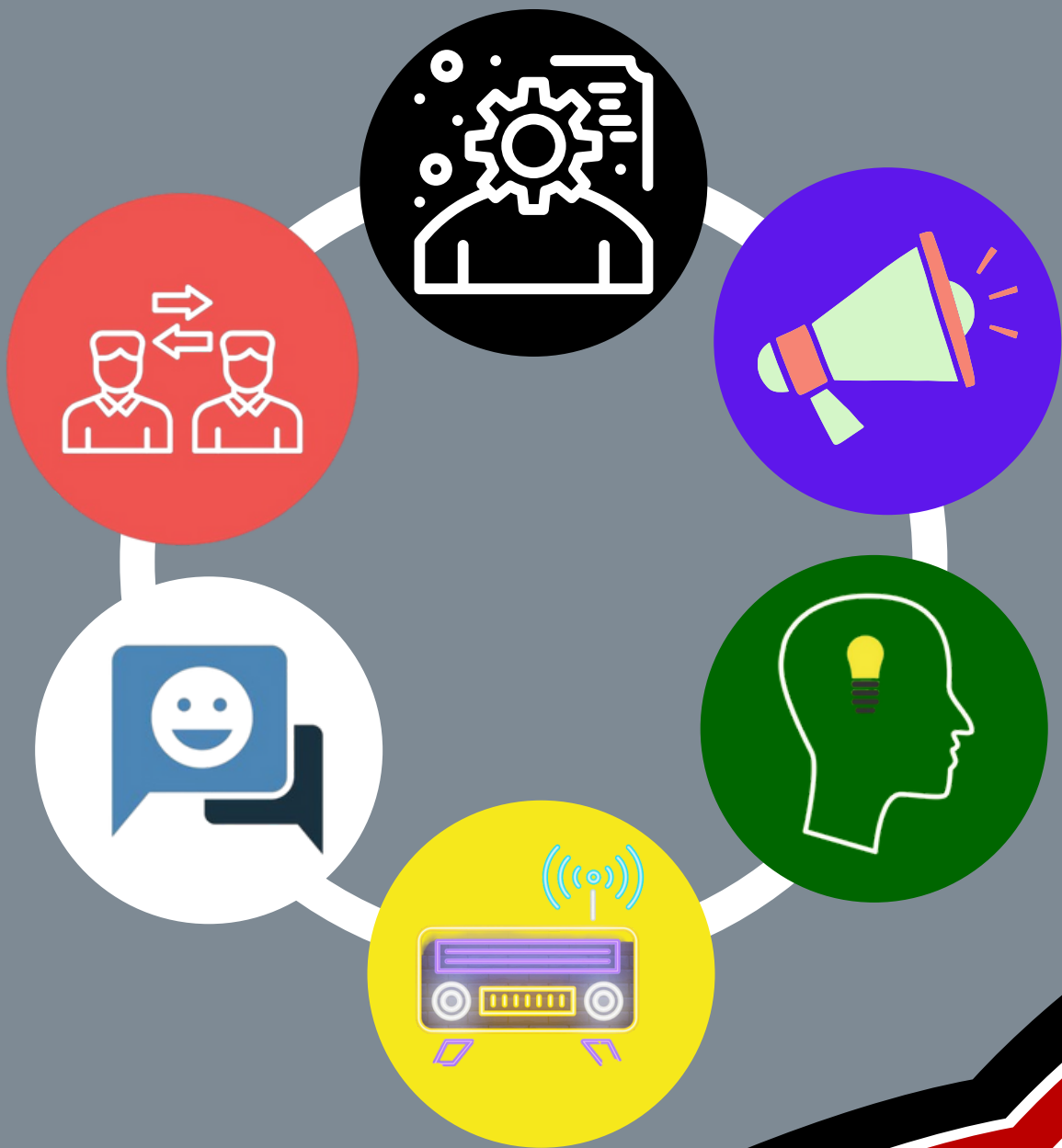




NATIONAL HEALTH COMMUNICATION GUIDELINE



2nd Edition
2025



NATIONAL HEALTH COMMUNICATION GUIDELINES.

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

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FOREWORD



There is increasing recognition that Health Promotion interventions play a critical role in prevention and control of public health problems. Communication being a key component of health promotion plays an important role in promotion of health and prevention of illness. Health communication activities are conducted with the aim to inform and empower communities to take action to improve and maintain their health and to prevent diseases and other conditions that may affect them negatively.

In the last decade, changes in the Kenyan health communication have opened up new avenues and challenges, which require coordinated guidelines to ensure effective planning and implementation of health communication interventions. The National Health Communication Guidelines was developed in order to facilitate consensus on and improve the coordination of health communication interventions throughout the country. It is a road map and compass to help guide the planning, implementation, monitoring and evaluation of health communication programs. It also explores the challenges and opportunities in health communication especially in the growing technology. The Ministry also needs to reflect on the new and current knowledge and best practices in health communication in order to reach more people with health information to help them adopt healthier behaviors for good health.

This document is designed to work within the policy goals in supporting the attainment of the policy objectives and targets through guidelines that enable implementation of comprehensive and coherent health communication interventions among all players. The realization of the **Kenya Health Policy 2014-2030** goal of *“attaining the highest possible standard of health in a manner responsive to the needs of the population”* will depend partly on how well health communication interventions are implemented. It is through effective communication that people are informed and enabled to change unhealthy behaviors and adopt healthy ones. Strategic health communication interventions continue to increase awareness and perception of health risks, as well as promote the uptake of services, which helps in reducing the burden of disease.

It is through communication that people are informed and this enables them to change unhealthy behavior to adopt healthy ones. Strategic health communication interventions continue to increase awareness and perception of health risks as well as promote uptake of services which helps in reducing the burden of disease.

The health communication guidelines intend to streamline health communication to ensure uniformity and professionalism in message development process, appropriate audience research and segmentation, pretesting and monitoring and evaluating. The guidelines will also ensure coordination in implementation of communication interventions among all stakeholders.

The guidelines were developed through a participatory process involving all stakeholders in health communication including government ministries/agencies, development partners and implementing partners.

It is our sincere hope that all the actors in health communication in Kenya will use these guidelines to ensure that communication interventions are well implemented in order to achieve the desired health status of the people.



Dr Patrick Amoth, EBS

Director General for Health

Ministry of Health

PREFACE



Effective communication is the cornerstone of public health. It empowers individuals, mobilizes communities, and bridges gaps between policy intent and practical implementation. As Kenya advances toward achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), strategic health communication remains pivotal in fostering informed decision-making, promoting health equity, and addressing the evolving challenges of our time.

The *National Health Communication Guideline* provides a structured framework to harmonize communication efforts across Kenya's health sector. These guidelines align with the *Kenya Health Policy 2014-2030*, *Vision 2030*, and the *Constitution of Kenya (2010)*, which enshrine health as a fundamental right. They emphasize evidence-driven strategies to deliver accurate, culturally relevant, and accessible health information to diverse populations.

This edition builds on Kenya's progress in health promotion while addressing emerging priorities such as digital innovation, risk communication during emergencies, and inclusive engagement with marginalized communities. It underscores the importance of multi-sectoral collaboration, leveraging traditional and digital platforms, and integrating community voices into communication planning. By standardizing methodologies for message development, stakeholder coordination, and impact evaluation, these guidelines ensure consistency and professionalism in health communication practices nationwide.

I commend the Division of Health Promotion and Education Management, county health teams, development partners, and all stakeholders who contributed their expertise to this document. Special recognition goes to the technical working groups, civil society organizations, and frontline health workers whose insights have enriched these guidelines.

As we navigate complex health landscapes from pandemics to non-communicable diseases, this guideline will serve as a vital tool for policymakers, communication professionals, and practitioners. Let us harness the power of communication to build a healthier, more resilient Kenya.

A handwritten signature in blue ink, appearing to read 'Dr. Joseph Lenai'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr. Joseph Lenai, OGW.

