REPUBLIC OF KENYA

MINISTRY OF HEALTH

KENYA HEALTH PROMOTION STRATEGIC PLAN 2025 - 2030

Empowering individuals and communities to take control of their health.

KENYA VISION 2030

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Kenya Health Promotion Strategic Plan, 2025 - 2030

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FOREWORD

Health promotion remains central to Kenya's commitment to strengthening primary health care and advancing sustainable development. I am pleased to present the Kenya Health Promotion Strategic Plan 2025 - 2030, which operationalizes the Kenya Health Policy 2014-2030 and reinforces our national resolve to build a healthy, empowered, and health-literate population.

This Strategic Plan aligns with Kenya's constitutional mandate, Vision 2030, and the Universal Health Coverage agenda. It provides a road map to implementing global recommendations on positioning health promotion as an enabler of national priorities economic transformation, human capital development, digital innovation, and strengthened social protection. By nurturing preventive action, community resilience, and informed decision-making, health promotion supports a productive population and contributes to the country's broader development aspirations.

The Strategic Plan draws inspiration from global and regional commitments, including the Ottawa Charter, the Nairobi Call to Action, resolutions of the World Health Assembly, and action areas from recent global health promotion conferences. These emphasize community empowerment, health literacy, multisectoral action on social and environmental determinants of health, digital health promotion, climate-responsive health systems, and the application of Health in All Policies.

Its development reflects a truly collaborative process, bringing together national and county governments, development partners, civil society, academic institutions, youth, religious groups and communities.

I call upon all ministries, counties, private sector actors, and civil society partners to support implementation of this Strategic Plan and to integrate its priorities into their mandates. Through shared responsibility, sustained action, and an empowered population, we can advance wellness, awareness on health risks and threats, healthy seeking behaviours and access to gender sensitive and quality services, ensure equity, and dignity for all Kenyans.

Hon. Aden Bare Duale, E.G.H
Cabinet Secretary
Ministry of Health

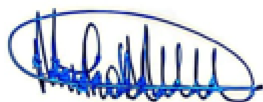
PREFACE

The Kenya Health Promotion Strategic Plan 2025–2030 provides a comprehensive framework to guide the planning, implementation, and evaluation of health promotion interventions across all sectors and levels of governance. It operationalizes the Kenya Health Policy and other sector policies and aligns with the Constitution of Kenya, the Bottom-Up Economic Transformation Agenda (BETA), the Kenya Vision 2030 Fourth Medium Term Plan, and global and regional commitments, including the Sustainable Development Goals (SDGs) and the African Union Agenda 2063.

The development of this Strategic Plan followed a participatory and evidence-informed process that included a review of the previous plan, an in-depth situational analysis, and extensive consultations with national and county stakeholders. These collaborative processes ensured that the Plan responds to Kenya's evolving public health priorities including the need for effective communication, gender equality, equity, and human rights (GEHR) mainstreaming and the growing demand for coordinated, community-centred, and multisectoral action.

As the Ministry advances this Strategic Plan, the State Department remains committed to strengthening national stewardship, improving coordination mechanisms, securing sustainable financing, and enhancing communication systems for health promotion. A key priority is the mobilization of adequate domestic, county, and partner resources to support long-term investment in health systems with a focus on Health Promotion.

I therefore call upon all stakeholders to support the implementation of this Plan and commit to mobilize resources to achieve its objectives.



Ms. Mary Muthoni Muriuki, CBS
Principal Secretary, Public Health and Professional Standards
Ministry of Health

ACKNOWLEDGEMENT

The Ministry of Health conveys its deep appreciation to all individuals, institutions, and partners whose dedication and expertise made the development of the Kenya Health Promotion Strategic Plan 2025 - 2030 possible. This Strategic Plan represents a collective commitment to strengthening health promotion as a foundational pillar of primary health care and national development.

We acknowledge the leadership and guidance of the Cabinet Secretary for Health and the Principal Secretary for State Department for Public Health and Professional Standards, whose leadership and resource mobilization direction led to the finalization of this Strategic Plan. I also extend special recognition to the staff of the Division of Health Promotion and Education, and other divisions within the Ministry and other Ministries and organizations whose names are in the appendix for their technical stewardship, coordination, and unwavering commitment throughout the development process. We are grateful to the officers from World Health Organization (WHO), UNICEF, AMREF Health Africa, CHAI, and other collaborating agencies for their technical and financial support.

Our sincere appreciation also goes to the Council of Governors, County Health Management Teams, Health Promotion Officers and all subnational stakeholders whose contextual insights ensured that the Strategic Plan reflects the realities and aspirations of communities across Kenya. We further acknowledge the contributions of civil society organizations, academia, the private sector, and frontline health workers, whose engagement strengthened the relevance and practicality of the strategic priorities.

Dr. Patrick Amoth, CBS

Director General for Health

Ministry of Health

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ACRONYMS AND ABBREVIATIONS

ACSM	- Advocacy, Communication and Social Mobilisation
AWP	- Annual Work Plan
BCC	- Behaviour Change Communication
BETA	- Bottom-Up Economic Transformation Agenda
CAH	- Community Action for Health
CHP	- Community Health Promoter
CHV	- Community Health Volunteer
CIDP	- County Integrated Development Plan
DDHIPR	- Directorate of Digital Health, Information Policy and Research
DHPE	- Division of Health Promotion and Education
HP	- Health Promotion
HPAC	- Health Promotion Advisory Committee
HPC	- Health Promoting Cities
HiAP	- Health in All Policies
HRH	- Human Resources for Health
ICC	- Interagency Coordinating Committee
ICT	- Information and Communication Technology
IEC	- Information, Education and Communication
KAP	- Knowledge, Attitudes and Practices
KHIS	- Kenya Health Information System
KHRO	- Kenya Health Research Observatory
MEL	- Monitoring, Evaluation and Learning
MoH	- Ministry of Health
MTEF	- Medium-Term Expenditure Framework
MTP	- Medium Term Plan
NCD	- Non-Communicable Disease
PHC	- Primary Health Care
SBC	- Social and Behaviour Change
SDG	- Sustainable Development Goals
SEDH	- Social and Economic Determinants of Health
SHIF	- Social Health Insurance Fund
TWG	- Technical Working Group
UHC	- Universal Health Coverage
WHO	- World Health Organization

EXECUTIVE SUMMARY

The Kenya Health Promotion Strategic Plan 2025-2030 provides a structured framework to empower individuals and communities to take control of their health, directly contributing to the national development agenda. Aligned with the Constitution of Kenya, the Bottom-Up Economic Transformation Agenda (BETA), the Kenya Vision 2030 Fourth Medium Term Plan (MTP IV), and global frameworks such as the Sustainable Development Goals (SDGs) and Agenda 2063, this plan adopts a whole-of-government and whole-of-society approach. It is designed to address key national challenges, including the high cost of living, food insecurity, and the health impacts of climate change, by tackling their underlying socio-economic determinants.

The Strategic Plan is the result of a comprehensive and participatory process involving national and county governments, development partners, civil society, academia, and community representatives. A detailed situational analysis informed the identification of strategic issues, which are addressed through nine strategic objective categories that provide a comprehensive roadmap for action:

1. Develop Policy, Guidelines and Regulations
2. Enhance Coordination and Partnership
3. National Level Advocacy and Communication
4. Community and Stakeholder Engagement
5. Resource Mobilization
6. Human Resources
7. Capacity Building
8. Digital Health and Innovations
9. Research Monitoring and Evaluation

Gender, Equity, and Human Rights (GEHR) are mainstreamed across all strategic objective categories, ensuring that health promotion interventions reach the most vulnerable and marginalized populations, including women, persons with disabilities, and communities in hard-to-reach areas.

The implementation of this plan will be guided by a detailed five-year framework with clear activities, key performance indicators, responsible persons, and annual timelines. The total resource requirement for the five-year period is estimated at KES 794 million, with a Financial Sustainability Plan outlining pathways for domestic resource mobilization, private sector engagement, and innovative financing.

