to protect personal or group rights, particularly for marginalized populations. This includes self-advocacy or representing vulnerable individuals/groups to secure equitable access to health resources and services.

- f) **Crisis Response:** Advocacy is critical during emergencies (e.g., pandemics, natural disasters) to secure urgent resources, influence crisis-specific policies, or develop guidelines and standard operating procedures that safeguard public health.

Ethical Considerations

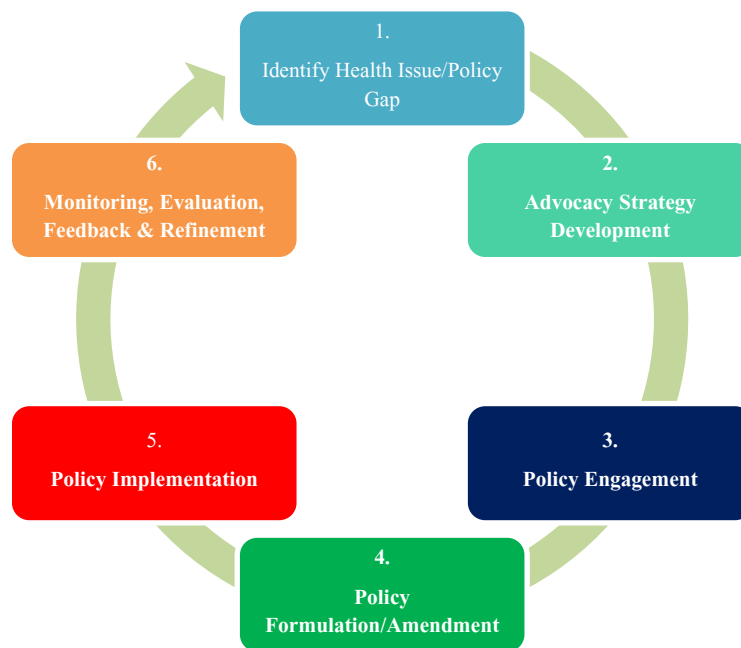
All advocacy activities must adhere to legal frameworks, respect human dignity, and prioritize transparency. Strategies must be context-specific, evidence-based, and designed to minimize harm while maximizing societal benefit. Timing, stakeholder engagement, and resource availability shall inform the selection of advocacy methods.

5.0 CHAPTER FIVE: ADVOCACY AND POLICY

Advocacy is the engine that drives equitable, evidence-based health policies. In Kenya’s decentralized governance system, advocacy ensures policies align with national priorities like Universal Health Coverage (UHC) while addressing health specific needs. The ultimate target of any advocacy for policy is to influence and convince decision-makers and relevant stakeholders for buy-in and ownership of the intended policy change.

5.1 The Health Advocacy-Policy Cycle

The dynamic relationship between advocacy and policy operates through six interconnected stages, forming a continuous feedback loop:



1. Identify Health Issue/Policy Gap - Start with the identification of a health issue or a gap in existing policy.
2. Advocacy Strategy Development - Design an advocacy strategy with clear objectives.
3. Policy Engagement - Engage with policymakers and stakeholders.
4. Policy Formulation/Amendment - Policy is created or changed based on advocacy efforts.
5. Policy Implementation - The new or amended policy is put into practice.
6. Monitoring and Evaluation, Feedback and Refinement - Assess the impact of the policy and use the evaluation results to refine the advocacy strategy or policy, leading back to step 1.

5.2 Advocacy for emerging and re-emerging health issues

Advocacy in emerging and re-emerging health issues need multi-sectoral approach in response.

Advocacy is essential in sourcing and sustaining resources to support preparedness and to help build capacity for countries around the world to better prevent, detect, and respond to disease outbreaks such as COVID-19, Ebola, Yellow fever, and others outlined in IHR 2005 as well as research and development for new tools like vaccines, drugs, and diagnostics to manage disease outbreaks.

5.3 Social mobilization for Advocacy

Social mobilization brings together various stakeholders, including communities, individuals, organizations, and institutions, to collectively work toward a common goal. It creates a broad base of support and collective action that can strengthen advocacy efforts. When communities are mobilized, they can exert pressure on policymakers and create a favorable environment for advocacy initiatives, force for change, and amplify the voices that advocacy seeks to represent.