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

ACKNOWLEDGEMENT



The National Health Communication Guideline provide a comprehensive framework for designing and managing health communication programs, integrating essential principles, concepts, theories and approaches to enhance the effectiveness and efficiency of our interventions.

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

Like other countries globally, Kenya is faced with a number of public health challenges which include high child and maternal mortality, communicable diseases and non-communicable diseases. Non-communicable diseases are increasingly adding to the burden of ill health and death. Other factors such as poverty, weak public health systems and poor response to health challenges continue to worsen the situation. With global attention shifting to promotion of health and well-being and disease prevention as opposed to curative services, methods such as health education, social mobilization and health communication are gaining prominence.

The challenges to effective communication include poor coordination resulting from absence of policies and guidelines, low investment in promotion of health. Other shortcomings include inadequate feedback mechanisms, relevant skills, and recognition of communication as specialized field. Change in policy direction poses further challenges in light of reforms occurring in the health sector. In order to align to these shifts and address these challenges successfully, sound communication strategies must be put in place in order to provide coherence in program activities.

Therefore, these guidelines will strengthen the planning, implementation and evaluation of communication programs. This is in realization that the set goals cannot be achieved in an environment where there is weak coordination and standardization of communication interventions.

Objectives of the guideline

These guidelines have set the following key objectives to enable achievement of goals at every level of the health sector:

- To ensure strengthened planning, implementation, monitoring and evaluation of health communication through provision of standard implementing procedures in order to ensure sustainability of evidence-based interventions.
- To empower health communication practitioners to design and implement effective behavior change interventions that engage and empower individuals, households and communities to adopt appropriate health practices and health seeking behavior.
- To equip health communication practitioners to design and implement effective social mobilization interventions to enhance environments that support adoption of appropriate behavior and actions.

- To empower health communication practitioners to design interventions aimed at increasing resources, political and social leadership commitment for development action and goals through effective advocacy approaches.
- To guide health communication capacity strengthening at various levels.
- To provide guidance on coordination of health communication in normal situations and during emergencies.
- The extent and pace of realization on Vision 2030, Millennium Development Goals 3, 4, 5, & 6 which have direct bearing on health as well as the Constitution of Kenya 2010 will depend on how well the communication strategies will work.

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ACRONYMS AND ABBREVIATIONS

BCC	Behaviour Change and Communication
HC	Health Communication
HE	Health Education
HiAP	Health in All Policies
HIV	Human Immune Deficiency Virus
IEC	Information Education and Communication
ITN	Insect Treated Nets
IPT	Intermittent Preventive Treatment
IDPs	Internally displaced persons
IPC	Interpersonal Communication
KHSSP	Kenya Health Sector Strategic Plan
LLITN	Long-Lasting Insecticide Treated Nets
M&E	Monitoring and Evaluation
NTDs	Neglected Tropical Diseases
NTDs	Neglected Tropical Diseases
NCDs	Non-Communicable Diseases
SBCC	Social Behaviour Change Communication
SDGs	Sustainable Development Goals
WHO	World Health Organization.

1.1 Introduction

The World Health Organization has defined 'Health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This definition expands the understanding of 'health' to include what people feel, how others feel about them, including how they interact and respond to their physical and social environment. The fact that it includes individual 'perception' means that it takes away the definition of health from specialists like clinicians who in the past have diagnosed ill health. It makes 'health' a lay issue and something that anybody can communicate about.

Globally, attention is shifting to disease prevention, the promotion of health and wellbeing as opposed to mere provision of curative services. Many countries are also adopting a strategic approach that calls for more engagement and participation with the general public. As a consequence of these shifts, methods such as health education, social mobilization and health communication are gaining prominence.

Government of Kenya policies since then have revolved around providing Universal Health Coverage (UHC). Key policy documents have had health improvement at the core if not cornerstone as encapsulated in documents such as, Constitution of Kenya 2010, National Health Sector Policies, Vision 2030, and Sustainable Development Goals (SDG). The concept of health has evolved from a narrow focus on the absence of disease to a broader understanding of physical, mental, and social well-being. This has shifted attention towards disease prevention, health promotion, and community engagement, for which health communication is key.

Kenya continues to face a number of public health challenges. Among these are maternal health and child mortality, communicable diseases, non-communicable diseases, and emerging diseases such as COVID19, Ebola, and Marburg. Communicable diseases include Tuberculosis, malaria, HIV, typhoid, Hepatitis A, and diarrhoeal diseases. Non-communicable diseases are on the upsurge mainly because of the changing lifestyle coupled with unhealthy behaviours, inadequate public health services and facilities and low public awareness on preventive strategies. These include; cancers, diabetes, mental health disorders, hypertension and cardiovascular diseases.

Kenya has achieved successes in certain areas due to effective health communication and education. In HIV/AIDS control, progress is evident with reduced incidence, prevalence, and mortality, aided by awareness campaigns promoting prevention and testing. Similarly, reductions in malaria mortality and morbidity are linked not only to interventions like Long-Lasting Insecticide Treated Nets (LLITNs), Intermittent Preventive Treatment (IPT), Indoor Residual Spraying (IRS), and the malaria vaccine for under-fives, but also to extensive community education on prevention methods. By empowering communities with knowledge, health communication has been instrumental in improving health outcomes.

Neglected Tropical Diseases (NTDs) such as leishmaniasis, Filariasis, Schistosomiasis and Trachoma still exist in different populations in the country. Due to health Promotion and especially Health communication efforts Kenya was declared Guinea worm (one of the NTDs) free by the WHO in the year 2018.

Non-communicable conditions are an increasingly significant burden of ill health and death in the country. Injuries due to road traffic accidents and other misadventures as well as violence still pose a challenge especially to the young population and women in particular. Structural factors such as pervasive abject poverty, low levels of education, weak public health delivery systems as well as poorly coordinated responses to public health challenges continue to worsen the situation.

The above factors coupled with poor public health literacy has resulted in unacceptably high morbidity and mortality due to preventable diseases. This guideline will play a pivotal role in promoting health and controlling diseases. This guideline aims at promoting healthy lifestyles, improving access to healthcare services, and empowering individuals to make informed decisions about their health. Health Communication also plays a critical role in disease control, including prevention, early detection, and treatment. Therefore, investing in health communication ultimately improves the overall health of populations. Health communication is a unique niche in healthcare that allows professionals to use communication strategies to inform and influence decisions and actions of the public to improve health.

CHAPTER

TWO

2.0 HEALTH COMMUNICATION BACKGROUND

Health Communication is multi-faceted and multidisciplinary approach to reach different audiences and share health related information with the goal of influencing, engaging and supporting individual communities, health professionals, special groups, policy makers and the public to champion, introduce, adapt, or sustain behaviour, practice or policy that will ultimately improve health outcomes.

2.1 Principles of Health Communication

Health communication follows a systematic approach that is research-based, interactive, and planned and aims to change social conditions and individual behaviors.

Key principles of health communication include but not limited to the following:

- a) Health communication follows a systematic approach which is research based, interactive and planned,
- b) Aimed at changing social conditions and individual behaviours.
- c) Keeps focus on the target audience and develop communication that resonates with them.
- d) Uses a participatory approach, where all stakeholders are involved throughout the process include vulnerable and marginalized groups.
- e) Uses multiple channels and materials which are mutually reinforcing at all levels
- f) Considers the social context where social norms as well as individual behaviour are targeted. Expands beyond ad hoc activities to a coordinated social movement whereby behavior change is the target of the health communication.
- g) It links communication activities to services and products that people can access, greatly improving the uptake of services. Harmonizes interventions to deliver effective and coordinated communication of messages at all levels by preventing duplication and inconsistencies to ensure resources are used efficiently.
- h) Chooses result oriented interventions that are based on sound epidemiological, social and media theories.
- i) It is consistent with National policy, priorities and guidelines.
- j) Utilizes the most effective and efficient communication channels with the most 'reach' to the targeted audience.
- k) Provides clear communication objective(s) to which comprehensive evaluation plan is based.
- l) Has a plan for operational research to build an evidence base for the future.