A robust Monitoring, Evaluation, and Learning (MEL) Framework has been integrated into the plan, with defined indicators to track progress, measure impact, and facilitate continuous learning and adaptation. Progress will be reported through existing health information systems to ensure accountability and evidence-based decision-making.

The successful implementation of this Strategic Plan will catalyze Kenya's progress towards Universal Health Coverage (UHC) and create a healthier, more resilient nation where every individual is empowered to make informed decisions for their well-being.

1.0 INTRODUCTION

1.1 Overview

This chapter provides the contextual foundation for the Kenya Health Promotion Strategic Plan 2025 - 2030. It outlines the critical importance of strategic planning for the health promotion function, situates the strategy within the broader national and international development framework, traces the evolution of health promotion in Kenya, and details the participatory methodology used in the strategy's formulation.

1.2 Strategy as an Imperative for Organizational Success

Strategic planning is the art and science of formulating, implementing, and evaluating cross-functional decisions that enable an organization to achieve its objectives. For the Ministry of Health, the Kenya Health Promotion Strategic Plan 2025–2030 is not merely a compliance document but a vital management instrument essential for fulfilling its mandate to progressively realize the right to the highest attainable standard of health, as enshrined in the Constitution of Kenya, 2010.

This Strategic Plan's centrality lies in its role as the primary vehicle for operationalizing the National Health Promotion Policy 2025 and achieving the goals of the Kenya Health Policy (2014–2030), particularly the attainment of Universal Health Coverage (UHC). In a complex and volatile health landscape characterized by a triple burden of disease, climate change vulnerabilities, and persistent health inequalities, a clear, proactive, and well-articulated plan is non-negotiable. It provides the necessary focus to steer the health promotion subsystem away from ad-hoc, project-based interventions toward a cohesive, results-based, and transformative approach, strengthened by inclusive communication, gender-responsive actions, and a rights-based lens.

This Plan is designed to ensure that the Ministry's investments in health promotion are deliberate, targeted, and aligned with the national development agenda. By meticulously defining our strategic issues, goals, and key result areas including health communication, equity, and human rights. It's a commitment to achieving objectives that will lead to robust outcomes: a health-literate citizenry, empowered communities, and a nation where healthy choices are the easiest choices. Ultimately, this Plan is the blueprint for navigating uncertainty, maximizing our strengths, and guaranteeing sustained success in improving the health and well-being of all Kenyans.

1.3 The Context of Strategic Planning

This strategic plan is developed in cognizance of Kenya's national development priorities and its commitments to regional and international development frameworks.

1.3.1 United Nations 2030 Agenda for Sustainable Development

This Plan contributes directly to the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) by targeting health determinants and advancing equitable access to health promotion. It further supports SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 10 (Reduced Inequalities), and SDG 13 (Climate Action) through its multisectoral approach to creating healthy environments, empowering communities, and mainstreaming gender, equity and human rights in all health communication and interventions.

1.3.2 African Union Agenda 2063: The Africa We Want

The Plan aligns with Aspiration 1 of Agenda 2063 for "A prosperous Africa based on inclusive growth and sustainable development" by investing in a healthy, productive population. It also supports Aspiration 6: "An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth," by placing community participation, equity, and rights-based approaches at its core.

1.3.3 East African Community Vision 2050

The Plan supports the EAC Vision 2050 pillar of "Productive and Competitive Social Sector," which aims to enhance the health and well-being of the community's citizens. It promotes regional health integration through the adoption of best practices, knowledge exchange, and the potential harmonization of health promotion approaches including communication and equity-focused initiatives across member states.

1.3.4 Constitution of Kenya (2010)

The Plan is fundamentally grounded in Article 43(1)(a) of the Constitution, which guarantees every person the right "to the highest attainable standard of health, which includes the right to health care services, including reproductive health care." Health promotion, underpinned by inclusive communication and a commitment to gender equality and human rights, is the essential vehicle for enabling Kenyans to claim this right by addressing the underlying social, economic, and environmental determinants of health.

1.3.5 Kenya Vision 2030, BETA, and the Fourth Medium Term Plan (MTP IV)

This plan is a key delivery tool for the Bottom-Up Economic Transformation Agenda (BETA) and the MTP IV (2023-2027). It directly contributes to:

a) The Universal Healthcare Pillar: By preventing disease and reducing the financial burden on households and the health system.
b) The Digital Superhighway and Creative Economy Pillar: Through the innovative use of ICT and digital platforms for behaviour change communication.
c) The MSMEs Pillar: By promoting workplace wellness and a healthy, productive workforce.

It adopts a value chain execution framework, ensuring that health promotion interventions are viewed as an integrated process, from policy advocacy and community mobilization to service delivery and monitoring, that generates tangible value (improved health outcomes, productivity, and well-being) for the Kenyan citizen as the end-user.

1.4 Sector Policies and Laws

The strategic plan is informed by and will operationalize several key sectoral policies and laws, including:

- The National Health Promotion Policy (2025)
- The Universal Health Coverage Policy
- The Health Act, 2017
- The Kenya Health Policy (2014-2030)
- The Non-Communicable Diseases Policy
- The Mental Health Policy
- The Nutrition Action Plan

It also ensures Kenya's compliance with international treaties and conventions on health, such as the WHO Framework Convention on Tobacco Control (FCTC).

1.5 History of the Health Promotion

Health promotion in Kenya has evolved significantly over the decades. Initially delivered as part of broader public health campaigns, it gained formal recognition as a critical function within the health system. The establishment of the Division of Health Promotion and Education (DHPE) within the Ministry of Health marked a pivotal institutionalization of the function, providing it with the necessary mandate and leadership to coordinate health promotion efforts nationally. This Strategic plan builds upon the foundations laid by previous strategic plans, learning from their achievements and challenges, to present a more robust, comprehensive, and forward-looking framework for the period 2025-2030.

1.6 Methodology of Developing the Strategic Plan

The development of this Strategic Plan adhered to a highly consultative, evidence-based, and multi-stakeholder process as prescribed in the national guidelines for fifth-generation plans. The process was initiated by the Leadership of the Ministry of Health and spearheaded by the Division of Health Promotion and Education. A multi-agency Technical Working Group (TWG) was constituted to guide the process.

The methodology involved four key phases:

i. **Initiation:** A comprehensive situational analysis and desk review of existing policies, previous strategies, and performance reports was conducted.

ii. **Development:** The TWG, through a series of technical sessions, developed the strategic framework. Drafting was informed by extensive stakeholder consultations held at the national level and across all former provincial regions to gather county- specific inputs.

iii. **Validation**: The draft Strategic Plan was shared with a wider audience of stakeholders, including county health management teams, development partners, civil society, and academic institutions, for validation and feedback.

iv. **Finalization:** Incorporating the feedback received, the final Strategic Plan was drafted and submitted for approval.

CHAPTER 2: SITUATIONAL ANALYSIS FOR HEALTH PROMOTION

2.1 Introduction

This chapter presents a comprehensive situational analysis of health promotion in Kenya. It draws from national surveys, routine health information systems, policy documents, and multi-stakeholder consultations conducted during the development of this Strategic Plan. The analysis examines the current health landscape, systemic strengths and weaknesses, and critical gaps across eight thematic areas. A dedicated section on Gender, Equity, and Human Rights (GEHR) is included to reflect cross-cutting barriers that must be addressed to achieve universal health coverage. The findings directly inform the strategic priorities, goals, and interventions outlined in subsequent chapters.

2.2 Disease Burden and Health Determinants

Kenya continues to face a complex and evolving disease burden characterised by a triple burden of communicable diseases, non-communicable diseases (NCDs), and injuries, further compounded by climate-sensitive health threats and recurrent public health emergencies.