5.4 Overcoming Challenges in Policy Advocacy

Effective health advocacy initiatives may encounter various challenges that require proactive and strategic solutions. These guidelines offer approaches to mitigate common obstacles and enhance the likelihood of successful advocacy outcomes.

a) **Addressing Political Resistance**

When facing political opposition to proposed health policies or initiatives, it is advisable to frame the issues in a manner that emphasizes shared benefits and transcends partisan divides. Advocates should highlight the broad advantages of the policy for all segments of the population, ensuring that the policy's positive impacts are clearly articulated and resonate across the political spectrum.

b) **Managing Fragmented Stakeholder Interests**

Conflicting interests among stakeholders can impede advocacy efforts. Establish clear roles, responsibilities, and expectations through formal agreements such as Memoranda of Understanding (MOUs). These agreements should outline the specific contributions of each stakeholder and promote a coordinated approach to advocacy.

c) **Securing Adequate Funding**

Limited financial resources can constrain the scope and impact of advocacy initiatives. Pursue and leverage partnerships with donor organizations, development partners, and other funding sources. Diversifying funding streams and demonstrating the potential return on investment of advocacy efforts can enhance resource mobilization.

d) **Enhancing Community Participation**

Advocacy efforts should ensure community involvement in policy development to reflect the community's needs and priorities.

e) **Promoting Equity and Inclusion**

Advocacy efforts should promote health equity by addressing the social, economic, and environmental factors that contribute to health disparities.

f) **Monitoring and Evaluation**

Policy changes should be continuously evaluated to ensure they are meeting the intended goals and objectives.

6.0 CHAPTER SIX: MONITORING AND EVALUATION

6.1 Introduction

Monitoring and Evaluation (M&E) is essential for assessing the effectiveness, efficiency, and impact of health advocacy initiatives. A robust M&E system ensures advocacy efforts are evidence-based, adaptable, and aligned with national health priorities. It enables stakeholders to track progress, identify gaps, and refine strategies for greater impact.

6.2 Principles of Monitoring and Evaluation

M&E in advocacy follows key principles:

1. **Result-Oriented:** Focus on achieving measurable policy and behavioral changes.
2. **Participation:** Engage stakeholders, including government agencies, CSOs, and communities.
3. **Transparency and Accountability:** Ensure openness in data collection and reporting.
4. **Learning and Adaptation:** Use findings to refine advocacy strategies.
5. **Equity-Focused:** Ensure that marginalized groups are included and their concerns addressed.
6. **Integration with National Systems:** Align M&E activities with Kenya's health information systems and policies.

6.3 Monitoring Framework

A structured monitoring framework includes:

1. **Objectives and Indicators:** Establish SMART (Specific, Measurable, Achievable, Relevant, Time-bound) indicators tailored to advocacy goals.
2. **Baseline Data Collection:** Define the starting point for measuring progress and evaluating policy shifts.
3. **Data Collection Methods:** Utilize diverse methodologies, including:
 - i. Surveys and interviews
 - ii. Focus group discussions
 - iii. Social media and media monitoring
 - iv. Policy and legislative tracking
4. **Data Analysis and Interpretation:** Evaluate trends, policy adoption, and behavioral changes in target groups.
5. **Reporting and Feedback Mechanisms:** Regularly disseminate M&E findings through stakeholder forums, reports, and policy briefs.
6. **Review and Adaptation:** Adjust strategies based on data insights to enhance advocacy impact.

6.4 Evaluation Framework

Evaluation measures the overall effectiveness of advocacy efforts. The key components include:

1. **Formative Evaluation:** Conducted before implementation to refine strategies and establish relevance.
2. **Process Evaluation:** Tracks progress, assesses resource utilization, and identifies implementation challenges.
3. **Outcome Evaluation:** Measures changes in policies, public awareness, and stakeholder engagement.
4. **Impact Evaluation:** Long-term assessment of health system improvements and population-level outcomes.
5. **Lessons Learned and Best Practices:** Document successful strategies and challenges to inform future advocacy.

6.5 Stakeholder Engagement in M&E

M&E success depends on collaboration among:

1. **Government Agencies:** Provide policy guidance, data access, and resource allocation.
2. **Civil Society Organizations (CSOs):** Contribute advocacy expertise and grassroots perspectives.
3. **Development Partners:** Offer technical support, funding, and capacity-building initiatives.
4. **Community Representatives:** Validate findings, provide feedback, and ensure advocacy remains community-driven.
5. **Media and Digital Platforms:** Amplify advocacy results and facilitate real-time tracking of public discourse.

6.6 Data Collection and Reporting Mechanisms

1. **Routine Monitoring** - Document advocacy activities, stakeholder engagements, and campaign reach through health promotion reporting tools.
2. **Media Analysis** - Track press coverage, social media trends, and misinformation the social listening tools, Jali WhatsApp Chatbot (0700719719) and Toll Free Line (719).
3. **Policy and Budget Tracking** - Assess legislative shifts, resource allocation, and government commitments.
4. **Community Feedback Mechanisms** - Gather insights through participatory forums, digital tools, and complaints resolution platforms.
5. **Annual Reviews and Learning Workshops** - Consolidate M&E findings to inform policy decisions and advocacy refinements.

6.7 Tools for Monitoring and Evaluation

The following tools support the systematic tracking and assessment of advocacy efforts:

- i. **Stakeholder Mapping Matrix** (Annex I)
- ii. **Monitoring Guide** (Annex II)
- iii. **Evaluation Guide** (Annex III)
- iv. **Action Plan Template** (Annex IV)
- v. **Data Visualization Dashboards:** Enhance accessibility and interpretation of advocacy progress.