2.2 The Role of Health Communication

Health communication is an intervention that addresses health problems, promotes health, and influences changes in services, technology, policies and regulations.

Health communication seeks to:

- Increase knowledge and awareness to the targeted audience on health matters for informed decision making.
- Influencing for modification of perceptions, beliefs, practices, social norms and attitudes that may be harmful to health.
- Increase demand and support for health services
- Demonstrate and illustrate for proper use of health interventions and adoption of healthy skills
- Reinforce knowledge attitudes for sustained behaviour change.
- Promotes timely uptake and/or response to health information.
- Advocate for and mobilize the community in support of a health intervention

2.3 The Users of the Guidelines

This document has been designed for people implementing health communication initiatives at all levels. It is intended for health communication practitioners and program managers within both the government and the private sector, at national and county levels. The guidelines can be used across the health and non-health sectors, including non-governmental organizations (NGOs), civil society organizations, and private health institutions.

3.0 HEALTH COMMUNICATION PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION

CHAPTER THREE

3.1 Steps to follow in conducting a situation analysis

1. Identify the problem: Determine the specific problem or issue that needs to be addressed.
2. Gather information: Collect data about the problem through research, surveys, interviews, and other sources to get a comprehensive understanding of the situation.
3. Define the scope: Determine the range and boundaries of the problem based on the data gathered. Identify what is causing the problem and the extent of the impact it has on the affected parties.
4. Identify the stakeholders: Recognize all the people or groups that are involved or impacted by the problem. This includes employees, customers, competitors, community members, and other relevant stakeholders.
5. Analyze the data to identify the root causes of the problem, explore potential solutions, and identify strengths and weaknesses within the organization.
6. Develop alternative solutions: Brainstorm and develop different solutions or strategies to address the problem. Consider the feasibility, cost, and potential outcomes of each option.
7. Select the best solution: Evaluate each solution for its potential effectiveness, address any shortcomings, and determine which option is the best fit for the organization or community.
8. Implement the solution: Implement the chosen solution and monitor progress to verify that it is effectively addressing the problem.
9. Review and adjust: Monitor and evaluate the effectiveness of the implemented solution and, if necessary, adjust the approach accordingly.

3.2 Steps in designing health communication interventions

Designing health communication interventions involves several key steps that are crucial for creating effective messages and strategies to promote health behaviors. These steps include:

1. **Identify the target audience:** Identify the specific group or population you want to reach. Understanding the characteristics, needs, preferences, and behaviors of your target audience is essential for tailoring the intervention to resonate with them effectively.

2. **Assess the needs and preferences of the target audience:** This can be achieved through surveys, focus groups, or interviews.
3. **Conduct formative research:** Conduct research to gather information about the target audience's knowledge, attitudes, beliefs, and behaviors related to the health behavior you are targeting. This can involve conducting surveys, focus groups, interviews, or reviewing existing literature.
4. **Set communication goal and objectives:** Set clear communication goals and objectives that are aligned with the identified health needs of the target audience.
5. **Develop the message:** The message should be designed to be clear, concise, and easy to understand. It should be tailored to the needs and preferences of the target audience. Ensure that the materials are culturally appropriate, clear, and compelling, and that they convey the desired health behavior and its benefits effectively.
6. **Choose communication channels:** Select the most appropriate communication channels and strategies to reach your target audience effectively. This may involve using social media, print media, or face-to-face communication. Choose channels that are aligned with your target audience's preferences and behaviors.
7. **Pre-test the message and channels:** It involves conducting a pilot study with members of the target audience to gather feedback and make necessary revisions. This helps ensure that the materials are understandable, appealing, and effective in promoting the desired health behavior. Refine the intervention based on the feedback received.
8. **Implement the intervention:** Implement the intervention using the chosen communication channels and strategies. Monitor the implementation to ensure that the intervention is reaching the target audience as intended.
9. **Evaluate the intervention:** Evaluate the effectiveness of the health communication intervention by collecting data on its outcomes and impact. This could involve measuring changes in knowledge, attitudes, beliefs, and behaviors related to the health behavior targeted by the intervention. Use the evaluation findings to assess the intervention's success and identify areas for improvement.
10. **Disseminate and scale-up:** Disseminate the successful intervention and share the findings with relevant stakeholders to promote its adoption and replication in other settings or populations. Consider scaling up the intervention to reach a wider audience or applying the lessons learned to design future health communication interventions.

Overall, designing health communication interventions requires careful planning, formative research, audience engagement, and evaluation to ensure that the messages are tailored, effective, and impactful in promoting positive health behaviors.

3.3 Purpose of developing effective messages and materials

The purpose of developing effective messages and materials is to communicate information in a clear, compelling, and persuasive manner to a target audience. It involves carefully crafting messages and creating materials that are tailored to the needs, preferences, and characteristics of the intended recipients in order to achieve specific communication goals. Here are some key purposes of developing effective messages and materials:

- a) **Information dissemination:** Effective messages and materials are designed to convey accurate and relevant information to the target audience. This could include informing

people about a new product or service, sharing important news or updates, educating them about a particular topic, or providing instructions on how to perform a task.

- b) **Persuasion:** Messages and materials can be crafted to persuade the target audience to take a specific action or adopt a particular viewpoint. This could include encouraging people to make a purchase, support a cause, sign up for a newsletter, or change their behavior in some way.
- c) **Branding and image building:** Messages and materials play a crucial role in shaping the perception of a brand or organization. By developing consistent and compelling messages and materials, an organization can establish its identity, communicate its values, and build a positive image among its target audience.
- d) **Engagement and interaction:** Effective messages and materials are designed to engage the target audience and encourage interaction. This could include creating interactive content, such as surveys, quizzes, or polls, or encouraging people to share their feedback, opinions, or experiences.
- e) **Behavior change:** Messages and materials can be developed to promote positive behavior change, such as encouraging people to adopt healthy habits, practice sustainable behaviors, or engage in socially responsible actions.
- f) **Relationship building:** Developing effective messages and materials can help build relationships with the target audience by establishing trust, credibility, and rapport. This could include creating personalized and relevant content that resonates with the audience, addressing their needs and concerns, and fostering open communication.
- g) **Call to action:** Messages and materials often include a call to action, which prompts the target audience to take a specific action, such as making a purchase, subscribing to a service, donating to a cause, or signing up for an event. The purpose of developing effective messages and materials is to communicate information, persuade, build a brand, engage and interact, promote behavior change, build relationships, and prompt action among the target audience to achieve specific communication goal.

3.4 Development of effective messages

The message must be personally appealing, discuss only one or two points and must use simple language. The 7Cs of communication provides good guidelines for effective communication.

They are as follows: -

1. Command attention: Does the message stand out? Is it compelling?
2. Create trust through credibility of the message.
3. Clarify the message: Is the message simple and direct? Is it easy to grasp? Short and uncluttered?
4. Communicate benefit: What will the audience get in return for taking action?
5. Consistency counts: Materials and activities convey the same message and become mutually supportive in creating recall and change
6. Cater for the heart and head: appeal to both emotions, intellect
7. Call to action: What do you want your audience to do?

3.5 Pre-testing messages and concepts

This process is important because illustrations, text, photographs, dialogue, sounds, music, graphics etc. can be misinterpreted. The draft materials are shown to the intended audiences and open-ended questions are asked to know if the message is well understood and acceptable.

Steps for Carrying out the Pretest

a) Preparing draft material for the pretest

Draft scripts, narratives, texts and artwork/storyboards should be prepared based on creative briefs.

Review all draft materials with a technical team/content specialist. Make sure the technical content of the message has no errors and is in line with procedures and processes promoted by concerned agencies.

b) Do an "in-house" pretest

Even before you go out to the field, you should first make an in-house pretest of the material, especially with the health promotion team. Check with staff inside the office or based in the field who belong to the target audience. This will help to catch errors before the pretest is taken out to the field, and to identify comprehension errors. Correcting these errors at this time will allow the pretest to be narrowed down to the most salient issues.

c) Determine the sample for which the material is to be pretested.