1. Maternal and child health - Under-five mortality is 41 per 1,000 live births, and neonatal mortality is 21 per 1,000 live births (KDHS 2022).
2. Communicable diseases - Malaria incidence stands at 63.65 per 1,000 population at risk (2022); HIV prevalence is 3.3% with 0.31 new infections per 1,000 uninfected persons (2023).
3. Non-communicable diseases: The probability of dying from an NCD between ages 30–70 is 21% (2021).
4. Injuries and violence - Road traffic injuries account for 28.2 deaths per 100,000 population (2021). In 2020, Kenya recorded 247,164 traffic-related injuries and 164,091 violence-related injuries. Gender-based violence incidents more than doubled from 13,519 in 2019 to 31,732 in 2020.
5. Health emergencies - The COVID-19 pandemic underscored the critical role of health promotion and risk communication. By November 2022, Kenya had confirmed 340,468 cases and 5,680 fatalities. Subsequent outbreaks of cholera and Ebola have further highlighted persistent gaps in emergency preparedness and community engagement.
6. Financial protection - Health insurance penetration remains below 20%, and a single hospital admission consumes an estimated 28.6% of an average household's income (NCDs & Injuries Poverty Commission Report, 2018). Out-of-pocket spending accounts for 24.2% of total health expenditure (2022).

Despite these challenges, health promotion interventions have demonstrated measurable impact. For instance, targeted malaria communication campaigns contributed to a decline in malaria prevalence from 8% in 2015 to 6% in 2020 (Malaria Indicator Survey, 2020).

2.3 Leadership and Governance

Kenya has established structures for health promotion at national and county levels, including the Division of Health Promotion and Education (DHPE), county health promotion officers, and sub-county officers. Coordination mechanisms such as the Health Promotion Advisory Committees (HPACs) exist but are not uniformly functional.

Key governance gaps identified:

1. Absence of a Health Promotion Act - The lack of a legal framework has left professional standards, regulation, and workforce planning undefined, and has hindered the full implementation of the Scheme of Service for Health Promotion Personnel.

2. Weak policy integration - Health promotion is not consistently prioritised in County Integrated Development Plans (CIDPs), Health Sector Strategic Plans, or Annual Work Plans.
3. Inadequate assessment and reporting: Standardised tools for monitoring health promotion activities are lacking, and irregular assessments limit evidence-based planning.
4. Limited technical capacity - Staff shortages and insufficient training at national and county levels constrain effective service delivery.
5. Fragmented risk communication - There is no coordinated early warning and risk communication system for health emergencies, and risk intelligence is not systematically shared across sectors.

2.4 Human Resources for Health Promotion

Health promotion is inherently cross-sectoral, yet Kenya faces a critical shortage of dedicated health promotion professionals.

1. Workforce density - As of 2024, the estimated density of health promotion professionals is 1.8 per 10,000 population, significantly below the WHO-recommended threshold of 4.5 per 10,000 for essential public health functions.
2. Workforce gap - The total number of trained health promotion professionals is estimated at 1,850, against a projected national need of at least 4,500 to meet Universal Health Coverage (UHC) and Primary Health Care (PHC) targets.
3. Inequitable distribution - The shortfall is most acute in rural and arid/semi-arid counties, where understaffing ranges between 50% and 80%.
4. Systemic barriers - These include limited investment in pre-service and in-service training, absence of a regulatory body for professional accreditation and practice, and weak integration of health promotion roles into broader human resource planning frameworks.
5. Inconsistent service delivery - Many health promotion functions are performed by personnel from other cadres without specialised training, leading to inconsistencies in quality and impact.

2.5 Financing for Health Promotion

Health promotion financing remains fragmented, under-prioritised, and poorly tracked.

1. No dedicated budget line - At the national level, there is no standalone budget line for health promotion. Most counties similarly lack explicit allocations, with activities often subsumed under general communication or preventive health programmes.
2. Over-reliance on donor funding - Health promotion is heavily dependent on donor support, which is often tied to vertical programmes (HIV, TB, malaria) and limits flexibility and sustainability.
3. Weak investment case - The absence of a clear investment case demonstrating the economic returns and cost-effectiveness of health promotion undermines prioritisation in national and county budgetary processes.
4. Inadequate community financing - Community engagement and empowerment—central to sustainable health promotion—are not adequately funded, despite evidence that empowered communities can mobilise resources for preventive action.

The Social Health Insurance Act (2023) presents an opportunity to expand coverage for promotive and preventive services, but this has yet to be operationalised.

2.6 Partnerships and Multisectoral Collaboration

Health promotion requires robust multisectoral collaboration to address the social, economic, and environmental determinants of health.

1. Progress to date - Kenya has made notable strides, including the deployment of over 107,831 Community Health Promoters (CHPs) across all 47 counties (2023) and the hosting of the Regional Health Promotion Conference (RHPC 2025), which reaffirmed Kenya's commitment to intersectional, equity-focused health promotion.
2. Inter-ministerial collaboration: Active partnerships exist between the Ministry of Health and the Ministries of Education (School Health Policy) and Agriculture (Food and Nutrition Policy).
3. Persisting gaps: Despite these efforts, collaboration remains fragmented, with limited formal mechanisms for engaging non-health sectors, civil society, and the private sector in a coordinated manner. Data sharing across programmes and levels of government is inconsistent.

2.7 Infrastructure, Technology, and Innovation

Digital health presents significant opportunities to expand the reach and effectiveness of health promotion.

- Digital Health Act (2023) provides a legal framework for Kenya's digital health infrastructure, including the establishment of a national digital health agency and an integrated health information system.
- Platforms such as WhatsApp chatbots (0700719719), Call Centre 719, and SMS-based alerts have demonstrated success in bridging communication gaps, particularly during emergencies.
- Disparities in digital access, low digital literacy among some frontline health workers, and inadequate infrastructure at county and sub-county levels limit the potential of these tools.
- There is currently no network of well-equipped Health Promotion Resource Centres at national, county, or sub-county levels to support the production, storage, and dissemination of information, education, and communication (IEC) materials.

2.8 Health Promotion Interventions

Kenya employs a comprehensive set of health promotion interventions, but implementation remains uneven and poorly integrated.

Core intervention areas include:

1. Health Education
2. Behaviour Change Communication (BCC)
3. Advocacy for Policy and Legislation
4. Community Mobilisation and Empowerment
5. Promotion of Health in Settings (schools, workplaces, prisons, etc.)
6. Screening and Early Detection Services
7. Health Literacy Interventions
8. Digital and Innovative Approaches
9. Capacity Building for Health Workers and Other Sector Actors

Key gaps:

a) Limited integration of these interventions across programmes and platforms.
b) Fragmented development and dissemination of IEC materials.
c) Low uptake of screening and preventive services.

d) Inadequate training and mentorship for health workers and community health promoters in health promotion techniques.
e) Fragmented coordination and absence of standardised, scalable models (e.g., Health Promoting Cities/Villages).

2.9 Gender, Equity, and Human Rights (GEHR) in Health Promotion

Health promotion cannot achieve its full potential without deliberately addressing systemic inequalities, discrimination, and human rights barriers that prevent individuals and communities from attaining the highest standard of health. Kenya's Constitution guarantees equality and freedom from discrimination, yet significant disparities persist in health outcomes across gender, disability, socioeconomic status, and geographic location. Gender-related gaps remain critical, GBV cases more than doubled between 2019 and 2020, adolescent pregnancy and unmet family planning needs persist, women face disproportionate barriers to health information and resources, and men remain historically under-targeted by health promotion efforts, leading to poorer health-seeking behaviour. Equity gaps are equally pronounced, with arid and semi-arid counties and urban informal settlements experiencing significantly lower access to services, persons with disabilities excluded from accessible health information, and marginalized communities facing linguistic and cultural barriers to care.

Human rights gaps further compound these challenges, as key and vulnerable populations continue to face stigma, discrimination, and legal barriers that hinder access to health services, while many communities lack access to accurate, culturally appropriate health information. Systemic gaps in GEHR mainstreaming persist across the health promotion landscape. There is no standardized framework for integrating gender, equity, and human rights into planning and monitoring; routine health information systems do not consistently capture disaggregated data; health promoters lack systematic training on rights-based approaches; and women, youth, persons with disabilities, and marginalized groups remain underrepresented in health promotion planning and advocacy platforms.

2.10 Monitoring, Evaluation, and Research

Robust monitoring, evaluation, and research systems are essential for evidence-based health promotion, yet significant deficiencies exist.