ANNEXES

Annex I: Stakeholders Analysis Tool

| Note: Stakeholders’ list is not limited to those on the table below: | | | | | | |
|---|------------------------------------|--------|------|---|--------|------|
| Stakeholder | Interest (Tick as appropriate√) | | | Power/Influence Level (Tick as appropriate√) | | |
| | Low | Medium | High | Low | Medium | High |
| Duty bearers: Healthcare providers | | | | | | |
| Policy Makers | | | | | | |
| Champions | | | | | | |
| Partners | | | | | | |
| Academia | | | | | | |
| Media | | | | | | |
| Opinion leaders | | | | | | |
| Civil Society Organizations NGOs FBOs CBOs | | | | | | |
| Religious Leaders | | | | | | |

Annex II: Guide for Monitoring

| Question to be answered | Details | Fill in your answer |
|--|--|---------------------|
| 1. What progress has been made against advocacy objectives? | What have you achieved? (short-term and long-term) | |
| 2. What was the contribution of the advocacy intervention to any change? | Can you attribute your interventions to the changes that have been attained? Which primary targets have the power to directly influence the changes you intended to make and your advocacy expected result? | |
| 3. Are people changing their behaviors in line with what was expected for? | What are observable changes in values, attitudes, knowledge and perceptions? | |
| 4. What has changed in the external environment? | Are there discussions around the emerging issues in the external environment? Are stakeholders having positive discussions about the lessons shared? Are existing policies being implemented to address the problem? What change can be observed among stakeholders | |
| 5. What revisions are needed to the advocacy strategy (e.g. allies, targets, approaches, timings, events)? | Be specific about what you are aiming to change. Clearly define the problem or issue. Give reasons for why it's a problem. Who is it an issue for? What are the issue's underlying causes? Why do you think this is significant? | |
| 6. Are the advocacy tactics messages still the right ones? If not, how should they change? | Utilize current evidence to change tact through new messages | |

Annex III: A Guide for Evaluation

| Objective | Strategy | How to measure progress? |
|--|---|---|
| <i>Social Change:</i> knowledge, attitudes, values and behavior that comprise the issue. | Media campaign, champions, community education, opinion polling, community awareness, influencing policy, creating debate, e-advocacy | Media monitoring; a count of media coverage and ratio of positive to negative coverage. Public opinions (polls/survey results). Monitor public attitudes regarding the issue. Keep track of website traffic. surveys, interviews, and focus groups |
| <i>Build agency profiles:</i> build skill sets and increase staffing, finances, and capacity for advocacy. | Champions, developing partnerships, framing your issue. | Media monitoring. Increase in partnerships. Improved funding. More staff involved in advocacy projects. Increased public inquiries regarding the campaign/issue. Increased number of requests for assistance or information on the issues. |
| <i>Build partnerships:</i> cause structural change in the community and institutional relationships; this is imperative to present a common message, and achieve common goals. | Champions, developing partnerships. | Media monitoring. Increased evidence of collaborative efforts and partnering agencies. Evidence of the achievement of common goals shared between your agency and your partners |
| <i>Strengthened base of support:</i> increase the breadth, depth, and influence of support amongst the general public, partners, and opinion leaders. | Media campaign, champions, community education, lobbying politicians, developing partnerships, framing your issue, influencing policy, e-advocacy | Further or enhanced partnerships. Increased funding sourced from partners. Media monitoring. Feedback from the community. |
| <i>Changes in policy:</i> improving policy to better support/promote health and discourage unhealthy behaviors | Media campaign, lobbying politicians, developing partnerships, opinion polling, influencing policy, letter writing | Media count on policy issues. Positive public opinions and feedback. Improved partnerships. Evidence of policy change. Number of submissions to parliamentary committees Amount of correspondence and meetings with politicians |
| Lessons Learned over the past period, and how should these be applied? | Champions, Document human interest stories, developing partnerships, framing your issue. | Feedback from the community Best practices Increased public inquiries |
| <i>Changes in impact:</i> Long-term changes in social and physical lives and conditions. | Community education, lobbying politicians, developing partnerships, influencing policy | Public attitudes regarding the issue. Evidence of policy change. Positive public opinions and feedback. Population based data on behavior, knowledge, attitudes and beliefs. |

Annex IV: Action plan

| Thematic area | Objective | Activity | Indicators | Resources required | Timeframe | Responsible Person | Remarks |
|------------------------|-----------|----------|------------|--------------------|-----------|--------------------|---------|
| Issue identification | | | | | | | |
| Target audience | | | | | | | |
| Stakeholder engagement | | | | | | | |
| Message development | | | | | | | |
| Resource mobilization | | | | | | | |

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