Make sure the pretest sample has the same characteristics as the intended target audience. It is preferable to select several sites having the same characteristics and not concentrate on a single site. After the characteristics of the respondents have been defined, the pretest team can visit those sites where a large number of such individuals will presumably be found and select individuals using screening questions. While there is no pretest formula, experience shows that sample sizes of between 50 and 200 are best depending on the number of audience segments, the complexity of the problem, and the amount of the available budget and resources required. It is, however, always better to pretest materials using a well-selected sample, even if it is very small (20-30 persons), than to not pretest at all.

d) Select techniques and design tools to be used in the pretest

The pretest may be conducted individually or in groups. Design pretest focus group guidelines or individual interview instruments.

e) Select and orient interviewers

Persons conducting the pretest should be experienced. If such individuals don't exist, then outside staff may need to be contracted. Interviewers must understand that the IEC materials to be pretested are only drafts and that the IEC material development team will not be hurt by "negative" pretest results. The instrument to be used in the pretest should be explained to the interviewers. Instructions should be provided regarding the criteria for selecting those to be interviewed and the use of a screening questionnaire. Procedures to be followed in conducting the pretest interview when done individually and when done in focus groups should be explained. Interviewers should practice first among themselves in training.

f) Test the pretest guidelines and instruments

It is also advisable that the pretest instruments be tested to assess whether they will achieve the pretest objectives and whether they are easy to implement. Interviewers should conduct three or four interviews and subsequently analyze the results with the person in charge. For focus

groups, a single trial focus group to test both the guidelines and the proper implementation of that focus group should be sufficient.

g) *Make the necessary logistical arrangements*

The IEC material development team will need to organize logistics, such as transportation, meeting places, permits, and authorizations so that everything will be clearly understood before the initiation of fieldwork.

h) *The pretest processes.*

Conduct the interview by using the pretesting tool.

3.6 Components of a health communication strategy

A health communication strategy provides a guide for the rest of the interventions. It is a bridge between analysis and actual development of materials, products and activities. Effective communication strategies are evidence based. Evidence provides information about what individual and social behaviours, knowledge, norms and practices need to change. A complete strategy should have three key components as follows;

1. A summary of the analysis: Problem statement, changes the problem calls for, response and research gaps and plans
2. The communication strategy itself: Final audience segmentation, obstacles, desired changes, communication objectives, perceived benefit of the desired change, strategic approach(s), positioning, key content, channels, activities and materials.
3. A draft implementation plan and draft monitoring and evaluation plan: List of materials, activities, resources and timeline

3.7 Steps to follow in developing a health communication strategy

1. Conduct a situation analysis, people analysis, context and content analysis to identify key issues and develop a problem statement. The problem statement should summarise the key issues identified in the situation analysis, people analysis and context analysis.
2. Identify the changes necessary to solve the identified problem: The changes may be related to policy, services, products, social norms, individual behaviors. Consider how the changes might come through communication. It is important to ask if the change sought can be achieved by communication alone or by communication aided by other structural interventions.
3. Develop audience segmentation: which audiences become the primary, secondary, tertiary needs to be addressed for the changes to occur? It is important to specify which audience segment is a priority and give reasons. It is just as important to specify the reasons that other audiences are secondary and tertiary.
4. Develop desired changes: What do you want your audiences to change; attitudes, behavior, values, perception, skills, social norms or any other changes. The 'perceived benefit' that the change will bring from the target audience point of view must be clear.
5. Identify obstacles or barriers to the adoption of the desired changes: what gets in the way of the changes described above? From the analysis, state the main reasons why audiences currently do not do this. What gets in the way of achieving desired change?
6. Develop communication objectives, establish specific measurable achievable realistic Time bound (SMART) communication objectives for each audience segments.

7. Identify strategic approach: What will be the key strategy to bring about change? What will support this key strategy or link to other strategies?
8. Identify the positioning: how will the approach or campaign stand out from other competing issues? What 'single minded' proposition does the campaign promise? What makes it distinct to avoid the 'clutter' from all other communication happening? What is the distinctive logo or image you want people to associate with your program?
9. Develop key content: What are the key content points to be communicated through each channel for each audience segment. This needs to be transformed into messages. Message development is a collaborative exercise and the beneficiaries need to be involved in the development.
10. Identify channels, activities and materials: Select channels for each audience based on a critical assessment of which channel will reach a majority of them. Reflect on the channels currently in use by your target audience for their regular communication and also channels that are currently not in use but are available. Consider the way channels reinforce each other and develop a budget. In doing so pay close attention to the cost: value ratio of the channel. How much does it cost you to reach a single individual?
11. Draft implementation plan: develop a plan that provides detail on each management considerations that include activities, materials, and budgets.
12. Develop a monitoring plan: draft tools that will monitor if your communication is: a) reaching the intended target audience - coverage b) reaching them with clarity c) their immediate response to the communication - is the campaign understandable to the target audience. d) Acceptability of the message - does the target audience identify with the communication?
13. Develop draft evaluation plan: draft a research design, develop outcome indicators, plan methods, and tools for data collection

3.8 Implementation of Health Communication Interventions

Developing an implementation plan ensures that the strategy can be delivered as it had been envisaged, on the proposed budget and within the time frame that had been allocated. The implementation plan details in minute details all the activities that are to be undertaken to achieve the strategy. Depending on the channel of choice every activity might need a specific implementation plan. For instance, if mass media is to be used there is need for a media plan to assist with the media buying and placement. This media plan will also be integral in the media monitoring plan and the actual monitoring. Capacity strengthening of staff in health communication competencies is vital in ensuring success of implementation.

A good plan must incorporate the following:

1. Strategies and activities, broken down in details
2. Timing: Sequencing and duration of every activity.
3. Resources needed: Identified human, material and financial resources needed to carry out the activities (human and material resources must be well mapped out. In the case of communication activities resources will include: communication equipment, licenses, power supply etc.).
4. Capacity strengthening plans for health communication staff and providers who may be volunteers.

5. Detailed list of materials and tools needed for the activities including manuals, counselling cards, posters, brochures etc.
6. A plan for engagement of volunteers with clear selection criteria, job descriptions and incentive and retention plans
7. Assumptions and Risks: Contextual factors that facilitate a successful activity or that which could militate against the communication activity taking place e.g. weather or hostile reception.
8. Risk mitigation plan; the fallback plan.
9. Supervision and monitoring plan.

3.9 Monitoring and Evaluation of Health Communication

Monitoring is defined as the systematic and continuous tracking of activities to ensure implementation as per the implementation plan to the target audience. During monitoring progress data is recorded overtime, enabling collection of high value and quality data. The implementation log frame provides objectives, activities, inputs, outcome and timeline along which the implementation plan is monitored.

Evaluation is the measurement or determination of overall impact of the intervention. Evaluation of the communication guideline will help to determine whether the suggested activities achieved the expected results or outcomes. Evaluation is undertaken from time to time, mostly annually or as may be determined by the monitoring indicators. The lesson learnt shall be used to develop subsequent Guidelines and improve the provision of quality health services.

3.9.1 Research and ethical consideration

Before one launches any data collection exercise it is important that ethical issues are addressed. Ethical issues refer to both professional standards of conduct as well as moral principles and values exercised in conducting research. Ethical considerations are important for mitigating the median and potential risks and negative consequences to research participants. Ethical concerns can be addressed through but not limited to:

- a) **Community input** – ensuring that the study is responding to community concerns
- b) Parental permission- in the case of youth. It is always best to document parental consent for participation of a minor in any research activity
- c) **Informed consent** – it is essential that people involved in any study fully understand what the study is about, the use of the information that they are providing and issues relating to the security of the data they are providing. Ensure that all participants’ sign a consent form stating their being fully informed of the research.
- d) **Voluntary participation** – research participants must never be coerced to be involved in a study. It is best to document that the participants have voluntarily accepted to take part in a study.
- e) **Ensure confidentiality and privacy;** make sure that the research finding cannot be matched to specific respondents.

