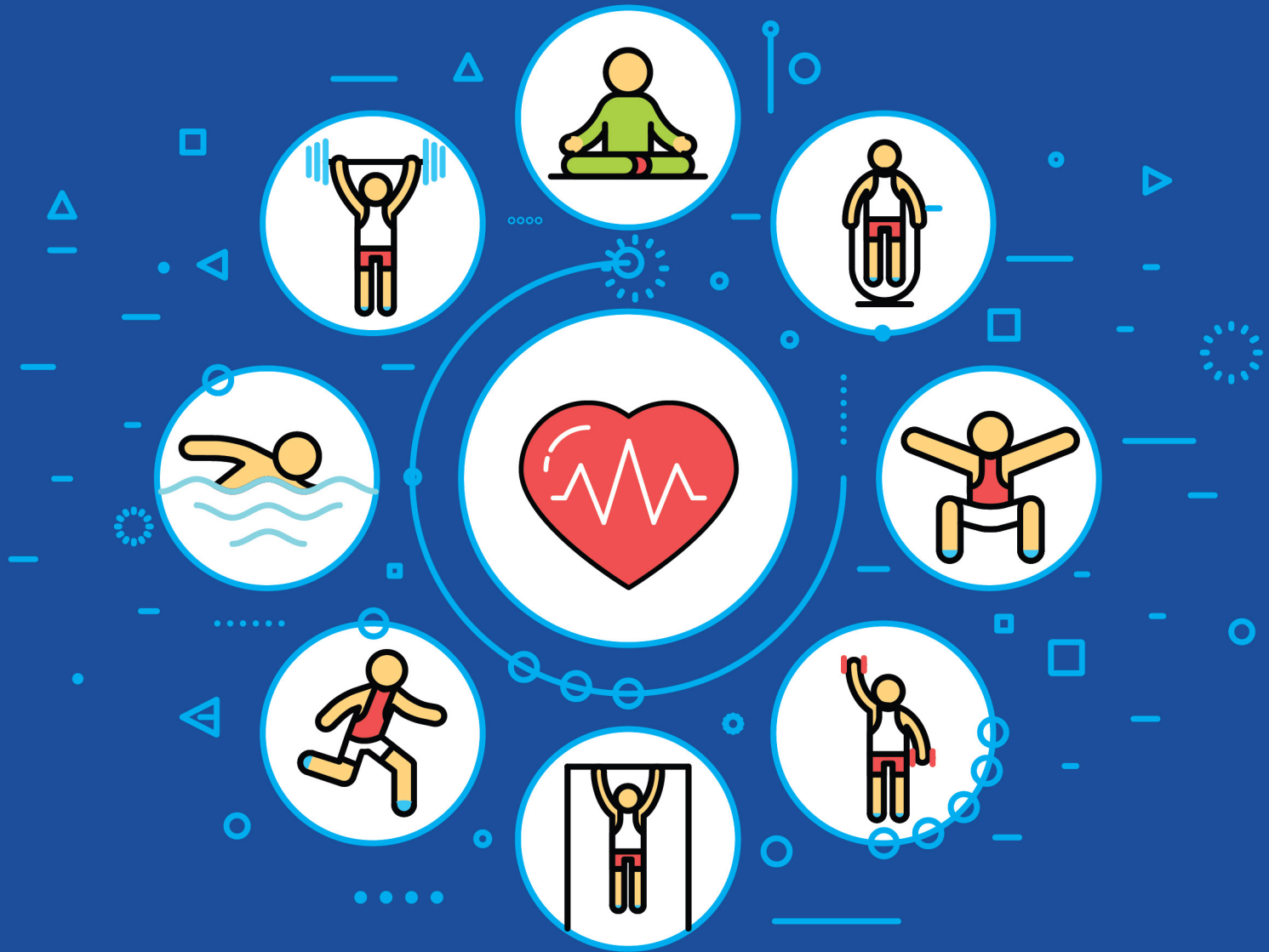




MINISTRY OF  
HEALTH



# Guideline on Physical Activity in Kenya

2025





**Guideline on Physical Activity in Kenya,  
1<sup>st</sup> Edition 2025.**

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

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## DEFINITION OF TERMS

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- **Active Environments:** Spaces designed to encourage movement, including walkways, parks, bike lanes, and recreational areas.
- **Active People:** Individuals of all backgrounds and abilities incorporating physical activity into their daily routines.
- **Active Society:** A society where cultural norms and social attitudes promote regular physical activity.
- **Active Systems:** Strong leadership and collaboration across sectors to develop and deliver effective physical activity programs
- **Aerobic Physical Activity:** Movement of the body's large muscles in a rhythmic way for a sustained period, improving cardio-respiratory fitness. Also called endurance activity (e.g., walking, running, swimming, cycling).
- **Cardiorespiratory Endurance:** The ability of the heart, lungs, and circulatory system to efficiently supply oxygen to working muscles during sustained physical activity.
- **Health-related Physical Fitness:** A physiological state of well-being that reduces the risk of hypokinetic disease and enhances participation in sports and daily tasks. Includes cardio-respiratory endurance, muscular strength, flexibility, and body composition.
- **Inclusive Physical Activity:** Programs and approaches that accommodate individuals of all ages, genders, abilities, and socioeconomic statuses.
- **Light-intensity Physical Activity:** Activities ranging between 1.5 and 3 METs, requiring minimal energy expenditure.
- **Metabolic Equivalent of Task (MET):** A measure of physical activity intensity, where one MET represents energy expended at rest.
- **Moderate-intensity Physical Activity:** Activity performed between 3 and less than 6 METs in intensity.
- **Muscle-strengthening Activity:** Physical exercises that improve skeletal muscle strength, power, endurance, and mass (e.g., strength training, resistance exercises).
- **Non-motorized Transport:** Human-powered transport such as walking, cycling, and skating as alternatives to vehicles.
- **Physical Activity:** Any bodily movement produced by skeletal muscles requiring energy expenditure, including walking, cycling, dance, gardening, and sports.
- **Physical Fitness:** A set of attributes enabling a person to perform physical activity successfully, with minimal strain and a margin of safety.
- **Physical Inactivity:** Insufficient activity levels that do not meet current physical activity recommendations.
- **Recreational Screen Time:** Time spent watching screens (TV, computer, mobile devices) unrelated to education, study, or work.
- **Sedentary Behaviour:** Waking behaviour characterized by an energy expenditure of 1.5 METs or lower while sitting, reclining, or lying.
- **Tailored Local Programs:** Community-based interventions designed to meet unique cultural, geographic, and demographic needs.

# LIST OF ABBREVIATIONS

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- ADHD Attention-Deficit Hyperactivity Disorder
- AWP Annual Work Plans
- CD4 Cluster of Differentiation 4 (immune function marker in HIV)
- CHP Community Health Promoters
- CIDP County Integrated Development Plans
- GAPP Global Action Plan for Physical Activity
- HIV Human Immunodeficiency Virus
- IPC Interpersonal Communication
- MET Metabolic Equivalent of Task
- MOH Ministry of Health
- NCD Non-Communicable Diseases
- PWD People with Disability
- PE Physical Education
- SDG Sustainable Development Goals
- UNCRPD United Nations Convention on the Rights of Persons with Disabilities
- UN United Nations
- WHO World Health Organization

## FOREWORD

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Physical inactivity is a leading risk factor for non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes mellitus, chronic obstructive pulmonary disease, obesity and mental health conditions. Its impact on health, productivity and national development is increasingly evident, especially as lifestyles become more sedentary across all age groups.