1. Lack of HP-specific indicators- The Kenya Health Information System (KHIS) does not currently capture specific indicators for health promotion, limiting the ability to track progress, measure impact, and allocate resources effectively.
2. No centralised repository - There is no national database or repository of health promotion activities, research findings, or programmatic learnings to inform policy and practice.
3. Weak evaluation culture - Systematic evaluation of health promotion interventions—including those targeting nutrition, tobacco and alcohol control, physical activity, and mental health—is rare.
4. Emerging opportunities -The State Department for Public Health and Professional Standards Strategic Plan 2023–2027 prioritises the integration of health promotion indicators into national data systems and the establishment of a national research repository. Collaborative research efforts are beginning to document outcomes, but these remain insufficient and uncoordinated.

3.0 HEALTH PROMOTION DESIGN FRAMEWORK

3.1 Rationale for Health Promotion

The Kenya Health Promotion Strategic Plan 2025 - 2030 is the primary vehicle for implementing the Health Policy and other sector policies. It provides the operational roadmap for transitioning towards a preventive, people-centred health system that empowers individuals and communities to take charge of their health. Anchored in the principles of equity, participation, and sustainability, this Strategic Plan responds to Kenya's significant burden of preventable diseases, where over 70% of the disease burden is linked to modifiable risk factors such as poor personal and environmental hygiene, tobacco and substance abuse, physical inactivity, low uptake of health services and products and poor health seeking behaviours. In addition, the Strategic Plan aims to enhance the way the health sector addresses social issues such as gender-based violence and other unhealthy and female genital mutilation and addictive practices.

Investing in health promotion yields substantial economic and social returns. Integrated interventions deliver strong cost-benefit ratios, reducing healthcare expenditures, improving productivity, and enhancing educational outcomes. The Strategic Plan leverages Kenya's commitment to Universal Health Coverage (UHC), as evidenced by significant allocations in the national budget to Community Health Promoters and the Primary Health Care Fund. By addressing the social, economic, and environmental determinants of health, this Strategic Plan is a critical investment in a healthier, more productive, and resilient nation.

3.2 Mandate

The core mandate for health promotion, as led by the Division of Health Promotion and Education (DHPE) within the Ministry of Health, is derived from the Constitution of Kenya (2010), the Health Act (2017), and Executive Order No. 1 of 2023. This mandate is to provide strategic leadership, coordinate, and advocate for the implementation of evidence-based health promotion interventions across all sectors and levels of society, empower individuals and communities to achieve optimal health and well-being.

3.3 Vision

A health-literate and wellness-oriented society.

3.4 Mission Statement

To enable all Kenyans to increase control over their health and achieve the highest possible level of wellbeing, by empowering individuals, shaping healthier environments, and advocating for healthy policies through a whole-of-society approach.

3.5 Strategic Goals

Guided by the strategic issues identified through situational analysis, the following nine (9) strategic goals have been formulated to provide the qualitative, long-term direction for this plan period.

1. To strengthen policy, legal and regulatory frameworks for health promotion across all sectors and levels of government.
2. To enhance multisectoral coordination and partnerships for effective health promotion delivery.
3. To institutionalize national level advocacy and communication systems that influence health-seeking behaviours and policy dialogue.

4. To foster inclusive community involvement and participation in the design, implementation, and evaluation of health promotion interventions.
5. To establish sustainable financing mechanisms for health promotion interventions, including dedicated funding streams and resource mobilization strategies.
6. To enhance human resources for health promotion by building capacity, recruiting, deploying, and retaining a competent, regulated workforce.
7. To build institutional and community capacity through infrastructure development, training, and technological support.
8. To leverage digital health and innovations for enhanced health promotion reach, effectiveness, and real-time monitoring.
9. To strengthen monitoring, evaluation, research, and knowledge management systems for evidence-informed health promotion.

3.6 Core Values

The following core values, anchored on Articles 10 and 232 of the Constitution of Kenya on national values and principles of public service, shall guide the conduct of all personnel and the execution of all health promotion activities:

1. Equity and Inclusion: We are committed to ensuring equitable access to health promotion services for all Kenyans, prioritizing vulnerable and marginalized populations, and leaving no one behind.
2. Integrity and Accountability: We uphold the highest standards of professionalism, ethics, and transparency in the use of resources and are accountable to the Kenyan people for our results.
3. Empowerment and Community Action: We enable individuals and communities to gain control over the decisions and actions affecting their health, fostering local ownership and sustainable solutions.
4. Multisectoral Collaboration and partners: We believe that health is created by all sectors and are committed to working in partnership with government agencies, the private sector, civil society, communities, and development partners.
5. Innovation and Adaptability: We embrace creativity, evidence-based learning, and technological advancements to develop effective and responsive solutions to evolving health challenges.

3.7 Quality Policy Statement

The Ministry of Health is committed to providing high-quality, effective, and efficient health promotion services that meet and exceed the expectations of the Kenyan people. We commit to:

- Adhering to national and international best practices and standards in all our interventions.
- Continuously improving our internal processes, systems, and the competence of our workforce through regular training and capacity building.
- Ensuring our services are accessible, acceptable, and appropriate for all target populations.
- Utilizing a robust Monitoring and Evaluation framework to measure performance, learn from outcomes, and foster a culture of continuous quality improvement.

4.0 KEY RESULT AREAS, STRATEGIES AND INTERVENTIONS

4.1 Introduction

The overall expected result of the Kenya Health Promotion Strategic Plan 2025-2030 is the attainment of a health-literate and wellness-oriented society where all Kenyans are empowered to achieve optimal health and well-being. This transformative change will be realized through the implementation of nine strategic objective categories as outlined in this chapter.

Strategic Objective 1: Develop Policy, Guidelines and Regulations

Expected Result: Comprehensive policy, legal and regulatory framework for health promotion established

Activities	Key Performance Indicators
Develop and disseminate Health Promotion Policy, review other sector policies to address determinants of health	Health Promotion Policy developed and disseminated; Number of sector policies reviewed
Develop and implement health education and communication strategies to address health issues	Health education and communication strategies developed and implemented
Develop Health Promoting Cities framework and Healthy Cities assessment tools	Health Promoting Cities framework and assessment tools developed
Develop and disseminate guidelines on communication, advocacy, physical activity, community engagement and for healthy urban settings	Number of guidelines developed and disseminated
Develop laws to regulate health promotion training, marketing of health products and health communication	Legal frameworks enacted and operational

Strategic Objective 2: Enhance Coordination and Partnership

Expected Result: Strengthened multisectoral coordination and partnerships for health promotion

Activities	Key Performance Indicators
Conduct regular partner mapping	Partner mapping report updated annually
Convene regular coordination meetings	Number of coordination meetings held quarterly
Establish Health Promotion Interagency Coordination Committee and TWGs	Functional Interagency Coordination Committee and TWGs established
Map existing volunteer networks	Volunteer network mapping completed and updated
Support and enhance partnerships with Civil Society Organizations, Faith-Based Organizations, Academia, Private Sector, and Media	Number of active partnerships established

Strategic Objective 3: National Level Advocacy and Communication

Expected Result: Enhanced public awareness and policy influence through strategic advocacy and communication

Activities	Key Performance Indicators
Conduct regular public awareness campaigns on priority health issues	Number of public awareness campaigns conducted annually
Mobilize communities for health action through various media and communication channels	Number of community mobilization initiatives implemented
Advocate for enhanced environmental health, hygiene in all settings and public places through advocacy and communication	Number of advocacy meetings and sessions conducted
Advocate for integration of gender, equity and rights in health programs	Number of health programs with integrated GEHR components
Engage strategic influencers, religious leaders, and media in advocacy initiatives	Number of influential leaders engaged in health advocacy
Foster multi-sectoral alliances for specific health issues	Number of multi-sectoral health advocacy alliances formed
Engage Parliament, Senate, and County Assemblies in health policy advocacy and oversight	Number of parliamentary and county assembly sessions addressing HP issues

Strategic Objective 4: Community and Stakeholder Engagement

Expected Result: Inclusive community participation and ownership of health promotion initiatives

