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Ministry of Health

NATIONAL NON - COMMUNICABLE DISEASES ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION FRAMEWORK

2025 -2030



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Contents

List of tables	**iii**
List of figures	**iii**
Foreword	**iv**
Acknowledgments	**v**
Executive summary	**vi**
List of abbreviations	**vii**
Definition of key concepts	**viii**
Chapter One: Background	1
1.1 Global burden of NCDs: global, regional and national	2
1.2 Role of ACSM in NCD control	3
1.3 Principles of ACSM in NCD control	4
1.4 Purpose of the framework: justification, target audience, scope	5
Chapter Two: The Framework for Action	6
2.1 Strategic goal	7
2.2 Thematic areas/pillars	7
2.2.1 Fostering meaningful engagement of people with NCD lived experience and their communities	7
2.2.2 Harnessing community-level structures to drive NCD ACSM	8
2.2.3 Building National and County level capacity for ACSM	10
2.2.4 Fostering ACSM partnerships, financing and resource mobilization	11
2.2.5 Ensuring political commitment and accountability in Advocacy, Communication, and Social Mobilization (ACSM)	11
2.2.6 Learning, adapting and building good ACSM practices	13
Chapter Three: Implementation Framework, Monitoring, Evaluation, Accountability and Learning	**15**
3.1 Assessing ACSM capacities/inputs	16
3.2 Assessing delivery of ACSM outputs	17
3.3 Outcome indicators	19
3.4 Impact indicators	20
3.5 Implementation matrix	22
3.6. Dissemination, adoption and implementation plan	34
3.7. Implementation risks and mitigation strategies	35
Chapter Four: Costing and resource mobilization plan	**36**
4.1 Context	37
4.2 Costing approach	37
4.3 Resource needs for implementing the framework	37
4.4 Resource mobilization strategies	38
References	**40**
Annexes	**42**
Annex 1: Assessing ACSM capacities for NCDs	42
Annex 2: Checklist for planning NCD ACSM activities	44
List of External Reviews	**47**
List of contributors	**48**

List of tables

Table 1: Input indicators	16
Table 2: Output indicators	17
Table 3: Outcome indicators	19
Table 4: Impact indicators	20
Table 5: Implementation matrix	22
Table 6: Dissemination, adoption and implementation plan	34
Table 7: Financing needs, summarized per thematic area and implementation year (KES)	37
Table 8: Financing needs, summarized by thematic area and objectives (KES)	37
Table 9: Resource mobilization strategy	38

List of figures

Figure 1: Proportion of deaths from NCDs, by county (Source: Global Burden of Disease, 2021)	2
Figure 2: Key facts about NCD in Kenya	3
Figure 3: Pillars of the NCD ACSM Framework, 2025-2030	7
Figure 4: Framework for meaningful engagement of persons living with NCDs	7
Figure 5: Structure of the Kenya Community Health Services	9
Figure 6: Key NCD control stakeholders in Kenya (Source: NCD Strategic Plan 2020/21-2025/26)	10
Figure 7: Advocacy cycle	12
Figure 8: The eight steps of Strategic Advocacy Planning	13

Foreword



Dr. Patrick Amoth, CBS

Non-communicable diseases (NCDs) represent one of the most pressing health challenges facing Kenya today. These diseases, including cardiovascular diseases, cancers, diabetes, chronic respiratory illnesses, haemoglobinopathies and chronic renal diseases, not only compromise health but also place immense strain on our healthcare system and national economy. Addressing NCDs is not just a health priority; it is a national development imperative.

This Advocacy, Communication, and Social Mobilization (ACSM) Strategic framework is a testament to Kenya's commitment to reversing the tide of NCDs through coordinated, multi-sectoral efforts. The strategy underscores the importance of raising awareness, fostering community engagement, targeted communication campaigns, strategic advocacy and influencing policy to create an environment that promotes and sustains healthy lifestyles. It recognizes that effective NCD prevention and control requires collaboration across government sectors, civil society, private sector, media, and communities.