The Ministry of Health recognizes that promoting physical activity is essential to achieving our national health goals, the broader aspirations of Universal Health Coverage (UHC) and the Kenya Vision 2030. In response to this growing public health concern, the Ministry of Health has developed the Physical Activity Guidelines to provide a clear framework for action.

These guidelines provide evidence-based recommendations on physical activity for all age groups; from children to older persons, including special groups. They are designed to support individuals, families, communities, institutions and policymakers in integrating physical activity into daily routines and systems; at home, in schools, workplaces and public spaces.

The development of these guidelines reflects our commitment to halt and reverse the rising burden of non-communicable conditions as per the Kenya Health Policy 2014–2030 as well as implementing the World Health Organization’s Global Action Plan on Physical Activity 2018–2030, which calls for “More Active People for a Healthier World.”

We are equally committed to ensuring that the principle of equity and accessibility guides our national efforts so that no one is left behind.

A handwritten signature in blue ink, reading "Patrick Amoth".

**Dr. Patrick Amoth, CBS**

Director General for Health  
Ministry of Health

## PREFACE

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The Ministry of Health remains committed to promoting the health and well-being of all Kenyans by strengthening Primary Health Care (PHC) as the cornerstone for achieving Universal Health Coverage (UHC). Central to PHC is health promotion, empowering individuals and communities to take control of their health. Physical activity plays a vital role in preventing and managing non-communicable diseases (NCDs), enhancing mental health, and improving quality of life across all age groups.

As Kenya advances toward achieving UHC and the Sustainable Development Goals (SDGs), promoting regular physical activity has become more critical than ever in addressing growing public health challenges such as sedentary lifestyles, effects of rapid urbanization, and the increasing burden of NCDs. These Guidelines provide a standardized and practical framework to guide, harmonize, and strengthen physical activity interventions at the national, county, and community levels. It aligns with the Kenya Health Policy 2014–2030, Vision 2030, and the Constitution of Kenya (2010), which recognizes health, as a fundamental right and shared responsibility.

The guideline outlines strategic approaches for integrating physical activity into the workplace, health services, education, transport, to shape supportive policies, mobilize resources, and engage communities through inclusive, evidence-based approaches. It calls for multi-sectoral collaboration involving education, transport, sports, urban planning, and civil society to create enabling environments that support and sustain active living.

A handwritten signature in blue ink, consisting of a stylized 'G' followed by a series of loops and a long horizontal stroke extending to the right.

**Dr. Gondi Joel Odhiambo**

Head – Directorate of Primary Health Care  
Ministry of Health

# ACKNOWLEDGEMENT

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The Ministry of Health, through the Division of Health Promotion, sincerely acknowledges the collective efforts and valuable contributions of all stakeholders who supported the development of the *Guidelines on Physical Activity in Kenya – 1<sup>st</sup> Edition, 2025*.

This important publication is anchored on the national goal of promoting public awareness and fostering sustainable behaviour change towards regular physical activity, as a critical measure to prevent noncommunicable diseases (NCDs) and promote mental health and overall well-being. It also aims to strengthen multi-sectoral and multidisciplinary collaboration, ensuring that physical activity is integrated across all sectors.

These guidelines not only provide clear and actionable recommendations for promoting physical activity but also reinforce its role in addressing Kenya's rising burden of NCDs associated with sedentary lifestyles and enhancing mental health resilience, productivity, and quality of life.

We extend our deepest appreciation to our development partners, technical working groups, and contributors whose perspective and expertise shape the development of this guideline. Their technical input ensures that recommendations provided are not only evidence based but also acceptable, practical and adaptable for all at all ages regardless of their abilities.

We trust that this document will serve as a vital tool for policymakers, implementers, institutions, communities, and individuals while creating supportive and enabling environments for physical activity.

A blue ink signature of Gladys Mugambi.

**Gladys Mugambi**

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



## EXECUTIVE SUMMARY

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Physical inactivity has emerged as a pressing public health issue in Kenya, contributing significantly to the rising burden of non-communicable diseases such as diabetes, cardiovascular diseases, cancers and mental health disorders. These guidelines provide a clear, evidence-based roadmap for reversing this trend and enhancing national wellness targeting children, adolescents, adults, older persons, pregnant/postpartum women, persons with chronic conditions, and persons with disabilities.

According to Kenya's Non-Communicable Diseases (NCD) Strategic Plan 2021 to 2025, non-communicable diseases are a significant public health concern, accounting for approximately 39% of all deaths and disabilities nationwide. In addition to their high mortality rate, NCDs are also responsible for more than half of all hospital admissions, placing a considerable burden on the country's health system. Alarming, physical inactivity remains a key modifiable risk factor contributing to this growing health crisis.

Current data reveals that only about 20% of adolescents and roughly 50% of children in Kenya meet the World Health Organization's recommended physical activity levels. This trend is particularly concerning in the context of rapid urbanization, where the expansion of cities is often accompanied by poor urban planning and inadequate infrastructure. Unsafe roads, lack of accessible recreational spaces, and limited walkable environments discourage active lifestyles. Coupled with the rising prevalence of sedentary behaviors—such as increased screen time and reduced opportunities for outdoor play, these factors significantly worsen the state of physical inactivity, especially among young populations. Without deliberate, multisectoral interventions to promote active living, the burden of NCDs is likely to continue increasing, undermining both individual well-being and national development goals.

### Core recommendations by group

Population	Weekly Activity	Key Components
<b>Children/ Adolescents</b>	≥60 mins/day moderate- vigorous activity	Aerobic + muscle/bone- strengthening 3x/week
<b>Adults (18–64)</b>	150–300 mins moderate or 75–150 mins vigorous	Muscle-strengthening 2x/ week
<b>Older Adults (65+)</b>	Same as adults + balance/ functional training 3x/week	Fall prevention focus
<b>Pregnant/ Postpartum</b>	150 mins moderate activity	Avoid supine position after 1 <sup>st</sup> trimester
<b>Persons with Chronic Conditions</b>	Tailored to ability (e.g., 150–300 mins moderate)	Medical consultation advised
<b>Persons with Disability</b>	Individualized plans	Inclusive activities (e.g., adaptive sports)

### Universal Guidance

- Minimize sedentary time (especially recreational screen time).
- Start small and gradually increase activity.
- Any activity is better than none.

### Implementation Framework

- **Active Society** – Shift cultural norms via campaigns, education, and community events.
- **Active Environment** – Design safe public spaces (walkways, parks), promote non-motorized transport, and integrate activity into workplaces/schools.
- **Active People** – Deliver inclusive, age/ability-specific programs via schools, clinics, and communities.
- **Active Systems** – Strengthen policy coordination across health, education, transport, and urban planning sectors.

### Critical Actions

- **National/County Adoption** – Formalize guidelines into policies (e.g., school curricula, urban development plans).
- **Multi-Sector Collaboration** – Engage health, education, sports, transport, and private sectors.
- **Dissemination** – Use mass media, community outreach, and digital tools (campaign slogan: “Fanya tizi ishi poa” – “Be active, live well”).
- **Equity Focus** – Ensure accessibility for marginalized groups, persons with disabilities, women, and local communities.

### Expected Outcomes

- Reduced NCD prevalence and healthcare costs.
- Enhanced mental health, productivity, and quality of life.
- Sustainable, inclusive active-living environments.