3.9.2 Stages of research used in health communication

The table below shows the different stages of health communication interventions and the issues that are assessed at each stage.

<p>Stage 1 Planning and Strategy Development</p>	<p>Initial research Provides information on the problem, intended audiences, and barriers to and opportunities for change</p>	<p>Answers questions as: What dimensions of the health problem do we need to address? How should the population be segmented and which intended audience should be targeted? What are the best ways of reaching the intended audience? What benefits would be credible and appealing to the intended audience? What images should be conveyed? What barriers need to be overcome? What actions can the intended audience take?</p>
<p>Stage 2 Developing and Pretesting Concepts, Messages, and Materials</p>	<p>Pretesting Assesses reactions to proposed messages or materials</p>	<p>Tests and refines messages and materials prior to production</p>
<p>Stage 3 Implementing the Program</p>	<p>Process Monitoring Documents and assesses implementation; quantifies what was done; when, where, and how it was done; and who was reached</p>	<p>Identifies areas for improvement as implementation proceeds. Documents progress of implementation</p>
<p>Stage 4 Assessing Effectiveness and Making Refinements</p>	<p>Outcome Monitoring Measures whether, and to what extent, a program or activity had the planned effects Impact Monitoring Measures whether, and to what extent, a program contributed to long-term goals</p>	<p>Documents the extent of the health communication's success or failure. Documents success to support replication. Determines any need to improve the existing interventions or future efforts. Is not often used for health communication activities (improving health status usually requires multifaceted approaches- e.g., communication plus changes in health care service delivery and relevant policies-and it is generally not possible to isolate a particular communication program's contribution to achieving longer-term goals)</p>

CHAPTER

FOUR

4.0 IMPLEMENTING HEALTH COMMUNICATION STRATEGIES

Effective health communication strategies are essential for improving health outcomes in Kenya. This chapter provides guidelines on how to implement various strategies which include advocacy, risk communication and community engagement, social mobilization, human Centre design, social behaviour change communication, and social marketing. By exploring these strategies this chapter aims to provide practical guidance for healthcare practitioners, policymakers, and other stakeholders on how to design and implement effective health communication strategies that can lead to improved health outcomes.

4.1 Designing and Implementing Effective Social Behaviour Change Communication Interventions

This requires a systematic approach that involves conducting a needs assessment, setting clear objectives, developing a communication strategy, tailoring messaging, testing and refining the intervention, implementing it, and sustaining the behavior change over time. By following these key steps, you can design and implement SBCC interventions that promote positive behavior change and improve public health outcomes.

4.2 Social Behavior Behaviour change communication

4.2.1 Definition of Social Behavior Change Communication

Social Behavior Change Communication (SBCC) is a communication approach that seeks to influence and change behaviours related to health. It is a systematic, participatory, and interactive process that uses a variety of communication techniques to encourage positive and sustainable behaviour change. SBCC takes into account the social and cultural contexts in which people live and focuses on developing tailored messages and strategies to address the specific needs, beliefs, and attitudes of the target audience. The goal of SBCC is to promote healthy behaviours, increase demand for health products and services, and improve health outcomes by empowering individuals and communities to make informed decisions about their health.

4.2.2 Basic SBCC channels

There are several channels that can be used for social behaviour change communication (SBCC), and the selection of channels depends on the target audience and the behaviour that is being promoted or changed. Some of the basic SBCC channels include:

4.2.2.1 Mass media

Mass media can be a powerful tool to promote Social Behaviour Change Communication (SBCC) as it can reach large audiences and convey information in a compelling and engaging way. The following are ways in which mass media can be used to promote SBCC:

- a) **TV spots and edutainment:** TV spots that are repeatedly aired can lead to behaviour change. TV shows can be used to discuss and promote specific behaviours related to health. Experts can be invited to discuss specific health topics and provide guidance on how to improve health behaviours. TV shows that entertain the public can be used to bring out information on negative behaviours and reinforce positive behaviour. Short educative videos developed by the Ministry of Health can be developed and aired at health facilities and other premises.
- b) **Radio Talk Shows:** Talk shows can be used to discuss and promote specific behaviours related to health. Experts can be invited to discuss specific health topics and provide guidance on how to improve health behaviours.
- c) **Drama and Entertainment Skits:** Drama and entertainment skits are a popular form of entertainment that can be used to promote health behaviours. This can be done at school and the community. They can be used to model positive health behaviours, showcase the consequences of negative health behaviours, and create relatable characters that resonate with the audience.
- d) **Social media campaigns:** Social media platforms such as Facebook, Twitter, Instagram, TikTok and others that may come up can be used to reach audiences with targeted messages about specific health behaviours. Social media campaigns can use videos, memes, and infographics to convey information in an engaging and memorable way.
- e) **Billboards and Posters:** Billboards and posters can be placed in public places such as bus stops, markets, and health centers to promote specific health behaviours. They can be used to convey simple and easy-to-understand messages that are relatable to the audience.

4.2.2.2 Community engagement

Community engagement is an essential aspect of health communication as it enables individuals to become more informed and involved in their own health and well-being. When it comes to community engagement under health communication guidelines, there are several key principles that should be followed:

- a) **Inclusivity:** All members of the community should have the opportunity to participate in the communication process, and efforts should be made to ensure that the needs of diverse groups are met.
- b) **Collaboration:** Communication efforts should be collaborative, with community members, health professionals, and other stakeholders working together to develop and implement effective strategies.
- c) **Respect:** Community members should be treated with respect and dignity, and their input should be valued and taken into account.
- d) **Empowerment:** Communication efforts should empower community members to take an active role in their own health and well-being, providing them with the tools and information they need to make informed decisions.

- e) **Transparency:** Communication should be honest and transparent, with clear and accurate information provided to the community.

Community engagement channels such as community meetings, town halls, and public events can be used to engage with communities and encourage behavior change through face-to-face interactions.

4.2.2.3 Interpersonal communication

Interpersonal communication channels such as one-on-one conversations, counselling, and peer education can be used to provide targeted information and encourage behaviour change. Interpersonal channels are interactive; they are able to unpack complex information, personalised information, can build behavioural skills, increase self-- efficacy and can increase intentions to act.

Some of the most common interpersonal communication approaches include; Verbal communication, Nonverbal communication, Active listening, Empathy, Assertiveness, Conflict resolution, Feedback.

4.2.2.4 Mobile technology

Mobile technology channels such as text messages, mobile applications, and social media can be used to reach audiences with tailored messages and promote behaviour change as they allow healthcare providers to reach a large and diverse audience with timely and relevant health information. Here are some ways that mobile technology can be used in health communication:

- a) **Mobile apps:** Health apps can be used to provide information on a variety of health topics, from nutrition and exercise to mental health and chronic disease management. These apps can include features such as; Jali WhatsApp Chatbot, tracking tools, to engage users and encourage healthy behaviors.
- b) **SMS messaging:** SMS messaging can be used to send health alerts, reminders, and educational messages to individuals who have opted in to receive them. This can be particularly effective for reaching underserved populations who may not have access to other forms of communication.
- c) **Telemedicine:** Mobile technology can be used to connect patients with healthcare providers remotely, allowing for virtual consultations and appointments. This can be especially useful for individuals who live in remote or rural areas, or who have mobility or transportation issues.
- d) **Social media:** Social media platforms can be used to share health information, raise awareness about health issues, and promote healthy behaviors. Healthcare providers can use social media to engage with patients and the broader community, answering questions and providing resources.

4.2.2.5 Printed materials

Printed materials such as, posters, brochures, and pamphlets can be used to provide information and promote behaviour change. The Materials are used during health education sessions at the health facility and in the community. They are also placed at strategic points and at a level that people can be able to read. The best points include health facilities, markets, schools, churches, water points, these are areas where people often meet. The materials should be protected from destruction from rain, fire or people pulling them down. A space and noticeboard should be

created at health facilities at strategic space such as the waiting bay and reception where all materials are placed and issued.