Kenya's ACSM strategy is grounded in evidence and informed by best practices from both local and international contexts. It aligns with global frameworks such as the World Health Organization's Global Action Plan for the Prevention and Control of NCDs as well as national policies including the Kenya Health Policy and the Kenya National Strategy for the Prevention and Control of NCDs. This alignment ensures coherence, reinforcing existing efforts while creating new opportunities for ACSM activities. It also promotes the integration of NCD interventions into primary healthcare, aligning with the principles of Universal Health Coverage (UHC).

The development of this strategy has been driven by a participatory process, bringing together diverse voices from across sectors. It reflects the input of healthcare professionals, people with lived experiences, community leaders, policymakers and development partners. This inclusive approach not only enhances the relevance of the strategy but also fosters a sense of collective ownership and responsibility. The success of this strategy will be measured not only by ACSM outcomes but also by the extent to which it galvanizes national and community-level action. A robust monitoring and evaluation framework is embedded within the document, enabling continuous learning and adaptation.

Together, we can create a healthier Kenya, where every individual has the opportunity to lead a long, fulfilling life free from the preventable burden of non-communicable diseases.

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Acknowledgments



Dr. Issak Bashir

Developing the first National NCD Advocacy, Communication and social mobilization framework has been a demanding but enriching experience. The Ministry of Health acknowledges with deep appreciation the contributions made by ministries, departments and agencies (MDAs); county governments, development partners, civil society organizations (CSOs), religious organizations, faith-based organizations (FBOs), the private sector, Persons Living with NCDs.

We thank the leadership of the Ministry of Health for their support especially the office of the: Cabinet Secretary, Principal Secretaries, Director General of Health, Director of Family Health, whose guidance led to the successful development of the Strategy.

Special thanks to the Division of Cancer and NCDs, who provided strategic leadership in the development process; led by Dr. Gladwell Gathecha, with the support of Dr. Elizabeth Onyango, Dr. Joan-Paula Bor, Dr. Lucy Musyoka, Dr. Yvette Kisaka, and Emmanuel Sigei.

We would also like to express our sincere gratitude to the team of Consultants; the Lead Consultant, Dr. Valerian Mwenda and the Thematic Consultant, Dr. Martin Mwangi, for providing technical support for the development of the document.

In a special way, we wish to convey our gratitude to World Diabetes Foundation and Diabetes Management and Information Center for the financial support to develop the framework. Sincere thanks to Non-Communicable Diseases Alliance of Kenya (NCDAK) who effectively coordinate the development process. We further recognize and acknowledge the contributions of many others, not mentioned, but whose support was critical in achieving the overall success of the process. To them, we are indeed grateful.



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Executive summary



Dr Gladwell Gathecha

This framework is structured around four main chapters, as summarized below:

Chapter 1: Background

This section outlines the global, regional and national disease burden from non-communicable diseases, emphasizing the key concepts of premature mortality, health system strain, economic impact to households and national economy. Next, the role of advocacy, communication and social mobilization in NCD control is highlighted, including the supporting policy and regulatory policies in the health sector. Finally, the chapter describes the rationale for development of an NCD ACSM in Kenya, scope, target audience as well as the guiding principles for the framework (clarity of purpose, inclusivity, accuracy of information, empowerment, independence, confidentiality, flexibility, transparency and accountability).

Chapter 2: Framework for action

This chapter forms the main part of the framework; it opens by stating the strategic goal, which is to "Guide the Planning, implementation, monitoring and evaluation of ACSM activities, to enhance awareness and support prevention and management of NCDs through a multisectoral approach." Next, the six pillars of the framework are stated as follows:

a) Fostering meaningful engagement of people with NCD lived experience and their communities
b) Harnessing community-level structures to drive NCD ACSM
c) Building National and County Level Capacity for NCD ACSM
d) Fostering partnerships, financing and resource mobilization for NCD ACSM
e) Ensuring political commitment and accountability in NCD ACSM
f) Learning, adapting and building good NCD ACSM practices

Each of these pillars is then described in detail, starting with an overview, objectives and proposed activities under each.

Chapter 3: Implementation Framework, monitoring, evaluation, accountability, and learning

This chapter opens by detailing approaches for assessing inputs into NCD ACSM interventions. This is followed by a logical framework of tracking the outputs and outcomes, as well as key selected impact indicators. This chapter also outlines the responsible agencies and timeline for implementation of every activity, per pillar. In addition, proposed approaches for dissemination and implementation are provided.