## 1.0 CHAPTER ONE: INTRODUCTION

### 1.1 Background

Physical inactivity is a major global health concern, contributing to approximately 4.5 million preventable deaths annually. It is a modifiable risk factor for non-communicable diseases (NCDs), including cardiovascular disease, cancer, chronic respiratory disease, diabetes and mental health which together account for approximately 74% of global mortality. Promoting physical activity will offer numerous health benefits, impacting both physical and mental well-being and reducing the risk of NCDs and other diseases (Global Burden of Disease Study, 2021).

The World Health Organization (WHO, 2020) recommends at least 150 minutes of moderate-intensity aerobic activity per week for adults, and at least 60 minutes daily for children and adolescents. However, despite these guidelines, over 31% of adults and 81% of adolescents globally fail to meet the recommended activity levels. If current trends continue, physical inactivity could result in up to 500 million new cases of NCDs globally by 2030, with an estimated cost of US\$300 billion to health systems.

Sub-Saharan Africa is experiencing a rapid epidemiological transition marked by a projected 27% increase in NCDs by 2030, driven largely by urbanization, lifestyle shifts, and sedentary behavior. Rural adults engage in an average of 107 minutes of moderate to vigorous physical activity compared to

Physical inactivity is a major global health concern, contributing to approximately **4.5 million** preventable deaths annually.

Approximately **9%** of Kenyan adults are insufficiently active, with a higher prevalence among **women (11%)** compared to **men (7%)**. Among adolescents aged 12 to 17 years in 23 African countries, including Kenya, only **20%** meet the WHO recommended levels of physical activity.

only 62 minutes among the urban residents. Urban populations face growing barriers to physical activity, including increased motorization, poorly maintained sidewalks, unsafe pedestrian infrastructure and limited access to recreational facilities. Only 15–30% of African adolescents currently meet WHO physical activity guidelines, reflecting a widespread decline in movement among the youth. This regional shift not only heightens the risk of chronic diseases but also places a substantial burden on under-resourced health systems, diverting funds from other health priorities (WHO, 2022).

Kenya mirrors regional trends, with physical inactivity emerging as a significant public health issue contributing to rising NCD rates. Approximately 9% of Kenyan adults are insufficiently active, with a higher prevalence among women (11%) compared to men (7%). Among adolescents aged 12 to 17 years in 23 African countries, including Kenya, only 20% meet the WHO recommended levels of physical activity, while approximately 30% engage in sedentary behavior for three or more hours daily outside schoolwork (Global School-based Student Health Survey, 2021–2023).

The Kenya Report Card on Physical Activity (MOH, 2016), further highlights that only about half of children and adolescents achieve sufficient levels of physical activity. These trends are exacerbated by rapid urbanization, poor city design, increased screen time and limited infrastructure for active transport such as walking and cycling. School-based activity levels remain critically low, with only 12.6% of children in Nairobi meeting daily movement targets.

Physical inactivity contributes a significant proportion to health burden, with NCD-related hospital admissions accounting for more than 50% of inpatient cases nationally. Approximately 39% of all deaths in the country are due to NCDs. The four major NCDs: Cardiovascular diseases, Cancers, Diabetes and Chronic Respiratory Diseases comprise 57% of all the NCD deaths

(MOH, 2021). Despite the existence of the National Physical Activity Action Plan (2018–2023), challenges such as inadequate implementation, limited multisectoral coordination, pedestrian safety concerns and insufficient data monitoring continue to hinder progress (MoH, 2018).

In addition, NCDs cause a significant economic impact on households by a decrease of 28.6% in household income, spiralling families into a vicious cycle of poverty. According to the Kenya Non-Communicable Diseases and Injuries Poverty Commission Report (2016), interventions to mitigate the impact of NCDs would require 17% of total health expenditure, or \$11.97 per capita annually. Such interventions include inpatient and outpatient services for NCDs, comprehensive mental health, surgical, palliative care, rehabilitation services, as well as community and population-based prevention efforts (MOH, 2021).

Promoting physical activity yields significant benefits for both physical and mental health, including the prevention and management of non-communicable diseases. Furthermore, it enhances mood, cognitive function and overall quality of life. However, specific populations such as adolescents, older adults, women, individuals with lower socioeconomic or education levels, people with chronic conditions or disabilities and those living in urban areas face greater risk from sedentary lifestyles and limited opportunities for regular physical activity. Targeted health promotion strategies are therefore essential to address these disparities and promote equitable access to an active lifestyle for all.

## 1.2 Rationale

Kenya is experiencing rising incidence in non-communicable diseases (NCDs) placing immense strain on health systems, yet physical inactivity is a key modifiable risk factor, contributing to millions of preventable deaths each year. The guideline aligns with international commitments to which Kenya is

signatory, such as Sustainable Development Goals (SDGs) and WHO's Global Action Plan on Physical Activity, which aims at reducing premature mortality from NCDs. In Kenya, physical activity levels remain low, despite existing WHO recommendations and a national action plan. Rapid urbanization, inadequate infrastructure and lifestyle changes have worsened the situation.

The guideline will provide practical, evidence-based recommendations that support policy implementation, strengthened coordination across sectors and promotion of active and healthier communities, ultimately reducing the NCD burden and advancing public health and development goals.

### 1.3 Target Users

The guideline will provide policy direction and decision making at national and county levels. It will be implemented through Ministries of Health; Youth Affairs, Creative economy and sports; Gender, culture, arts and heritage; Education; Roads and Transport; Public Works, Housing and Urban Development; Labour and Social Protection; Interior and coordination of national government; Environment, Climate change and Forestry and Agriculture. In counties the implementation will be done in coordination with the council of governors. Other implementers include private sectors; Civil Society Organisations, Community Based Organisation, Trade Unions, development and implementing partners among others.

### 1.4 Goal

To empower individuals, communities and institutions to lead active and healthy lives through inclusive physical activity regardless of age or ability by providing a supportive environment.

### 1.5 Objectives

- To create public awareness and foster behaviour change towards regular

physical activity.

- To strengthen policy development, multi-sectoral and multidisciplinary collaboration and partnerships in promoting physical activity
- To give guidance on physical activities for all age groups including people with special needs

### 1.6 Guiding Principles

- **Equity and Inclusion:** Eliminate barriers to promote equal access to physical activity, ensuring that all individuals, regardless of age, gender, or ability, have inclusive opportunities to participate and thrive.
- **Evidence-based practice:** Physical activity initiatives will be informed by rigorous research and continuous monitoring, evaluation, and learning. Strategies and approaches will be designed, adapted, reviewed and refined to ensure accessibility, cultural relevance and sustainability, fostering practices that align with societal norms and daily activities.
- **Multi-Sectoral partnerships:** Strengthen collaboration across health, education, transport, urban planning, sports and other sectors by integrating physical activity into their policies and programs, establishing joint coordination structures, co-funding initiatives and sharing data and responsibilities to drive a unified national effort toward reducing inactivity and promoting healthier lifestyles.
- **Accessibility:** Promote the creation of a safe, affordable and supportive environment that empowers individuals, communities, institutions and workplaces to access and engage in physical activity
- **Acceptance and Sustainability:** Emphasize community engagement, participation, and culturally tailored, cost-effective approaches that promote long-term adoption of regular physical activity. By fostering sustainable practices, they aim to reduce sedentary behaviour and support lifelong health and well-being.