4.2.2.6 Edutainment

Edutainment which is a blend of education and entertainment designed to engage and educate audiences simultaneously is a powerful behavior change strategy. Use of relatable characters and compelling storylines, these programs raise awareness of important issues and promote healthy behaviors. This approach is particularly effective in reaching large and diverse audiences who may be difficult to engage through traditional educational programs. Edutainment may be done in the form of skits, role play, drama, and short videos, stories, games, that are shared using Digital platforms such as Tik Tok, TV, radio and community meetings, and classroom setups.

4.2.3 Steps for conducting SBCC Interventions

Conducting social behavior change communication (SBCC) interventions involves a series of steps that must be carefully planned and executed. Here are some key steps to consider when conducting SBCC interventions;

- a) Identify the target audience
- b) Develop key messages
- c) Select communication channels
- d) Train communication agents
- e) Implement the intervention
- f) Monitor and evaluate the intervention
- g) Sustain the behavior change

These key steps can help promote positive behavior change and improve public health outcomes.

4.2.4 Channel selection criteria

Human beings are able to experience the world through their senses, including sight, hearing, smell, taste, and touch. Similarly, effective communication should aim to stimulate multiple senses in order to achieve the strongest impact. Utilizing multiple channels that complement each other is key to successful communication. Just as no single sense is superior to the others, there is no one "super-medium" that can achieve all communication goals. Instead, a combination of media is typically more effective in engaging audiences and conveying messages.

When selecting a channel for communication, there are several important factors to consider:

- a) **Complexity:** Should be taken into account while interpersonal communication is effective in many situations, it can be labor and cost-intensive.
- b) **Sensitivity:** Highly sensitive issues may not be suitable for mass media, and a more targeted approach may be necessary.
- c) **Cultural norms:** Cultural sensitivities should be considered to avoid causing offense when communicating outside of one's target group.
- d) **Audience profiles:** The literacy level of the audience is an important consideration, as low literacy levels may limit the use of print materials with extensive text.

- e) **Media habits and preferences:** Understanding the media habits and preferences of the intended audience can help in selecting the most appropriate channel for communication.
- f) **Desired reach:** Consideration should be given to the desired reach of the communication. Programs with a national or regional focus may require the use of mass media, while more targeted campaigns may be more effective using interpersonal communication.
- g) **Cost:** The cost of communication is an important factor to consider the most cost-effective means of reaching the intended audience should be chosen.

4.3 Designing and Implementing Effective Social Mobilization Interventions

4.3.1 Definition of Social mobilization

Social mobilization is a movement that engages people in achieving a specific development goal through self-reliant efforts. It involves all segments of society and seeks to facilitate change through complementary efforts, community involvement, and empowerment. It generates dialogue, consensus, and community participation for sustainability and self-reliance.

4.3.2 Community mobilization

This is the process of bringing together resources to achieve sustainable development, while social mobilization engages people in a movement to achieve a specific development.

4.3.3 Key strategies of social mobilization

Social mobilization involves building partnerships and networks, promoting community participation, and using media and special events to raise awareness. Key stakeholders and allies for social mobilization include decision-makers, opinion leaders, NGOs, media practitioners, private sector, communities, and individuals.

Steps for conducting effective social and community mobilization

Analyze and research the issue or problem.

Develop specific objectives for social mobilization.

Identify the target audience for wider participation and coalition building.

Maximize skills through partnerships by involving stakeholders and assigning roles and responsibilities.

Identify barriers to social and community mobilization and develop mitigation strategies.

Identify resources such as people, money, skills, information, and communication products.

Create an action plan with objectives, targets, activities, resources, responsible persons, timeframes, and expected outcomes.

Implement, monitor, and evaluate to measure progress towards achieving objectives and respond to emerging trends.

4.4 Designing and Implementing Effective Advocacy Interventions

Effective advocacy interventions require careful planning, strategic thinking, and a deep understanding of the issue and target audience.

4.4.1 Definition of advocacy

Advocacy is defined as a political process by an individual or group which aims to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions.

4.4.2 Key strategies of advocacy

Advocacy has various strategies such as media campaigns, public speaking, lobbying, and research publication, aimed at influencing policy makers and individuals to change laws, policies, and practices. The objectives of advocacy include raising resources, political and social leadership, and commitment for development action and goals, targeting people with influence at local, national and international levels. Advocacy strategies may involve negotiations, joint planning/review, lobbying, mass media campaigns, special events, and seminars.

4.4.3 Steps for conducting advocacy

- a) Define a specific issue and identify beneficiaries.
- b) Determine who has the power to address the issue and identify supporters and opponents.
- c) Develop a purpose and appropriate strategies.
- d) Create an action plan with objectives, targets, and expected outcomes.
- e) Identify necessary resources.
- f) Monitor progress, evaluate, and provide feedback to stakeholders.
- g) Utilize modern tools and technology for effective communication and mobilization.

4.5 Designing and Implementing Social Marketing Interventions

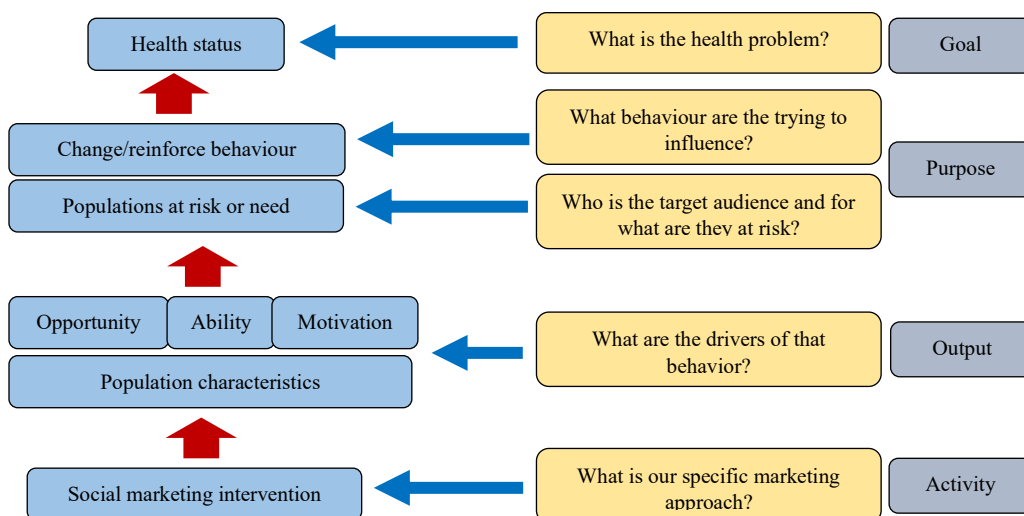
Designing and implementing effective social marketing interventions requires a thorough understanding of the target audience, their behavior, and the most effective communication channels to promote positive behavioral change.

4.5.1 Definition of social marketing

Social marketing is a strategic approach that applies marketing concepts and techniques to promote positive behavioral change among a specific target audience for the benefit of both individuals and society, using various communication channels to repeatedly convey messages aimed at influencing behavior.

4.5.2 Conceptual overview of Social Marketing

Planners need to have a conceptual overview of how a social marketing intervention works. Below is example of the Social Marketing framework:



4.5.3 Key characteristics of social marketing

- Social marketing focuses on the audience's needs and adapts to them.
- It uses analysis to create more satisfying exchanges for behavior change.
- Research informs program design, implementation, and monitoring.
- It uses all marketing "P's": product, price, promotion, and placement.
- It segments its audience into groups for tailored marketing.
- It monitors and evaluates program performance to measure delivery against objectives.

4.5.4 Steps in Social Marketing

A social marketing plan is essential to guide the process of designing, implementing, and evaluating a social marketing intervention, which involves three main steps:

- Designing the intervention,
- Implementation and social marketing interventions
- Monitoring and evaluating its effectiveness.

4.5.4.1 Designing a social marketing intervention

Step 1: Analyzing the current situation

This involves collecting and reviewing information about the health problem, population at risk, past successes and failures, internal strengths and weaknesses, and external challenges and opportunities. This step also includes creating a target audience profile, developing a positioning statement, and identifying strategic priorities.