Activities	Key Performance Indicators
Establish Advocacy Forums for Health at national and county levels	Number of functional advocacy forums established
Hold Bi-Annual Health Promotion Conferences	Number of health promotion conferences held
Conduct stakeholder consultations for Health Promotion Policies, Guidelines, Acts and Regulations	Number of stakeholder consultations conducted
Establish and strengthen community health committees, HP working groups, and social accountability forums	Number of functional community health structures supported
Map existing community assets and leadership structures for health promotion	Community asset mapping completed
Establish channels for engaging religious groups, schools, transport sectors, and other special settings	Number of community sectors actively engaged in HP

Create and maintain accessible forums for stakeholder engagement at national and county levels	Number of stakeholder forums held annually
Develop and implement guidelines for inclusive participation of women, youth, persons with disabilities, and marginalized groups	Guidelines developed and implemented
Offer standardized training and orientation programmes to equip CHPs and community volunteers with knowledge and skills for HP	Number of CHPs and volunteers trained
Establish recognition and support systems for community health champions for specific areas in health	Number of community health champions recognized and supported
Establish the National Call centre through which community grievances and suggestions on health services can be reported and addressed	National Call Centre established and functional
Build capacity on advocacy for health professionals, community groups, and civil society organizations	Number of individuals trained in advocacy
Establish mentorship programs and recognition systems for health champions across various health issues	Number of mentorship programs established

Strategic Objective 5: Resource Mobilization

Expected Result: Sustainable financing secured for health promotion interventions

Activities	Key Performance Indicators
Develop costed Annual Workplans at national and county level for Health Promotion and Education	Annual Workplans developed and costed
Advocate for allocation of funds for Health Promotion Activities at National and County Level through advocacy forums	Number of counties with dedicated HP budget lines
Advocate for inclusion of Health Promotion in National and County Plans	HP included in national and county planning documents
Review legislation and policies to ensure dedicated Health Promotion Fund from taxes (tobacco, alcohol, sugar-sweetened beverages) to be used in awareness creation and community mobilization	Health Promotion Fund established
Incorporate HP interventions into County Integrated Development Plans (CIDPs)	Number of counties including HP in CIDPs
Engage development partners for coordinated HP work plans	Number of development partners engaged

Establish innovative financing through public-private partnerships	Number of PPP financing initiatives established
Develop and strengthen systems for production and dissemination of IEC materials	Functional systems for IEC production and dissemination
Conduct community engagement sessions on priority health issues	Number of community engagement sessions held
Establish workplace wellness centers at county and institutional levels	Number of wellness centers established
Develop and roll out workplace health promotion guidelines	Workplace health promotion guidelines developed
Develop Training packages for HP	Number of HP training packages developed
Train healthcare providers and other actors to deliver HP services	Number of providers trained across counties
Schedule and conduct health seminars and webinars to enhance health education	Number of seminars and webinars conducted
Implement HP interventions in all congregate settings	Proportion of congregate settings with HP activities
Mainstream HP into learning institution curricula	Number of institutions with integrated HP curricula
Establish and support active school health clubs	Number of active school health clubs supported

Strategic Objective 6: Human Resources

Expected Result: Adequate, competent and well-distributed health promotion workforce

Activities	Key Performance Indicators
Review current human resources for health norms and standards	HRH norms and standards review report completed
Advocate for employment of HP officers to support inclusive delivery	Number of advocacy meetings conducted
Develop and disseminate HP-specific norms and standards	HP norms and standards developed and endorsed
Incorporate HP roles within revised national HR frameworks	HP roles included in national HR frameworks
Conduct needs assessment to identify gaps on human resource for health promotion	Needs assessment report developed
Develop national and county-level HP staff establishment	Staff establishment report approved
Build HP capacity in allied sectors	Number of allied sector personnel trained
Advocate for recruitment of trained Health Promotion Officers at all levels	Number of HP officers recruited and deployed

Strategic Objective 7: Capacity Building

Expected Result: Enhanced institutional and community capacity for effective health promotion delivery

Activities	Key Performance Indicators
Build and strengthen digital infrastructure to support the design, dissemination, and monitoring of health promotion interventions	Digital infrastructure assessment and upgrade completed
Provide capacity-building for community actors on planning, implementation, and monitoring of HP initiatives	Number of community actors trained
Conduct trainings to support implementation of HP actions in cities and municipalities	Number of trainings conducted
Establish and network national and county-level HP call centers	Number of functional call centres established
Establish and equip HP resource centres at national, county, and sub-county levels for the production, storage, and broadcasting of health information	Number of HP Resource Centres established
Leverage media platforms (radio, TV, social media) for mass health education	Number of media platforms engaged
Procure and maintain equipment and technologies to facilitate health communication	Inventory of communication equipment maintained

Strategic Objective 8: Digital Health and Innovations

Expected Result: Innovative digital platforms and tools enhance health promotion reach and effectiveness

Activities	Key Performance Indicators
Upgrade and integrate digital communication platforms (e.g., WhatsApp, SMS, interactive dashboards, toll-free lines)	Number of digital platforms upgraded and operational
Integrate Health Promotion in community scorecards and monitoring tools to assess the quality and accessibility of HP services	HP integrated into community scorecards
Ensure timely feedback to communities on actions taken based on their input	Percentage of community feedback addressed
Develop and launch e-learning platforms on health matters for all sectors	E-learning platforms developed and active
Promote the use of digital communication tools and technologies to create awareness and educate the public	Number of digital awareness campaigns conducted
Create and maintain a national repository of validated IEC materials and digital assets	National digital IEC repository launched

Develop production facilities for audio-visual and print IEC materials	Production facilities established
Develop digital tracking and reporting systems for health promotion activities at all levels	Digital tracking systems developed and deployed
Integrate HP tools and indicators into other health information systems (e.g., KHIS)	Number of HP indicators integrated into KHIS
Promote the use of digital tools for real-time data collection and monitoring	Proportion of counties using digital tools for HP reporting

Strategic Objective 9: Research Monitoring and Evaluation

Expected Result: Evidence-based decision-making strengthened through robust research, monitoring and evaluation

Activities	Key Performance Indicators
Finalize and disseminate Health Promotion data collection tools for routine activities and surveys	HP data collection tools finalized and disseminated
Establish platforms for learning and sharing	Number of learning platforms established
Hold Health Promotion Conferences	Number of conferences held

5.0 STRATEGIC IMPLEMENTATION FRAMEWORK

A detailed operational plan for implementing the Kenya Health Promotion Strategic Plan 2025 - 2030. The matrix below outlines specific activities, key performance indicators and a phased five-year timeline to ensure systematic execution, monitoring, and accountability for health promotion activities.

5.1 Implementation Phasing

1) Phase 1 (Year 1-2) - Focus on policy and legal review, institutional strengthening, development of strategies and guidelines, and initial capacity building.
2) Phase 2 (Year 3-4) - Full implementation of activities across all counties, scaling up of successful pilots, and intensive multisectoral engagement.
3) Phase 3 (Year 5) - Focus on system strengthening, sustainable financing, and consolidating gains for long-term impact.