## CHAPTER TWO: PHYSICAL ACTIVITY RECOMMENDATIONS BY AGE GROUP AND RELATED HEALTH BENEFITS

The World Health Organization provides evidence-based public health guidelines on physical activity and sedentary behaviour for various age groups and subpopulations. These include children, adolescents, adults, older persons, pregnant, postpartum women, and individuals with chronic conditions or disabilities. The guidelines detail the recommended amount of physical activity (frequency, intensity and duration) required to achieve significant health benefits and reduce health risks.

### 2.1 Children 0-4 years

Physical activity is important to all children including those under 5 years of age,

irrespective of gender. It is associated with better motor and cognitive development, psychosocial (emotional regulation) and cardiometabolic health, bone and skeletal health and reduced risk of injuries. Caregivers of children with a disability or those with a medical condition, however, may seek additional guidance from a health professional.

Caregivers are advised to observe developmental milestones while engaging them in the activities that they are capable of performing safely.

Age Category	Suggested Activity
(Infants) less than 1 year	<p>Interactive floor-based play</p> <p>At least 30 minutes in prone position (tummy time) spread throughout the day while awake</p> <p>Encourage grasping, pulling and pushing, neck head and limb movement during daily routines, and during supervised floor play.</p>
1–2 years of age	<p>Spend at least 180 minutes in a variety of types of physical activities at any intensity, including light activities (e.g., standing, moving around) moderate to vigorous-intensity physical activity, spread throughout the day</p>
3–4 years of age	<p>Spend at least 180 minutes in a variety of types of physical activities at any intensity, of which at least 60 minutes is moderate- to vigorous intensity physical activity, spread throughout the day</p> <p>Introduce them to sports activity such as gymnastics, tennis, football etc</p>

### Sedentary Behaviour Recommendation

Sedentary behaviour is defined as time spent sitting or lying with low energy expenditure. For children of this age, it includes: Sitting or lying down while watching screens (TV, tablets, phones), being restrained in a stroller, high chair, or strapped on the caregiver's back for extended periods.

#### It is recommended that:

- Screen time is not recommended for children under 2 years. If introduced, it should be no more than 1 hour per day, and less is better.
- Children should not be restrained (e.g., in strollers, high chairs, or strapped on the caregiver's back) for more than 1 hour at a time.
- Encourage interactive, non-screen-based activities when sedentary, such as storytelling, singing, or puzzles.
- For those within 3 years and 4 years, caregivers should limit recreational

screen time to no more than 1 hour per day, again, less is better.

### 2.2 Children and Adolescents (5–17 years)

Children and adolescents have unique characteristics across several developmental domains, including physical, cognitive, emotional, and social growth. During childhood, significant improvements in physical growth and motor coordination occur. Adolescence is marked by rapid physical changes related to puberty, including growth spurts, the development of secondary sexual characteristics, and hormonal fluctuations.

Physical activity in this age group is associated with numerous health benefits, including: Improved physical fitness (both cardiorespiratory and muscular-skeletal), enhanced cardiometabolic health (blood pressure, cholesterol, glucose, and insulin levels), Improved mental health (Positive cognitive outcomes, improved self-esteem,

reduced symptoms of depression) and lower levels of adiposity (body fat). Other benefits include nurturing of talents and sportsmanship.

### Suggested Physical Activities

Category	Suggested Activity
<b>Cardiorespiratory Endurance</b>	<ul style="list-style-type: none"> <li>• Aerobic activities: Brisk walking/ walking uphill, Jogging, Running, jumping, cycling, swimming, dancing, and skipping rope, Household and gardening.</li> <li>• Active play: Engaging in playground activities or games with running/jumping.</li> </ul>
<b>Muscular Strength and Endurance</b>	<ul style="list-style-type: none"> <li>• Strength training: Resistance bands, weight machines, handheld weights</li> <li>• Bodyweight exercises: Push-ups, sit-ups, squats</li> <li>• Climbing/hiking: Playground or rocks</li> </ul>
<b>Flexibility</b>	<ul style="list-style-type: none"> <li>• Stretching: Regular routines</li> <li>• Dancing: Structured or unstructured</li> <li>• Yoga: Various forms that enhance flexibility and balance</li> </ul>
<b>Bone-Strengthening Activities</b>	<ul style="list-style-type: none"> <li>• Weight-bearing activities: Walking, cycling, and sports involving jumping or running</li> </ul>
<b>General Guidelines</b>	<ul style="list-style-type: none"> <li>• Activities should be age-appropriate, aligned with the child's skills and maturity level, and most importantly, safe and enjoyable.</li> </ul>

### It is recommended that

- Children and adolescents should engage in at least 60 minutes of moderate- to vigorous-intensity physical activity daily, most of which should be aerobic.
- Physical activities that strengthen muscles and bones should be incorporated at least three times per week.
- Inactive children and adolescents should begin with smaller amounts of physical activity and gradually increase the duration, frequency, and intensity to meet the recommended levels.

### Good Practice Statements

- Doing some physical activity is better than doing none.
- If children and adolescents are not meeting the recommendations, doing some physical activity will benefit their health.
- Children and adolescents should limit the amount of time spent being sedentary, particularly the amount of recreational screen time (tvs, tablets, phones, play stations)

## Sedentary Behaviour Recommendation

Sedentary behaviour is defined as time spent sitting or lying with low energy expenditure, while awake, in the context of educational, home, and community settings and transportation.

In children and adolescents, higher amounts of sedentary behaviour are associated with the following poor health outcomes: increased adiposity; poorer cardiometabolic health, fitness, behavioural conduct/pro-social behaviour and reduced sleep duration.

### It is recommended that:

- Children and adolescents should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.
- Children and adolescents can replace screen time through participation in household chores and helping around homes.

## 2.3 Adults (18–64 years)

Adults between the ages of 18 and 64 years complete the major phases of growth and development and enter a stage of physiological maturity. The individuals reach their maximum height, gain muscle mass, increase body fat, and attain full reproductive maturity. This life stage also includes key transitions such as joining the workforce, raising families, and experiencing shifting lifestyle demands, which often lead to increased sedentary behaviour and reduced time for physical activity.

In adults, physical activity provides numerous health benefits. It reduces the risk of cardiovascular disease mortality and lowers the chances of developing non-communicable diseases such as; high blood pressure, type 2 diabetes, and certain types of cancer. Regular physical activity can also improve mental health by reducing feelings of anxiety and depression. It also supports better brain function, improves sleep quality, and can help reduce body fat.

### Suggested Physical Activities

Category	Suggested Activity
<b>Cardiorespiratory Endurance</b>	<p>Aerobic Activity</p> <ul style="list-style-type: none"> <li>• Moderate-intensity: Brisk walking, Jogging, water aerobics, cycling, dancing, pushing a lawn mower, hiking</li> <li>• Vigorous-intensity: Running, Aerobic/ group activities basketball, soccer, cross-country.</li> </ul>
<b>Muscle-Strengthening Activities</b>	<ul style="list-style-type: none"> <li>• Exercises targeting major muscle groups: Push-ups, pull-ups, squats, lunges, lifting weights</li> <li>• Functional tasks: Household chores like lifting, carrying, or digging</li> </ul>
<b>Flexibility and Balance Activities</b>	<ul style="list-style-type: none"> <li>• Flexibility: Stretching, yoga, Pilates</li> <li>• Balance: Yoga, standing balance exercises</li> </ul>

### It is recommended that

- Adults should do at least 150– 300 minutes of moderate-intensity aerobic physical activity; OR at least 75–150 minutes of vigorous intensity aerobic physical activity; OR an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.