The following are the steps in analyzing the current situation;

- Collect and review information on health problems, risk behaviors, and population at risk.
- Analyze past successes and failures of similar interventions.
- Analyze internal strengths and weaknesses, external challenges and opportunities.

- d) Identify strategic priorities based on analysis.
- e) Create a 1-page target audience profile.
- f) Develop a positioning statement for the brand.
- g) Limit strategic priorities to 3-5 for focus.

Step 2: Developing marketing objectives

It involves specifying what the social marketing plan/intervention hopes to achieve in regards to behavior, product, or service. To accomplish this, follow these steps:

- a) List all agreed-upon strategic priorities, define the intended outcome for each priority, identify other objectives that
- b) For each priority, put down what you hope to achieve with the marketing intervention.

Step 3: Identifying strategies to achieve objectives

The marketing mix should cover the brand, trade, pricing, and communication strategies. The strategies should be specific, measurable, achievable, and time-bound to ensure effective implementation.

Social marketing mainly uses the four **Marketing Ps** (Product, Price, Place and Promotion)

- a) Product strategies refer to products, Services or Behaviors – basically, anything that you are promoting in order to achieve a health impact. Check if affordable and accessible alternatives exist for your target audience before launching a new product/service. Branding and promotion may be necessary. Consider functional features and packaging that clearly communicates the product and facilitates ease of use.
- b) Place refers to where the customer can practice the behavior or purchase the product and service and the intermediaries or partners who can facilitate the exchange. Consider your audience and their purchasing behavior, place your product in the right location, merchandise it correctly, and optimize your brand mix.
- c) Price goes beyond just monetary considerations to include emotional or psychological incentives and barriers.
- d) Promotion basically refers to the communication planning and this strategy can only help you meet objectives that can be addressed through communication. Ensure that the communication planning process is followed

Step 4: Outlining research and work plans with respective budgets

This step enables you to specify all research needs necessary for planning, monitoring and evaluation of social marketing interventions. It stipulates the relevant set of activities to be carried out, indicating timelines and resources required. The following are the in outlining research and work plans with budgets;

- a) Outline research and work plans with budgets for social marketing interventions
- b) Develop an indicator table and identify information gaps during situation analysis
- c) Agree on necessary studies to be carried out
- d) Collect monitoring data, evaluation data, and other program-related information
- e) Clearly stipulate responsibility for activities in work plans
- f) Allocate project funds appropriately
- g) Implement activities according to set timeline
- h) Use Gantt charts to present work plans

- i) Base budget on activities and timing in work plan

4.5.4.2 Implementation of Social Marketing Interventions

Use a Gantt chart to guide in the implementation of social marketing intervention, adhering as much as possible to the set time lines

For Product 'P', implement changes/suggestions indicated in the marketing plan. This could be in regards to launching a new product/service, packaging, rebranding etc.

For Promotion 'P', follow the development a creative brief:

To implement communication interventions, develop and pretest communication concepts.

Develop a media strategy/plan and launch activation for mass media communication.

Finalize production of communication materials/products.

For interpersonal/community level interventions, develop an IPC strategy, recruit and train IPC personnel, then launch activities

4.5.4.3 Monitoring and Evaluation of Social Marketing Interventions

It's important to test new ideas/messages for relevance, acceptability, and ability to stimulate action. Pre-test/pilot-test specific executions of the chosen concept to confirm desired performance. Monitor/evaluate activities to make mid-course corrections or adjust marketing plans in response to changing market variables. Allow enough time for research, which could take 3-6 months, or more for national surveys.

5.0 SPECIAL HARD-TO-REACH, VULNERABLE, AND MARGINALIZED POPULATIONS

CHAPTER FIVE

This section highlights health communication guidelines for special, hard-to-reach, vulnerable, and marginalized populations. It is expected that health communication practitioners will be able to design interventions that respond to the needs of these populations.

5.1 Defining Hard to reach, vulnerable and marginalized populations

From a Health Communication perspective, these are individuals, groups, or populations that are difficult to engage or contact due to various factors including physical or geographic isolation, language barriers, cultural or religious differences, or lack of access to resources. They could also be those that are at an increased risk of experiencing adverse health outcomes due to factors such as poverty, age, race, gender, health status, or disability. These marginalized populations experience social exclusion or discrimination, often resulting in limited access to resources and services.

These groups include people with disabilities, those living in areas with poor infrastructure or affected by cultural, religious, or social factors, orphans and vulnerable children, street families, and those whose lifestyle choices are considered illegal or stigmatized such as Key population. Other hard-to-reach populations include those living in areas with high levels of civil unrest such as Internally Displaced Persons with limited access to healthcare, as well as migrant workers, minority groups, and nomadic communities. It is important to approach communication with these populations from a rights-based perspective that emphasizes inclusivity and engagement. It is crucial to avoid using language that may lead to stigmatization or judgment towards minority groups. Instead, communication strategies should aim to respect and understand the unique needs and perspectives of different communities.

5.2 Using Intersectionality Approach in Health Communication for special, hard-to-reach, vulnerable and marginalized populations

An intersectionality approach to health communication recognizes that individuals and communities hold multiple identities and that these identities intersect and interact with one another in complex ways. This means that health communication strategies must be designed with an understanding of the unique experiences and perspectives of different groups.

Intersectionality acknowledges that health disparities cannot be fully understood through a single lens, but rather through an understanding of the ways in which multiple factors, such as race, ethnicity, gender, sexual orientation, class, ability, and religion, interact to impact health outcomes. Health communication strategies that recognize these intersections can help to address health disparities and improve health outcomes for marginalized communities.

5.3 Designing Intersectional Health Communication Strategies

Designing effective health communication strategies requires consideration of the social and cultural contexts that shape health behaviors and beliefs. An intersectionality approach can help to ensure that communication strategies are tailored to meet the unique needs and perspectives of different communities.

When designing intersectional health communication strategies, it is important to:

- a) Acknowledge the diversity of identities and experiences within a community: Recognize that individuals within a community may hold multiple identities and that these identities may intersect in complex ways. Communication strategies should be designed to meet the unique needs and perspectives of different groups within the community.
- b) Address systemic barriers to healthcare access: Systemic factors, such as poverty, racism, and discrimination, can impact healthcare access and health outcomes. Communication strategies should aim to address these barriers by promoting policies and interventions that address systemic inequalities.
- c) Center the voices of marginalized communities: Health communication strategies should involve members of marginalized communities in the development and implementation process. This helps to ensure that communication strategies are culturally sensitive and designed to meet the needs and perspectives of the communities they serve.
- d) Use inclusive language and imagery: Use language and imagery that is inclusive and affirming of diverse identities and experiences. This can help to build trust and engagement with different communities.

An intersectionality approach to health communication recognizes the complex and interconnected nature of social identities and systems of oppression. By acknowledging these intersections, health communication strategies can be designed to meet the unique needs and perspectives of different communities and help to address health disparities. Health communication professionals should strive to center the voices and perspectives of marginalized communities in the development and implementation of communication strategies.

CHAPTER

SIX

6.0 COORDINATION

Coordination refers to the organized arrangement of activities, roles, and communication among different entities or teams to achieve a common goal. Coordination ensures that all actions are aligned, resources are efficiently used, and information is consistently communicated to the public.

6.1 National and County Coordination Structures

At both levels the roles of committees are focused on Messaging, Monitoring & Evaluation (M&E), Media, and Information, Education, and Communication (IEC) are pivotal in organizing efforts between the national and county levels. They ensure consistency in messaging, monitor the effectiveness of communication strategies, engage with media outlets, and develop IEC materials that educate and inform the public. Coordination between National and County Levels should be effective to streamline communication efforts, ensuring that accurate information reaches all parts of the country uniformly.