Chapter 4: ACSM action framework costing and resource mobilization strategy

This chapter outlines the context of financing of the proposed interventions in the framework, within the broader NCD financing and health system strengthening. A summary of the costing process and output is then provided, broken down by pillar and year. A list of potential funding sources is then given.

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List of abbreviations

ABC	Activity-Based Costing
ACCE	Advocacy, Communications, And Community Engagement
ACSM	Advocacy, Communication, And Social Mobilization
CBO	Community Based Organization
CECMH	County Executive Committee Member For Health
CHA	Community Health Assistant
CHC	Community Health Center
CHMT	County Health Management Team
CHO	Community Health Officer
CHP	Community Health Promoter
CHSSP	County Health Sector Strategic Plan
CIDP	County Integrated Development Plan
CLD	Community Led Development
CME	Continuous Medical Education
CO	Chief Officer
COG	Council Of Governors
CRVS	Civil Registration And Vital Statistics
CSO	Civil Society Organization
DALYS	Disability-Adjusted Life Years
DNCD	Division Of Cancer And Non-communicable Diseases
HPTU	Health Products And Technologies Unit
IEC	Information, Education And Communication
iNGO	International Nongovernmental Organization
LMICs	Low And Middle-Income Countries
MDA	Ministries, Departments And Agencies
NCD	Non-communicable Diseases
NCDI	Non-communicable Diseases And Injuries
NCD-ICC	Non-communicable Diseases Interagency Coordination Committee
NGAOs	National Government Administrative Officers
PBO	Private Based Organization
PHC	Primary Health Care
PWLE	People With Lived Experience
RCCE	Risk Communication And Community Engagement
SDG	Sustainable Development Goal TWG: Technical Working Group UHC: Universal Health Coverage
UN	United Nations
WHO	World Health Organization

Definition of key concepts

Advocacy: any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others [1].

Communication: the transmission of information, which may be by verbal (oral or written) or nonverbal, to relate and exchange ideas, knowledge, feelings, and experiences [2].

Social mobilization: coordinated actions and processes designed to engage and involve all relevant segments of society in order to create an enabling environment and effect positive behavior and social change [3].

Community mobilization: empowerment of community members, groups or organizations to plan, conduct and evaluate activities in a participatory, sustained manner to improve their health and other needs, either on their own initiative or through health advocacy by others [4].

Empowerment: a process through which people gain greater control over decisions and actions that affect their health [4].

Enabling: acting in partnership with individuals or communities to facilitate greater empowerment – through mobilization of community and material resources – to promote and protect health [4].

Lived experience: what someone has experienced themselves, especially when it gives individual knowledge or understanding that people who have only heard or learnt about such experiences[5].

Meaningful engagement of people with lived experience: Respectful, dignified, and equitable inclusion of individuals with lived experience in a range of processes and activities within an enabling environment where power is transferred to people, valuing lived experience as a form of expertise and applying it to improve health outcomes [6]. This involves including individuals affected by an issue in the development, implementation, and evaluation of strategies to resolve it [7].

Non-communicable disease: also known as chronic disease, tends to be of long duration and is the result of a combination of genetic, physiological, environmental, and behavioral factors [8].

Stigmatization: a complex, multilevel, social process that encompasses the elements of labelling, stereotyping, separation, status loss and discrimination in the context of a power situation [9].

Community Development: a process where community members come together to take collective action and generate solutions to common problems that are important to them [10].

Community Led Development (CLD): is a variant of community development that is place-based, cross- sectoral, and outcome-driven, and is designed to be practiced in any community, not only poor, disadvantaged areas [11].