### For additional health benefits;

- Adults should also do muscle strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week.
- Adults may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week.

### Good Practice Statements

- Doing some physical activity is better than doing none.
- If adults are not meeting these recommendations, doing some physical activity will benefit their health.
- Adults should start by doing small amounts of physical activity, and gradually increase the frequency, intensity and duration over time.

### Sedentary Behaviour Recommendation

For adults, sedentary behaviour is defined as time spent sitting or lying with low energy expenditure, while awake, in the context

of occupational, educational, home and community settings, and transportation.

### It is recommended that:

- Adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity provides health benefits.
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults should aim to do more than the recommended levels of moderate - to vigorous intensity physical activity.

### 2.4 Older Adults (65+ years)

Older adulthood is a life stage marked by a natural decline in physiological function and lifestyle independence. As people age, they often experience reduced muscle mass and strength (sarcopenia), lower bone density, slower metabolism, decreased flexibility, and impaired balance and coordination. These changes increase the risk of falls, fractures, and loss of independence. Cognitive functions may also decline, and the risk of chronic conditions such as heart disease, arthritis, type 2 diabetes, and dementia tends to rise.

Regular physical activity offers numerous health benefits for older adults, supporting both physical and mental well-being. It helps maintain muscle strength and joint flexibility, essential for daily tasks. Physical Activity also improves balance and coordination, reducing the risk of falls. It also supports heart health and helps prevent or manage chronic diseases like diabetes, stroke, and certain cancers, and enhances mental health by easing depression and anxiety. Staying active can also boost cognitive function, improve sleep, increase energy levels, reduce dependency and encourage social interaction (helping to reduce loneliness and isolation, which are common in later life).

## Suggested Physical Activities

Category	Suggested Activity
<b>Cardiorespiratory Endurance</b>	<ul style="list-style-type: none"> <li>Aerobic Activity; Brisk walking, Jogging, Cycling Dancing, Swimming, Water aerobics, sports like soccer, basketball etc.</li> </ul>
<b>Muscle-Strengthening Activities</b>	<ul style="list-style-type: none"> <li>Strength training with resistance bands or weights- Bodyweight exercises (e.g., squats, lunges), Chair exercises, walking</li> <li>Functional; Household chores e.g. sweeping, social engagements e.g. playing with children</li> </ul>
<b>Flexibility and Balance Activities</b>	<ul style="list-style-type: none"> <li>Dynamic stretches, Single-leg stance- Standing with eyes closed</li> <li>Yoga, Pilates</li> </ul>

### It is recommended that

- Older adults should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.

### For additional health benefits;

- Older adults should also do muscle strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week
- As part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.
- Older adults may increase moderate intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous intensity activity throughout the week, for additional health benefits.

### Good Practice Statements

- Doing some physical activity is better than doing none.
- If older adults are not meeting the recommendations, doing some physical activity will bring benefits to health.
- Older adults should start by doing small amounts of physical activity, and gradually increase the frequency, intensity and duration over time.
- Older adults should be as physically active as their functional ability allows, and adjust their level of effort for physical activity relative to their level of fitness.

### Sedentary Behaviour Recommendation

For older adults, sedentary behaviour is defined as time spent sitting or lying with low energy expenditure, while awake, in the context of occupational, educational, home and community settings and transportation. In older adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality, and incidence of cardiovascular disease, cancer and incidence of type-2 diabetes

**It is recommended that:**

- Older adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

**2.5 Pregnant and Postpartum Women**

Pregnancy and the postpartum period involve significant physical, hormonal, mental and emotional changes. During pregnancy, women experience weight gain, changes in posture and balance, increased heart rate, and hormonal shifts that affect muscles, joints, and energy levels. After childbirth, the body begins to recover – hormones stabilize, tissues heal, and emotional changes may occur.

Engaging in regular physical activity during and after pregnancy is safe and highly beneficial when done under medical guidance. It improves cardiovascular fitness, supports healthy weight gain, and reduces the risk of conditions like gestational diabetes, pre-eclampsia, and high blood pressure. Physical activity also supports foetal movement, improves general health of the unborn baby, easy labour and delivery of a healthy baby. Physical activity can also ease discomforts such as back pain and swelling, and may lead to shorter labour and quicker recovery. After delivery, it helps manage weight, strengthens muscles, boosts mood, reduces postpartum depression and anxiety, and improves sleep quality.

Pregnant and postpartum women should be under the care of a health-care provider for antenatal and postnatal care who can advise on special considerations given their medical history and any contraindications to participating in physical activity during pregnancy or in the postpartum period.

**Suggested Physical Activities**

Category	Suggested Activity
<b>Safe Activities During Pregnancy and Postpartum period.</b>	<ul style="list-style-type: none"> <li>• Walking</li> <li>• Jogging</li> <li>• Cycling (outdoors or stationary bike)</li> <li>• Swimming</li> <li>• Water-based exercises (e.g., aquarobics)</li> <li>• Muscle-strengthening exercises (incl. pelvic floor exercises)</li> <li>• Lamaze</li> <li>• Yoga</li> <li>• Stretching</li> <li>• Gentle floor exercises</li> </ul>

**It is recommended that all pregnant and postpartum women without contraindication should:**

- Do at least 150 minutes of moderate intensity aerobic physical activity throughout the week for substantial health benefits.
- Incorporate a variety of aerobic and muscle strengthening activities. Adding gentle stretching may also be beneficial.
- Women who, before pregnancy, habitually engaged in vigorous intensity aerobic activity, or who were physically active, can continue these activities during pregnancy and the postpartum period.

**Additional safety considerations for pregnant women when undertaking physical activity are:**

- Avoid physical activity during excessive heat, especially with high humidity.
- Stay hydrated by drinking water before, during, and after physical activity.
- Avoid participating in activities which involve physical contact; pose a high risk of falling; or might limit oxygenation (such as activities at high altitude, when not normally living at high altitude).
- Avoid activities in supine position after the first trimester of pregnancy.
- When considering athletic competition, or exercising significantly above the recommended guidelines pregnant women should seek supervision from a specialist health-care provider.
- Pregnant women should be informed by their health-care provider of the danger signs alerting them as to when to stop; or to limit physical activity and consult a qualified health-care provider immediately should they occur.
- Return to physical activity gradually after delivery, and in consultation with a health-care provider, in the case of delivery by Caesarean section.

**Good Practice Statements**

- Doing some physical activity is better than doing none.
- If pregnant and postpartum women are not meeting the recommendations, doing some physical activity will benefit their health.
- Pregnant and postpartum women should start by doing small amounts of physical activity, and gradually increase frequency, intensity and duration over time.
- Pelvic floor muscle training may be performed on a daily basis to reduce the risk of urinary incontinence.

**Sedentary Behaviour Recommendation**

For pregnant and postpartum women, sedentary behaviour is defined as time spent sitting or lying with low energy expenditure while awake, in the context of occupational, educational, home and community settings and transportation

**It is recommended that:**

- Pregnant and postpartum women should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.

**2.6 People with Chronic Conditions**

People with Chronic conditions or disease are individuals who have long term health issues that last for 1 year or longer and may get worse over time. Chronic diseases tend to occur in older adults and can usually be managed but not cured. The most common types of chronic conditions are: Cancer,

Diabetes, Hypertension, HIV, Cardiovascular diseases, Arthritis and Mental illnesses such as Depression and Anxiety disorders.