Strategic Objective & Expected Result	Specific Activity	Key Performance Indicator (KPI)	Responsible Person	Timeline (Year)				
				Y1	Y2	Y3	Y4	Y5
1. Develop Policy, Guidelines and Regulations *Comprehensive policy, legal and regulatory framework for health promotion established*	Develop and disseminate Health Promotion Policy, review other sector policies to address determinants of health	Health Promotion Policy developed and disseminated; Number of sector policies reviewed	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop and implement health education and communication strategies to address health issues	Health education and communication strategies developed and implemented	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop Health Promoting Cities framework and Healthy Cities assessment tools	Health Promoting Cities framework and assessment tools developed	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop and disseminate guidelines on communication, advocacy, physical activity, community engagement and for healthy urban settings	Number of guidelines developed and disseminated	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop laws to regulate health promotion training,	Legal frameworks	Head, Division of Health	X	X	X	X	X

	marketing of health products and health communication	enacted and operational	Policy and Regulation					
2. Enhance Coordination and Partnership *Strengthened multisectoral coordination and partnerships for health promotion*	Conduct regular partner mapping	Partner mapping report updated annually	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Convene regular coordination meetings	Number of coordination meetings held quarterly	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Establish Health Promotion Interagency Coordination Committee and TWGs	Functional Interagency Coordination Committee and TWGs established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Map existing volunteer networks	Volunteer network mapping completed and updated	Head, Division of Community Health Services	X	X	X	X	X
	Support and enhance partnerships with Civil Society Organizations, Faith-Based Organizations, Academia, Private Sector, and Media	Number of active partnerships established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
3. National Level Advocacy and Communication *Enhanced public awareness and policy influence through strategic advocacy and communication*	Conduct regular public awareness campaigns on priority health issues	Number of public awareness campaigns conducted annually	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Mobilize communities for health action through various media and communication channels	Number of community mobilization initiatives implemented	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Advocate for enhanced environmental health, hygiene in all settings and	Number of advocacy meetings and sessions conducted	Head, Division of Health Promotion & Education Management	X	X	X	X	X

	public places through advocacy and communication							
	Advocate for integration of gender, equity and rights in health programs	Number of health programs with integrated GEHR components	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Engage strategic influencers, religious leaders, and media in advocacy initiatives	Number of influential leaders engaged in health advocacy	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Foster multi-sectoral alliances for specific health issues	Number of multi-sectoral health advocacy alliances formed	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Engage Parliament, Senate, and County Assemblies in health policy advocacy and oversight	Number of parliamentary and county assembly sessions addressing HP issues	Head, Division of Health Policy and Regulation	X	X	X	X	X
4. Community and Stakeholder Engagement *Inclusive community participation and ownership of health promotion initiatives*	Establish Advocacy Forums for Health at national and county levels	Number of functional advocacy forums established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Hold Bi-Annual Health Promotion Conferences	Number of health promotion conferences held	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Conduct stakeholder consultations for Health Promotion Policies, Guidelines, Acts and Regulations	Number of stakeholder consultations conducted	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Establish and strengthen community health committees, HP working groups, and social	Number of functional community health structures supported	Head, Division of Community Health Services	X	X	X	X	X

	accountability forums							
	Map existing community assets and leadership structures for health promotion	Community asset mapping completed	Head, Division of Community Health Services	X	X	X	X	X
	Establish channels for engaging religious groups, schools, transport sectors, and other special settings	Number of community sectors actively engaged in HP	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Create and maintain accessible forums for stakeholder engagement at national and county levels	Number of stakeholder forums held annually	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop and implement guidelines for inclusive participation of women, youth, persons with disabilities, and marginalized groups	Guidelines developed and implemented	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Offer standardized training and orientation programmes to equip CHPs and community volunteers with knowledge and skills for HP	Number of CHPs and volunteers trained	Head, Division of Community Health Services	X	X	X	X	X
	Establish recognition and support systems for community health champions for specific areas in health	Number of community health champions recognized and supported	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Establish the National Call centre through which community grievances and suggestions on health services can	National Call Centre established and functional	Head, Division of Digital Health	X	X	X	X	X

	be reported and addressed							
	Build capacity on advocacy for health professionals, community groups, and civil society organizations	Number of individuals trained in advocacy	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Establish mentorship programs and recognition systems for health champions across various health issues	Number of mentorship programs established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
5. Resource Mobilization *Sustainable financing secured for health promotion interventions*	Develop costed Annual Workplans at national and county level for Health Promotion and Education	Annual Workplans developed and costed	Head, Division of Health Promotion & Education Management	X	X			
	Advocate for allocation of funds for Health Promotion Activities at National and County Level through advocacy forums	Number of counties with dedicated HP budget lines	Head, Division of Health Promotion & Education Management	X	X			
	Advocate for inclusion of Health Promotion in National and County Plans	HP included in national and county planning documents	Head, Division of Health Promotion & Education Management	X	X			
	Review legislation and policies to ensure dedicated Health Promotion Fund from taxes (tobacco, alcohol, sugar-sweetened beverages) to be used in awareness creation and community mobilization	Health Promotion Fund established	Head, Division of Health Policy and Regulation	X	X			
	Incorporate HP interventions into County Integrated	Number of counties including HP in CIDPs	Head, Division of Health Promotion &	X	X			

	Development Plans (CIDPs)		Education Management					
	Engage development partners for coordinated HP work plans	Number of development partners engaged	Head, Division of Health Promotion & Education Management	X	X			
	Establish innovative financing through public-private partnerships	Number of PPP financing initiatives established	Head, Division of Health Promotion & Education Management	X	X			
	Develop and strengthen systems for production and dissemination of IEC materials	Functional systems for IEC production and dissemination	Head, Division of Health Promotion & Education Management	X	X			
	Conduct community engagement sessions on priority health issues	Number of community engagement sessions held	Head, Division of Community Health Services	X	X			
	Establish workplace wellness centers at county and institutional levels	Number of wellness centers established	Head, Division of Health Promotion & Education Management	X	X			
	Develop and roll out workplace health promotion guidelines	Workplace health promotion guidelines developed	Head, Division of Health Promotion & Education Management	X	X			
	Develop Training packages for HP	Number of HP training packages developed	Head, Division of Health Promotion & Education Management	X	X			
	Train healthcare providers and other actors to deliver HP services	Number of providers trained across counties	Head, Division of Health Promotion & Education Management	X	X			
	Schedule and conduct health seminars and webinars to enhance health education	Number of seminars and webinars conducted	Head, Division of Health Promotion & Education Management	X	X			
	Implement HP interventions in all congregate settings	Proportion of congregate settings with HP activities	Head, Division of Health Promotion & Education Management	X	X			

	Mainstream HP into learning institution curricula	Number of institutions with integrated HP curricula	Head, Division of Health Promotion & Education Management	X	X			
	Establish and support active school health clubs	Number of active school health clubs supported	Head, Division of Health Promotion & Education Management	X	X			
6. Human Resources *Adequate, competent and well-distributed health promotion workforce*	Review current human resources for health norms and standards	HRH norms and standards review report completed	Head, Division of Human Resources	X	X	X	X	X
	Advocate for employment of HP officers to support inclusive delivery	Number of advocacy meetings conducted	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop and disseminate HP-specific norms and standards	HP norms and standards developed and endorsed	Head, Division of Human Resources	X	X	X	X	X
	Incorporate HP roles within revised national HR frameworks	HP roles included in national HR frameworks	Head, Division of Human Resources	X	X	X	X	X
	Conduct needs assessment to identify gaps on human resource for health promotion	Needs assessment report developed	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop national and county-level HP staff establishment	Staff establishment report approved	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Build HP capacity in allied sectors	Number of allied sector personnel trained	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Advocate for recruitment of trained Health Promotion Officers at all levels	Number of HP officers recruited and deployed	Head, Division of Human Resources	X	X	X	X	X
7. Capacity Building	Build and strengthen digital infrastructure to support the design,	Digital infrastructure assessment and	Head, Division of Digital Health	X	X	X	X	X

Enhanced institutional and community capacity for effective health promotion delivery	dissemination, and monitoring of health promotion interventions	upgrade completed						
	Provide capacity-building for community actors on planning, implementation, and monitoring of HP initiatives	Number of community actors trained	Head, Division of Community Health Services	X	X	X	X	X
	Conduct trainings to support implementation of HP actions in cities and municipalities	Number of trainings conducted	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Establish and network national and county-level HP call centers	Number of functional call centres established	Head, Division of Digital Health	X	X	X	X	X
	Establish and equip HP resource centres at national, county, and sub-county levels for the production, storage, and broadcasting of health information	Number of HP Resource Centres established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Leverage media platforms (radio, TV, social media) for mass health education	Number of media platforms engaged	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Procure and maintain equipment and technologies to facilitate health communication	Inventory of communication equipment maintained	Head, Division of Health Promotion & Education Management	X	X	X	X	X
8. Digital Health and Innovations *Innovative digital platforms and tools enhance health promotion reach and effectiveness*	Upgrade and integrate digital communication platforms (e.g., WhatsApp, SMS, interactive dashboards, toll-free lines)	Number of digital platforms upgraded and operational	Head, Division of Digital Health	X	X	X	X	X
	Integrate Health Promotion in community scorecards and monitoring tools to assess the quality	HP integrated into community scorecards	Head, Division of Health Promotion & Education Management	X	X	X	X	X