6.2 Factors to Consider in the Formation of Coordination Structures

1. Define clear objectives for the coordination structures to ensure all teams are working towards the same goals.
2. Include representatives from all relevant sectors and regions to ensure that the coordination structure is inclusive and considers the perspectives of all stakeholders.
3. Establish robust communication channels to facilitate the smooth flow of information between different levels and sectors.
4. Identify strong leadership and define accountability mechanisms to ensure that tasks are completed efficiently and that there is oversight.
5. Design coordination structures that are flexible enough to adapt to changing circumstances, especially during emergencies.
6. Ensure that resources (human, financial, and material) are allocated efficiently to support the coordination structure's activities.
7. Approval of messages should be done and owned at level of director responsible for public health.

6.3 Risk Communication and Community Engagement

Risk communication involves informing the public about potential hazards and the measures they can take to protect themselves. It's crucial during emergencies to prevent panic, reduce misinformation, and ensure the public knows what actions to take.

Messages must be clear, transparent, and easy to understand, which helps build public trust and ensures well-informed actions. Providing information promptly is vital in managing the

public's response to risks, preventing speculation, and reducing anxiety. Engaging with communities allows for a two-way flow of information, ensuring that messages are culturally and contextually appropriate.

Leveraging various platforms (traditional media, social media, community meetings, printed materials) ensures the message reaches all population segments. Establishing feedback mechanisms allows the public to ask questions and voice concerns, essential for addressing misinformation and clarifying doubts.

Risk Communication and Community Engagement (RCCE) is crucial during emergencies for communicating risks, managing public perceptions, and ensuring community engagement in the response.

During emergency, there are structured daily situation reports that are essential for updating the public on the emergency status, helping to manage public expectations, and informing decision-making.

IEC materials are essential for public awareness campaigns, educating the public on specific issues, promoting health and safety practices, and encouraging positive behavior change.

6.4 Approval and Communication Protocols

The Health Promotion Lead person provides technical expertise in all health communication processes and presents to the Directors General at national level or Director responsible for Public Health for approval. This is done for purposes of ensuring that all disseminated information is accurate, consistent with government policy, and reflective of the current situation. At National level, the Cabinet Secretary and the Principal Secretary are the designated Spokespersons for the Ministry and Director General is the technical lead. During emergencies the all-government approach is applied and various Ministries may make statements that concern their docket. It is essential that all information provided comes from verified, reliable sources to maintain public trust.

Crafting clear, concise, and culturally appropriate messages is key to effective public communication, especially during emergencies. The strategy should include guidelines for addressing misinformation and managing public concerns. Close coordination with media outlets ensures the accuracy and timeliness of information shared with the public, amplifying the message across various platforms.

7.0 HUMAN RESOURCE FOR COMMUNICATION

CHAPTER

SEVEN

7.1 Steps in human resource for communication

Step 1: Assign Responsibilities

Responsible for creating and disseminating messages, developing IEC materials, and engaging with the community through mobilization efforts. They also serve as the primary link between the health sector and media outlets.

These officers, often with specialized skills in digital communication, support HPOs by enhancing media engagement, including managing social media platforms and other digital channels.

Step 2: Messaging

HPOs craft clear and targeted messages for public health campaigns. These messages are tailored to address specific health concerns and are disseminated through various channels, including traditional media, social media, and community outreach.

Step 3: IEC Development

HPOs are responsible for developing Information, Education, and Communication (IEC) materials such as brochures, posters, and videos. These materials are designed to educate the public on health issues and encourage positive health behaviors.

Step 4: Community Mobilization and Engagement

HPOs organize community mobilization efforts, working directly with local leaders and groups to raise awareness, foster participation in health initiatives, and ensure that health messages resonate with the target population.

Step 5: Media Liaison

HPOs serve as the liaison between the health sector and media outlets. They ensure that accurate information is shared with the press and coordinate interviews, press releases, and other media engagements.

Step 6: Media Engagement Support

Designated ICT communication officers work alongside HPOs to strengthen media engagement strategies. This includes managing relationships with journalists, handling press releases, and ensuring that media coverage is accurate and supportive of health initiatives.

Step 7: Social Media Management

ICT communication officers manage the health sector's social media presence. They create content, monitor online discussions, respond to public inquiries, and use analytics to assess the impact of social media campaigns.

Step 8: Technical Support and Innovation

These officers also offer technical support for digital communication tools and platforms, ensuring that all online and digital messaging is effectively deployed. They may introduce new technologies or platforms to enhance outreach and engagement.

Step 9: Regular Coordination Meetings

Regular meetings between HPOs and ICT communication officers ensure alignment on messaging strategies, review progress, and address challenges. This collaboration is key to maintaining consistency across all communication channels.

Step 10: Continuous Feedback and Improvement

Both HPOs and ICT officers gather feedback from the community, media, and social media platforms. This information is used to adapt and refine communication strategies, ensuring that they remain effective and relevant.

CHAPTER

EIGHT

8.0 INFRASTRUCTURE FOR COMMUNICATION

Communication infrastructure refers to the physical and technological systems that enable the effective transfer of information between people. In the context of health promotion and education, this infrastructure is crucial for disseminating health messages, engaging with communities, and facilitating public health initiatives.

8.1 Key Components of Communication Infrastructure

a) Information and Communication Technology (ICT) Systems

- ✓ Computer networks and internet connectivity
- ✓ Mobile phone networks and SMS gateways
- ✓ Cloud-based communication platforms
- ✓ Data centers for information storage and processing

b) Broadcasting Equipment

- ✓ Radio transmission towers and studios
- ✓ Television broadcasting facilities
- ✓ Public address systems for community outreach

c) Print Media Infrastructure

- ✓ Printing presses for producing brochures, posters, and other IEC materials
- ✓ Distribution networks for print materials

d) Digital Display Systems

- ✓ Electronic billboards in public spaces
- ✓ Digital screens in healthcare facilities and public transport

e) Mobile Communication Units

- ✓ Vehicles equipped with PA systems and audiovisual equipment for community outreach

f) Telecommunication Networks

- ✓ Fiber optic cables for high-speed data transmission
- ✓ Satellite communication systems for remote area coverage

g) Community-Based Communication Centers

- ✓ Local information hubs equipped with computers, internet access, and communication tools

h) **Emergency Communication Systems**

- ✓ Early warning systems for public health emergencies
- ✓ Dedicated emergency communication networks

8.2 Maintaining and Upgrading Communication Infrastructure

- a) **Regular Maintenance** - Implement scheduled maintenance programs for all communication equipment and systems to ensure optimal performance.
- b) **Technology Updates** - Regularly assess and upgrade technology to keep pace with advancements in communication systems.
- c) **Capacity Building** - Train staff on the proper use and maintenance of communication infrastructure.
- d) **Backup Systems** - Implement redundancy in critical communication systems to ensure continuity during failures or emergencies.
- e) **Security Measures** - Implement robust cybersecurity measures to protect communication infrastructure from threats and breaches.

8.3 Leveraging Infrastructure for Effective Communication

- a) **Multi-Channel Approach** - Utilize various communication channels (radio, TV, print, digital) to reach diverse audiences.
- b) **Integration of Systems** - Ensure different communication systems can work together seamlessly for coordinated messaging.
- c) **Data Analytics** - Use data gathered from communication infrastructure to analyze the reach and impact of health messages.
- d) **Accessibility** - Ensure communication infrastructure is accessible to all, including those in remote areas and individuals with disabilities.
- e) **Scalability** - Design infrastructure that can be scaled up during public health emergencies or large-scale campaigns.

8.4 Future Trends in Communication Infrastructure

- a) **5G Networks** - Leveraging high-speed, low-latency 5G networks for real-time health communication and telemedicine.
- b) **Internet of Things (IoT)** - Using interconnected devices for more personalized and timely health messaging.
- c) **Artificial Intelligence** - Implementing AI for more targeted and efficient communication strategies.
- d) **Virtual and Augmented Reality** - Utilizing VR and AR technologies for immersive health education experiences.
- e) **Blockchain** - Exploring blockchain technology for secure and transparent health information sharing.

By investing in and effectively utilizing these communication infrastructure components, health promotion and education efforts can reach wider audiences more efficiently, ultimately contributing to better health promotion outcomes.

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