Physical activity confers health benefits for adults and older adults living with the following chronic conditions: for cancer survivors – physical activity improves all-cause mortality, cancer-specific mortality, and risk of cancer recurrence or second primary cancer; for people living with hypertension – physical activity reduces cardiovascular disease mortality and disease progression, and improves physical function and health-related quality of life; for people living with type-2 diabetes – physical activity reduces rates of mortality from cardiovascular disease and indicators disease progression; and for people with HIV – physical activity can improve physical fitness and mental health (reduced symptoms of anxiety and depression), and does not adversely affect disease progression (CD4 count and viral load) or body composition.

### Suggested Physical Activities

Category	Suggested Activity
<b>Cardiorespiratory Endurance</b>	<ul style="list-style-type: none"> <li>Aerobic Activity; Brisk walking, Jogging, Running, - Cycling- Swimming- Dancing,</li> <li>Moderate Intensity; Walking, Water aerobics- Walking on a treadmill</li> </ul>
<b>Muscle-Strengthening Activities</b>	<ul style="list-style-type: none"> <li>Weight lifting- Resistance band exercises- Bodyweight exercises</li> </ul>
<b>Flexibility and Balance Activities</b>	<ul style="list-style-type: none"> <li>Yoga- Stretching</li> </ul>

### It is Recommended that:

- Adults and older adults with these chronic conditions should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous intensity activity throughout the week
- Adults and older adults with these chronic conditions should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week.

### For additional health benefits:

- As part of their weekly physical activity, older adults with these chronic conditions should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity on 3 or more days a week, to enhance functional capacity and prevent falls.
- When not contraindicated, adults and older adults with these chronic conditions may increase moderate intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous intensity activity throughout the week.

### Good Practice Statements

- When not able to meet the above recommendations, adults with these chronic conditions should aim to engage in physical activity according to their abilities.
- Adults with these chronic conditions should start by doing small amounts of physical activity and gradually increase the frequency, intensity and duration over time.
- Adults with these chronic conditions may wish to consult with a physical activity specialist or health-care professional for advice on the types and amounts of activity appropriate for their individual needs, abilities, functional limitations/ complications, medications, and overall treatment plan.
- Pre-exercise medical clearance is generally unnecessary for individuals without contraindications prior to beginning light- or moderate-intensity physical activity not exceeding the demands of brisk walking or everyday living.

### Sedentary Behaviour Recommendation

For cancer survivors, people living with hypertension, type-2 Diabetes and HIV, sedentary behaviour is defined as time spent sitting or lying with low energy expenditure while awake, in the context of occupational, educational, home and community settings and transportation. Sedentary behaviour was not included in the 2010 Global recommendations on physical activity for health. The scope of these new recommendations on sedentary behaviours applies to cancer survivors and those people living with hypertension, type-2 diabetes and HIV.

### For cancer survivors, and adults living with hypertension, type-2 diabetes and HIV, it is recommended that:

- Adults and older adults with chronic conditions should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults and older adults with chronic conditions should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

### 2.7 People with Disability

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) defines disability as a long-term physical, mental, intellectual, or sensory impairment that, in interaction with various barriers, may hinder full and effective participation in society on an equal basis with others. People with disabilities may require assistance to perform physical activities.

#### Children and Adolescents with Disability (aged 5–17 years)

Many of the health benefits of physical activity for children and adolescents, as set out in the section above, also relate to those children and adolescents living with disability. Additional benefits of physical activity to health outcomes for those living with disability include: improved cognition in individuals with diseases or disorders that impair cognitive function, including attention-deficit hyperactivity disorder (ADHD); improvements in physical function may occur in children with intellectual disability.

#### It is Recommended that:

- Children and adolescents living with disability should do at least an average

of 60 minutes per day moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic.

- Children and adolescents living with disability should do Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone should be incorporated at least 3 days a week.

### Good Practice Statements

- Doing some physical activity is better than doing none.
- If children and adolescents living with disability are not meeting these recommendations, doing some physical activity will bring benefits to health.
- Children and adolescents living with disability should start by doing small amounts of physical activity and gradually increase the frequency, intensity and duration over time.
- There are no major risks for children and adolescents living with disability engaging in physical activity when it is appropriate to an individual's current activity level, health status and physical function; and the health benefits accrued outweigh the risks.
- Children and adolescents living with disability may need to consult a health-care professional or other physical activity and disability specialist to help determine the type and amount of activity appropriate for them.

### Adults with Disability (aged 18 years and older)

Many of the health benefits of physical activity for adults, as set out in the section above, also relate to adults living with

disability. Additional benefits of physical activity to health outcomes for those living with disability include the following: for adults with multiple sclerosis – improved physical function, and physical, mental, and social domains of health-related quality of life; for individuals with spinal cord injury – improved walking function, muscular strength, and extremity function; and enhanced health-related quality of life; for individuals with diseases or disorders that impair cognitive function – improved physical function and cognition (in individuals with Parkinson's disease and those with a history of stroke); beneficial effects on cognition; and may improve quality of life (in adults with schizophrenia); and may improve physical function (in adults with intellectual disability); and improves quality of life (in adults with major clinical depression)

### It is Recommended that:

- Adults living with disability should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for substantial health benefits.
- Adults living with disability should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.
- As part of their weekly physical activity, older adults living with disability should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity on 3 or more days a week, to enhance functional capacity and prevent falls.

### For additional health benefits:

- Adults living with disability may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do

more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits.

### Suggested Physical Activities

Category	Suggested Activity
<b>Cardiorespiratory Endurance</b>	<ul style="list-style-type: none"> <li>• Walking: Including with assistive devices like wheelchairs or walkers</li> <li>• Adaptive Cycling: Modified bicycles for low-impact workouts</li> <li>• Aquatic Exercise: Water-based (as appropriate)</li> </ul>
<b>Flexibility and Range of Motion</b>	<ul style="list-style-type: none"> <li>• Stretching and Yoga: Reduces stiffness and alleviates pain</li> <li>• Adaptive Yoga: Modified poses for persons with disabilities</li> </ul>
<b>Strength Training</b>	<ul style="list-style-type: none"> <li>• Resistance Bands: Low-impact strength building</li> <li>• Weight Training: Modified machines or resistance bands for targeted strength</li> <li>• Bodyweight Exercises: Modified push-ups and squats</li> </ul>
<b>Balance and Coordination</b>	<ul style="list-style-type: none"> <li>• Dynamic stretches, Single-leg stance- Standing with eyes closed</li> <li>• Yoga, Pilates</li> </ul>

### Sedentary Behaviour Recommendation

For children, adolescents and adults living with disability, sedentary behaviour is defined as time spent sitting or lying with low energy expenditure, while awake, in the context of educational, home and community settings, and transportation. It is possible to avoid sedentary behaviour and be physically active while sitting or lying, for example through, upper body led activities, inclusive and/or wheelchair-specific sport and activities.

#### It is recommended that:

- Children and adolescents with disability should limit the amount of time spent being sedentary, particularly the amount of recreational screen time
- Adults with disabilities should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults with disability should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.



## 3.0 CHAPTER THREE: IMPLEMENTATION FOCUS AREAS

### 3.1 Introduction

The World Health Organization's Global Action Plan on Physical Activity (GAPPA) 2018–2030 provides a blueprint for reducing physical inactivity through four strategic pillars. In Kenya, these pillars align with constitutional mandates, national policies, and county level responsibilities to foster equitable access to active living. This section outlines actionable steps for national and county governments, alongside private sector partners, to integrate physical activity into daily life by addressing social norms, infrastructure gaps, program accessibility, and governance systems.