	and accessibility of HP services							
	Ensure timely feedback to communities on actions taken based on their input	Percentage of community feedback addressed	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop and launch e-learning platforms on health matters for all sectors	E-learning platforms developed and active	Head, Division of Digital Health	X	X	X	X	X
	Promote the use of digital communication tools and technologies to create awareness and educate the public	Number of digital awareness campaigns conducted	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Create and maintain a national repository of validated IEC materials and digital assets	National digital IEC repository launched	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop production facilities for audio-visual and print IEC materials	Production facilities established	Head, Division of Health Promotion & Education Management	X	X	X	X	X
	Develop digital tracking and reporting systems for health promotion activities at all levels	Digital tracking systems developed and deployed	Head, Division of Digital Health	X	X	X	X	X
	Integrate HP tools and indicators into other health information systems (e.g., KHIS)	Number of HP indicators integrated into KHIS	Head, Division of Health Sector Monitoring and Quality Assurance	X	X	X	X	X
	Promote the use of digital tools for real-time data collection and monitoring	Proportion of counties using digital tools for HP reporting	Head, Division of Health Sector Monitoring and Quality Assurance	X	X	X	X	X
	Finalize and disseminate Health Promotion data	HP data collection tools	Head, Division of Health Sector	X	X			

9. Research Monitoring and Evaluation *Evidence-based decision-making strengthened through robust research, monitoring and evaluation*	collection tools for routine activities and surveys	finalized and disseminated	Monitoring and Quality Assurance					
	Establish platforms for learning and sharing	Number of learning platforms established	Head, Division of Health Sector Monitoring and Quality Assurance	X	X			
	Hold Health Promotion Conferences	Number of conferences held	Head, Division of Health Promotion & Education Management	X	X			

The Division of Health Promotion and Education (DHPE) will coordinate its execution, with detailed Annual Work Plans (AWPs) developed at national and county levels to reflect these priorities. Progress will be reviewed quarterly through the Health Promotion Advisory Committee (HPAC) and reported annually via the Kenya Health Information System (KHIS).

6.0 FINANCIAL SUSTAINABILITY PLAN

6.1 Resource Need for the Health Promotion Strategic Plan 2025 - 2030

The Health Promotion Strategic Plan resource estimation is anchored in activity-based costing using a bottom-up approach that accounts for the inputs, systems, and coordination mechanisms required to achieve the strategic objectives. The costing process considered national priorities, alignment with the Kenya Health Policy (2014–2030), and opportunities for multisectoral investment.

The total resource requirement for implementing the Health Promotion Strategic Plan over the five years is estimated at **KES 794,000,000**.

The projected costing is summarized in the table below, aligned with the nine strategic objective categories.

Strategic Objective	Timelines	Budget (KES)
1. Develop Policy, Guidelines and Regulations	Year 1 to Year 5	15,000,000
2. Enhance Coordination and Partnership	Year 1 to Year 5	19,000,000
3. National Level Advocacy and Communication	Year 1 to Year 5	400,000,000
4. Community and Stakeholder Engagement	Year 1 to Year 5	60,000,000
5. Resource Mobilization	Year 1 and 2	70,000,000
6. Human Resources	Year 1 to Year 5	45,000,000
7. Capacity Building	Year 1 to Year 5	120,000,000
8. Digital Health and Innovations	Year 1 to Year 5	50,000,000
9. Research Monitoring and Evaluation	Year 1 and 2	15,000,000
TOTAL		**794,000,000**

6.2 Financial Sustainability Pathways

Achieving sustainable financing for the health promotion mandate is critical. This plan outlines key approaches to secure predictable and diversified funding.

1. Domestic Public Financing

- Advocate for explicit budget lines for health promotion within national and county planning frameworks
- Review legislation and policies to establish a dedicated Health Promotion Fund from taxes on tobacco, alcohol, and sugar-sweetened beverages for awareness creation and community mobilization
- Incorporate health promotion interventions into County Integrated Development Plans (CIDPs)
- Develop costed Annual Work Plans at national and county levels for Health Promotion and Education

2. Development Partner Coordination

- Engage development partners for coordinated health promotion work plans
- Ensure alignment of partner-supported activities with national priorities and standardized indicators

3. Private Sector Engagement

- Establish innovative financing through public-private partnerships
- Leverage corporate social responsibility initiatives for health promotion activities

4. Resource Mobilization Activities

- Advocate for allocation of funds for Health Promotion Activities at National and County Level through advocacy forums
- Advocate for inclusion of Health Promotion in National and County Plans

6.3 Institutional Strengthening for Financial Efficiency

To ensure efficient use of resources, the following measures will be implemented:

- Development and strengthening of systems for production and dissemination of IEC materials
- Establishment of workplace wellness centers at county and institutional levels
- Development and rollout of workplace health promotion guidelines
- Development of training packages for health promotion
- Training of healthcare providers and other actors to deliver health promotion services
- Scheduling and conducting health seminars and webinars to enhance health education
- Implementation of health promotion interventions in all congregate settings
- Mainstreaming health promotion into learning institution curricula
- Establishment and support of active school health clubs
- Conducting community engagement sessions on priority health issues

6.4 Monitoring Financial Performance

A financial tracking system will be established to monitor resource mobilization and expenditure against this plan. This will include:

- Annual financial reports tracking commitments and disbursements against strategic objectives
- Regular monitoring to ensure funds are used for their intended purposes

7.0 MONITORING, EVALUATION AND LEARNING (MEL) FRAMEWORK

This framework is designed to systematically track progress, measure outcomes and impact, facilitate learning, and ensure accountability to all stakeholders. It will provide the data-driven evidence required for strategic decision-making, resource allocation, and continuous improvement throughout the strategic period.

7.1 Guiding Principles

The MEL framework will be guided by the following principles:

i. **Utilization-Focused-** All MEL activities are designed with the primary purpose of being useful to implementers, policymakers, and communities.
ii. **Participatory-** Stakeholders at all levels, including communities, will be involved in the monitoring and evaluation process.
iii. **Accountability-** The system will provide transparent data to demonstrate results and the responsible use of resources.
iv. **Adaptive Learning-** The framework will foster a culture of continuous learning, using evidence to adapt and improve interventions in real-time.

7.2 Monitoring and Tracking Progress

Progress will be tracked through a combination of routine and periodic mechanisms.

a) Routine Monitoring

- **Data Sources-** The Kenya Health Information System (KHIS) will be the primary platform for routine data reporting, supplemented by data from digital HP platforms (e.g., call centre logs, SMS analytics), project reports, and community feedback mechanisms.
- **Reporting-** County and national levels will submit quarterly and annual progress reports based on the indicators in the performance framework (Section 6.6).
- **Review Meetings-** Quarterly HP technical working group (TWG) meetings and biannual HP Advisory Committee (HPAC) meetings will review progress, identify bottlenecks, and recommend corrective actions.

b) Data Quality and Validation

Annual data quality audits will be conducted at national and county levels to verify the accuracy and completeness of reported data.

The Division of Health Promotion and Education (DHPE), in collaboration with the M&E Directorate, will be responsible for ensuring data quality.

7.3 Evaluation and Impact Assessment

a) Mid-Term Evaluation (2027/28)

The purpose is to assess the relevance, efficiency, and effectiveness of the strategy's implementation at the mid-point. It will review progress towards outcomes, identify significant challenges and opportunities, and recommend strategic adjustments for the remaining period. The focus is to process evaluation, initial outcome assessment, and analysis of the feasibility of achieving end-term targets.

b) Final Evaluation (2029/30)

This is meant to evaluate the overall performance, impact, and sustainability of the Strategic Plan. It will assess the contribution of the plan to the broader goals of Universal Health Coverage (UHC) and improved health outcomes.

The focus will include outcome and impact evaluation, sustainability analysis, cost-effectiveness, and lessons learned.

7.4 Learning and Knowledge Management

Learning Platforms- Biannual national and regional learning forums will be held to share best practices, challenges, and innovative approaches documented from county implementations.