#### Focus Areas

- **Create an Active Society** – Shaping social norms and attitudes
- **Create an Active Environment** – Designing safe, inclusive spaces for movement in urban and rural areas.
- **Create Active People** – Delivering tailored programs for all ages and abilities.
- **Create Active Systems** – Strengthening policy, funding, and multisectoral coordination.

Effective implementation of Kenya's physical activity agenda requires coordinated action across stakeholders. The national and county government need to establish policy frameworks, allocate funding, and coordinate multisectoral collaboration to align physical activity promotion with Kenya's health and development goals. The investment by national and county governments, private sectors and organization in infrastructure projects, such as walkable pathways, cycling lanes, inclusive playgrounds, workplace wellness initiatives, sports facilities, sponsor community and youth programs and development of innovative digital tools to track and incentivize participation in physical activity boosts the efforts of physical activity adoption and implementation across the country.

### 3.2 Create an Active Society

Creating an active society requires a shift in attitude, public perceptions and cultural norms to embrace physical activity as a valuable, routine, and desirable part of daily life. In Kenya, this entails targeted communication strategies, mass media campaigns, and community engagement efforts that highlight the health, social, and economic benefits of physical activity.

The goal is to foster a cultural paradigm shift where physical activity is valued, encouraged, and integrated into daily life.

### Recommendations

- Advocacy and awareness creation. Normalize physical activity as a cultural priority. This will require launching nationwide campaigns to shift perceptions of physical activity from a luxury to a daily necessity and organizing cultural festivals, inter-ward sports leagues, and public dialogues to celebrate active lifestyles.
- Capitalize on world commemorated days like world physical activity day and other health days.
- Integrate physical activity messaging into the school curriculum and co-curricular activities, and activity-friendly policies into workplaces, such as standing desks and walking meetings.
- Address myths, culture, norms and misconceptions that discourages physical activity

### 3.3 Create an Active Environment

An enabling environment is key in supporting active lifestyles. This pillar focuses on designing and maintaining safe, accessible, and inclusive public spaces that encourage regular physical activity through cycling, recreational activities, and active walking.

#### Recommendations

- Prioritizing the integration of physical activity into urban planning and development, transport systems, school design, public infrastructure including safety and security of users
- Provide accessible, safe, secure, user friendly and maintained spaces on pedestrian walkways, footbridges, underpasses, cycle lanes, bicycle parking lots, playgrounds, sports facilities and recreational parks. This will promote non-motorized transport (NMT) with consideration of young children, people with disabilities (PWD's) and the elderly to

ensure no one is left behind in the journey to improved health and well-being.

- Reclaiming and restoring public amenities and spaces such as play or sports ground, community halls, roads and walkways should be prioritized in government planning and development budgets. These efforts should be complemented by community led initiatives to promote physical activity, foster cohesion, and enhance environmental and ecological health.

### Physical activities in different settings:

#### 3.3.1 Home

The purpose is to ensure reduced sedentary lifestyle at home setting both in the rural and urban areas especially for the older population and children. The home should be promoted as a practical and sustainable environment for physical activity. Simple, routine-based movement can significantly boost health and wellbeing.

#### Recommendations

- Promote children's participation in age-appropriate home chores and play activities by creating safe playgrounds and social amenities including, utilizing verandas etc.
- Reduce passive screen time and opt for active movements such as dancing, games, and interactive -friendly physical challenges.
- Designate a space for kitchen gardening for persons within the households to promote movement.
- Create spaces and provide required equipment for members to participate in indoor and outdoor activities e.g. setting up gyms at home, use furniture creatively – stairs for step-ups, walls for wall sits, chairs for squats and desk stretches.
- Allocate time with the household chores for participating in enjoyable physical activity within homes

### 3.3.2 Workplace

This aims at promoting Physical activity in workplaces as an intervention to prevent NCDs and promote a healthier lifestyle.

#### Recommendations

- Provide Conducive spaces at work places for physical activity such as gyms.
- Have daily reminders for physical activity
- Encourage walking, cycling, or parking further from entrances.
- Promote short stretches, desk exercises, and 5–10-minute activity breaks during long sitting periods.
- Advocate for incorporation of physical activity into daily workplace routine like walking or standing meetings where practical.
- Ensure stairwells are well-lit, safe, and promoted as the preferred option over elevators.
- Provide workers with regular information on the health benefits of physical activity, and reminders to stay active.
- Provide inclusive sports and activity options for Persons with Disabilities (PWDs) in all workplace wellness initiatives.
- Ensure workplace design supports activity – e.g., walking paths, open spaces, access to nearby fitness resources, clean showers, changing rooms and bike parking areas.

### 3.3.3 Learning Institutions

Schools and learning institutions are powerful drivers of lifelong behaviour. Embedding physical activity into daily learning helps improve not only health, but also concentration, mental well-being, and academic performance.

#### Recommendations

- Mandatory quality PE sessions as part of the formal curriculum across all levels of education.
- Integrate short practical physical activity

sessions during and between lessons to keep learners alert and energized.

- Support structured sports, clubs, and active recreation beyond classroom hours.
- Promote safe walking and cycling routes to and from school, especially in collaboration with parents and local authorities.

### 3.3.4 Community

Communities play a critical role in normalizing and sustaining physical activity. By promoting inclusive group-based activities and integrating movement into daily community life, we can build a vibrant culture where being active is the norm..

#### Recommendations

- Promote community-based walking, jogging, and running groups, aerobics classes, dance sessions, or local sports leagues and tournaments that cater to all ages and abilities.
- Use existing social groups (e.g., church groups, youth groups, women's associations) to integrate physical activity sessions into their regular meetings.
- Encourage local participation in national and international awareness days (e.g. World Physical Activity Day) through fun runs, health walks, and fitness events.
- Promote physical activity in a way that is culturally relevant, respectful, and acceptable within specific community contexts.
- Designation of safe and accessible community recreational spaces for members to participate in physical activities.

### 3.3.5 Public Spaces

Public spaces, trails, community centers, and urban transport routes must be designed and promoted as safe, accessible, and attractive zones for movement. This builds an enabling environment for physical activity.

## Recommendations

- Make accessible public parks, open fields, and community centers for use by the public for walking, playing, and exercising.
- Expand and maintain walkways, bike lanes, and safe crossings to encourage walking and cycling for daily transport (to school, work, or market).
- Enhancement of safety features within the public spaces, public parks, and open fields and recreational centers e.g. through adequate lighting and CCTV systems installation.
- Host physical activity events in public spaces to raise awareness and boost community participation such as car-free days or mass aerobics.
- Integrate physical activity-friendly design into urban development policies with lighting, signage, and accessibility that promotes safe, active public space use.

### 3.4 Create Active People

To build a healthier, more resilient nation, physical activity must be made accessible and inclusive for everyone regardless of age, ability, gender, or geography. This requires designing tailored, community-driven programs that meet people where they are from childhood to older age, from cities to rural communities.

## Recommendations

- Encourage daily involvement in house chores like cleaning, gardening, or washing and turn routine tasks into sources of physical activity.
- Communities, schools, and healthcare providers should deliver age- and ability-appropriate physical activity opportunities through support groups, PE classes, health referrals, and public education.
- Invest in safe, accessible parks, open spaces, and recreation centers to support both structured and unstructured activity for all groups.