Knowledge Repository- The digital repository established under Strategic Objective 5 will be used to store and disseminate evaluation reports, success stories, and research findings.

Adaptive Management- Findings from routine monitoring and evaluations will be formally integrated into the annual work planning and budgeting cycle at national and county levels to ensure programs are evidence-informed and adaptive.

7.5 Performance Measurement Framework

The table below outlines the core set of indicators that will be used to track the performance of the Strategic Plan

Strategic Objective Category	Key Performance Indicator (KPI)	Data Source	Frequency	Responsible Person
1. Develop Policy, Guidelines and Regulations	Health Promotion Policy developed and disseminated	Policy documents	Once (Year 2)	Head, DHPE
	Number of sector policies reviewed to address determinants of health	Sector policy reports	Annually	Head, DHPE
	Health Promoting Cities framework and assessment tools developed	Framework document	Once (Year 3)	Head, DHPE
	Number of guidelines developed and disseminated (communication, advocacy, physical activity, community engagement)	Guideline inventory	Annually	Head, DHPE
	Legal frameworks enacted and operational	Legal gazette	Once (Year 4)	Head, Health Policy
2. Enhance Coordination and Partnership	Partner mapping report updated annually	Partner database	Annually	Head, DHPE
	Number of coordination meetings held quarterly	Meeting minutes	Quarterly	Head, DHPE
	Functional Interagency Coordination Committee and TWGs established	Committee records	Once (Year 2)	Head, DHPE
	Volunteer network mapping completed and updated	Volunteer database	Annually	Head, Community Health

	Number of active partnerships established	Partnership register	Annually	Head, DHPE
3. National Level Advocacy and Communication	Number of public awareness campaigns conducted annually	Campaign reports	Annually	Head, DHPE
	Number of community mobilization initiatives implemented	Activity reports	Quarterly	Head, DHPE
	Number of advocacy meetings and sessions conducted	Meeting records	Quarterly	Head, DHPE
	Number of health programs with integrated GEHR components	Program documents	Annually	Head, DHPE
	Number of influential leaders engaged in health advocacy	Engagement records	Annually	Head, DHPE
	Number of multi-sectoral health advocacy alliances formed	Partnership records	Annually	Head, DHPE
	Number of parliamentary and county assembly sessions addressing HP issues	Hansard/records	Annually	Head, Health Policy
4. Community and Stakeholder Engagement	Number of functional advocacy forums established	Forum records	Annually	Head, DHPE
	Number of health promotion conferences held	Conference reports	Bi-annually	Head, DHPE
	Number of stakeholder consultations conducted	Consultation reports	Annually	Head, DHPE
	Number of functional community health structures supported	CHU reports	Quarterly	Head, Community Health
	Community asset mapping completed	Mapping report	Once (Year 2)	Head, Community Health
	Number of community sectors actively engaged in HP	Engagement records	Annually	Head, DHPE
	Number of stakeholder forums held annually	Forum reports	Annually	Head, DHPE
	Guidelines for inclusive participation developed and implemented	Guideline document	Once (Year 2)	Head, DHPE
	Number of CHPs and volunteers trained in HP	Training records	Annually	Head, Community Health
	Number of community health champions recognized and supported	Recognition records	Annually	Head, DHPE
	National Call Centre established and functional	Call centre reports	Once (Year 3)	Head, Digital Health

	Number of individuals trained in advocacy	Training records	Annually	Head, DHPE
	Number of mentorship programs established	Program records	Annually	Head, DHPE
5. Resource Mobilization	Annual Workplans developed and costed	AWP documents	Annually (Y1-2)	Head, DHPE
	Number of counties with dedicated HP budget lines	County budget documents	Annually	Head, DHPE
	HP included in national and county planning documents	Planning documents	Annually	Head, DHPE
	Health Promotion Fund established	Legal/financial records	Once (Year 3)	Head, Health Policy
	Number of counties including HP in CIDPs	CIDP documents	Annually	Head, DHPE
	Number of development partners engaged	Partner records	Annually	Head, DHPE
	Number of PPP financing initiatives established	Partnership records	Annually	Head, DHPE
	Functional systems for IEC production and dissemination	System assessment	Once (Year 2)	Head, DHPE
	Number of community engagement sessions held	Session records	Quarterly	Head, Community Health
	Number of wellness centers established	Facility records	Annually	Head, DHPE
	Workplace health promotion guidelines developed	Guideline document	Once (Year 2)	Head, DHPE
	Number of HP training packages developed	Training inventory	Once (Year 2)	Head, DHPE
	Number of providers trained across counties	Training records	Annually	Head, DHPE
	Number of seminars and webinars conducted	Activity records	Quarterly	Head, DHPE
	Proportion of congregate settings with HP activities	Facility reports	Annually	Head, DHPE
	Number of institutions with integrated HP curricula	Curriculum records	Annually	Head, DHPE
	Number of active school health clubs supported	Club records	Annually	Head, DHPE
6. Human Resources	HRH norms and standards review report completed	Review report	Once (Year 2)	Head, Human Resources
	Number of advocacy meetings for HP officer employment conducted	Meeting records	Annually	Head, DHPE
	HP norms and standards developed and endorsed	Standards document	Once (Year 3)	Head, Human Resources
	HP roles included in national HR frameworks	HR framework	Once (Year 3)	Head, Human Resources
	Needs assessment report developed	Assessment report	Once (Year 2)	Head, DHPE

	Staff establishment report approved	Approval document	Once (Year 3)	Head, DHPE
	Number of allied sector personnel trained	Training records	Annually	Head, DHPE
	Number of HP officers recruited and deployed	HR records	Annually	Head, Human Resources
7. Capacity Building	Digital infrastructure assessment and upgrade completed	Assessment report	Once (Year 3)	Head, Digital Health
	Number of community actors trained	Training records	Annually	Head, Community Health
	Number of trainings conducted for HP actions in cities	Training records	Annually	Head, DHPE
	Number of functional call centres established	Call centre reports	Annually	Head, Digital Health
	Number of HP Resource Centres established	Facility records	Annually	Head, DHPE
	Number of media platforms engaged for mass health education	Media records	Annually	Head, DHPE
	Inventory of communication equipment maintained	Inventory records	Annually	Head, DHPE
8. Digital Health and Innovations	Number of digital platforms upgraded and operational	ICT assessment	Annually	Head, Digital Health
	HP integrated into community scorecards	Scorecard tools	Once (Year 3)	Head, DHPE
	Percentage of community feedback addressed	Feedback logs	Quarterly	Head, DHPE
	E-learning platforms developed and active	Platform analytics	Once (Year 3)	Head, Digital Health
	Number of digital awareness campaigns conducted	Campaign reports	Annually	Head, DHPE
	National digital IEC repository launched	Repository access	Once (Year 3)	Head, DHPE
	Production facilities for IEC materials established	Facility assessment	Once (Year 3)	Head, DHPE
	Digital tracking systems developed and deployed	System reports	Once (Year 3)	Head, Digital Health
	Number of HP indicators integrated into KHIS	KHIS data	Annually	Head, M&E
	Proportion of counties using digital tools for HP reporting	County reports	Annually	Head, M&E
9. Research Monitoring and Evaluation	HP data collection tools finalized and disseminated	Tool inventory	Once (Year 2)	Head, M&E
	Number of learning platforms established	Platform records	Annually	Head, M&E
	Number of conferences held	Conference reports	Bi-annually	Head, DHPE

7.5 Roles and Responsibilities

a) **Division of Health Promotion and Education (DHPE)-** Overall coordination of the MEL system, technical support to counties, compilation of national reports, and facilitating evaluations.
b) **M&E Directorate (MoH)-** Technical leadership on MEL methodologies, integration of HP indicators into KHIS, and data quality assurance.
c) **County Health Management Teams-** Primary data collection, routine monitoring, county-level reporting, and utilization of data for local decision-making.
d) **Partners and Development Agencies**- Provide technical and financial support for MEL activities, ensuring alignment with the national framework.
e) **Communities-** Participate in data collection through feedback mechanisms (e.g., scorecards) and use data for social accountability.

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MINISTRY OF HEALTH

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