- Encourage public, family-friendly activities that promote lifelong habits and engage both youth and older adults.
- The Ministry of Education should ensure daily PE in schools with trained staff
- Healthcare workers should prescribe physical activity as part of chronic disease management, supported by referral pathways to local programs.

### 3.5 Create Active Systems

Building a physically active nation requires more than programs, it needs systems that work together, support each other, and scale up change. Strong governance, smart policies, and intersectoral action are the foundation for making physical activity a sustainable national priority.

## Recommendations

- Engage key sectors including health, education, transport, urban planning, sports, labour, and environment to co-design and implement cross-cutting physical activity policies.
- Develop enabling environments that naturally promote movement including walkable cities, safe bike lanes, accessible parks, and fitness-friendly public spaces.
- Implement proven programs in schools, workplaces, and communities, ensuring all actions are backed by research, monitored, and refined for impact.
- Use strategic communication, public campaigns, and grassroots mobilization to make physical activity a normal, visible, and celebrated part of everyday life.
- Ensure that transport systems are designed to enable people to safely access schools, workplaces, markets, and other social amenities enabling walking and cycling options as daily routine.
- Integrate physical activity into other sector policies
- County and national governments, in collaboration with civil society and the private sector, should co-fund grassroots efforts including school sports, local tournaments, and adaptive programs for people with disabilities.



## 4.0 CHAPTER FOUR: ADOPTION, DISSEMINATION AND ADVOCACY

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This chapter outlines the strategic pathways for ensuring the successful uptake, wide dissemination and sustained advocacy of the guidelines. It highlights the key components necessary to embed the guidelines into national and county systems, drive stakeholder engagement and influence behavior change across all levels of society.

### 4.1 Adoption

The adoption of the Physical Activity Guideline is critical in addressing the growing burden of non-communicable diseases (NCDs), mental health issues, obesity and sedentary lifestyles. To ensure that the Guidelines are embraced and integrated across various sectors and regions of Kenya, a deliberate and strategic approach should be adopted.

### 4.2 Integration

To effectively integrate physical activity into national and county development frameworks, it is essential to embed physical activity considerations into policies, programs and practices across all sectors. Incorporating physical activity into sectoral and intersectoral policies ensures that the promotion of active lifestyles becomes a routine part of how systems operate.

### 4.3 Dissemination

To ensure broad understanding, acceptance and effective implementation of the Physical Activity Guidelines, a comprehensive dissemination plan has been developed. This plan aims to promote widespread awareness of the guidelines, support practical uptake and integration across multiple sectors and drive public engagement and behaviour change towards regular physical activity.

## Target Audiences and Strategies

To effectively promote the adoption of these guidelines, it is essential to tailor communication and engagement approaches to the unique needs, roles, and influence of different stakeholders. This table outlines the key target audiences and the strategies that will be employed to reach, engage, and empower them in embracing physical activity initiatives.

Audience	Objectives	Key Strategies	Channels
<b>Policy Makers (Health, Education, Sports, Roads, Transport, Urban Planning)</b>	Drive cross-sector policy alignment and funding	Policy briefs, strategic roundtables, incorporate into County Integrated Development Plans (CIDPs) & Annual Work Plans (AWPs)	Government portals, official memos, inter-ministerial meetings
<b>County Governments</b>	Customize and implement guidelines	County workshops, integration into CIDPs, community events	County gazettes, barazas, local media
<b>Health Workers &amp; CHPs</b>	Embed in routine care and community outreach	Training sessions, CPD courses, Community Health Unit forums	Health facilities, CHP forums, mobile messaging
<b>Educators, Fitness instructors, Curriculum Developers &amp; Schools</b>	Promote PE and daily activity in schools	Effective implementation of physical education curriculum, PE teacher training, co-curricular support.	MOE platforms, school circulars, head teacher meetings, P.E Teachers Training Manuals
<b>Workplaces</b>	Foster active work environments	Develop and disseminate workplace wellness policies, walking meetings, standing desks, exercise breaks	HR briefings, employee handbooks, internal communication
<b>General Public</b>	Motivate behaviour change	Mass media campaigns, SMS alerts, community events	Radio, TV, social media, print (posters, flyers), churches, social gatherings
<b>Youth &amp; Sports Organizations</b>	Engage youth in lifelong regular physical activity habits	Sports club toolkits, youth peer educators, IEC materials (infographics)	Community social Halls, sports federations

Audience	Objectives	Key Strategies	Channels
<b>Special Populations (PWDs, pregnant women, older adults, psychosocial disorders)</b>	Engage youth in lifelong regular physical activity habits	Sports club toolkits, youth peer educators, IEC materials (infographics)	Community social Halls, sports federations

### Target Audiences and Strategies

Phase	Timeframe	Activities
<b>Phase 1: Launch &amp; National Endorsement</b>	Q4 2025/2026	Ministerial directive, national press release, stakeholder briefings, Media engagement
<b>Phase 2: County Rollout</b>	Q1-Q2 2026/2027	County TWG formation, training of implementers, county stakeholder engagement.
<b>Phase 3: Public Engagement Campaign</b>	Q3-Q4 2026/2027	Media engagement, school-based programs, community mass physical activity events, workplace initiatives.
<b>Phase 4: Monitoring and Evaluation</b>	Q1-Q4 2026/2027	Continuous capacity building, M&E, guideline updates

### Monitoring & Evaluation

To ensure effective implementation of these guidelines, a robust Monitoring and Evaluation (M&E) framework will be applied to track progress, identify gaps, and guide continuous improvement. The M&E approach will combine routine data collection, periodic assessments, and feedback mechanisms to provide a comprehensive picture of performance at all levels. Key indicators will include;

#### a) Input Indicators

- Proportion of counties with budget lines for physical activity promotion.
- Number of policies/strategies/guidelines developed to support active transport, workplace wellness, school PE, community wellness and recreation centres.
- Number of health workers, CHPs and champions trained on physical activity promotion.

#### b) Process Indicators

- Number of community campaigns and awareness sessions conducted on physical activity.

- Number of schools implementing at least minimum hours of quality PE per week as verified through Ministry of Education school audits.
- Number of workplaces with structured physical activity/wellness programs.
- Proportion of urban planning initiatives integrating safe walking and cycling infrastructure.

### **c) Output Indicators**

- Number of people reached through community awareness programs.
- Number of facilities/sectors implementing physical activity interventions
- Proportion of CHPs routinely counseling households on physical activity.

### **d) Outcome Indicators**

- Proportion of adults meeting WHO-recommended physical activity levels (150 min/week moderate or 75 min/week vigorous).
- Proportion of adolescents achieving at least 60 minutes of moderate-to-vigorous physical activity daily.
- Prevalence of sedentary behavior among adults and children.

### **e) Impact Indicators**

- Reduction in prevalence of overweight, obesity, and non-communicable diseases (NCDs) linked to physical inactivity.
- Improvement in quality of life and wellbeing scores at population level.
- Reduction in healthcare costs associated with physical inactivity.

To effectively measure the indicators, the Division will ensure;

- i. Inclusion of physical activity indicators in KHIS
- ii. Periodic surveys on physical activity behaviours
- iii. Feedback from CHPs and county health teams
- iv. Mainstream and social media analytics for campaign reach
- v. Development of community score card on physical activity implementation
- vi. HR Key performance Indicators

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- Amos Ndenge Kilifi County
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