Chapter One: Background



1.1 Global burden of NCDs: global, regional and national

The global burden of non-communicable diseases (NCDs), encompassing mental health disorders and disabilities, represents one of the most significant challenges to public health and sustainable development, particularly affecting low- and middle-income countries (LMICs) with devastating consequences. According to the World Health Organization (WHO), NCDs are responsible for an astounding 43 million deaths annually worldwide in 2021, constituting 75% of all global mortality [8]. The impact is particularly severe in LMICs, where 80% of premature deaths are attributed to NCDs. The burden extends beyond mortality, with NCDs accounting for over 300 million disability-adjusted life years (DALYs), significantly impacting individual and societal productivity. This health crisis directly threatens the achievement of the United Nations Sustainable Development Goal (SDG) 3.4, which aims to reduce premature NCD-related deaths by one- third by 2030 [12]. The economic implications are equally concerning, as NCDs create a vicious cycle of poverty through reduced workforce participation and increased healthcare expenditure, with affected households experiencing an average 23.2% reduction in income [13].

The African continent faces a unique challenge in its epidemiological transition, where NCDs are projected to surpass communicable, maternal, neonatal, and nutritional conditions as the leading cause of mortality by 2030. This impending crisis demands immediate attention and strategic communication initiatives to raise awareness and promote preventive behaviors. With risk categorization of up to 30%, Kenya is among the countries in the region with an ever-increasing disease burden from NCDs [14].

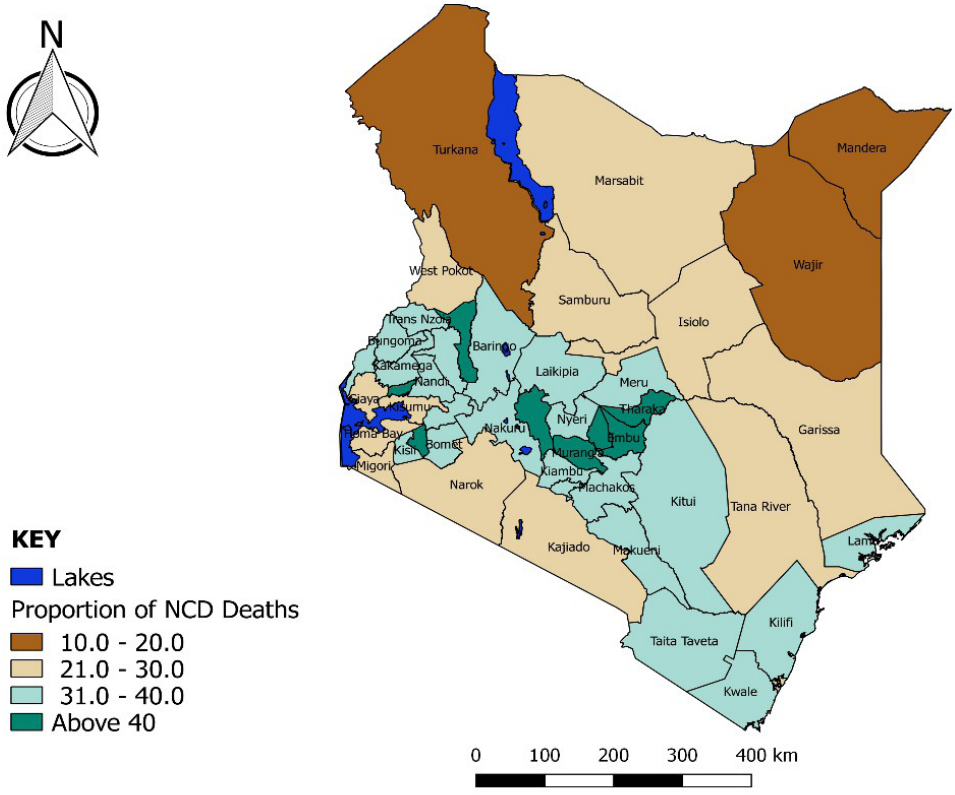

Figure 1: Proportion of deaths from NCDs, by county (Source: Global Burden of Disease, 2021)

In Kenya, the situation is particularly alarming, with NCDs accounting for approximately 43% of all deaths, while 53% of NCD-related DALYs and 72% of injury-related DALYs affect individuals under 40 years of age [15,16]. This demographic pattern underscores the urgent need for age-appropriate interventions and targeted social mobilization strategies to engage younger populations in NCD prevention efforts. The burden of NCDs in Africa is exacerbated by limited healthcare infrastructure, insufficient funding for NCD programs, and inadequate surveillance systems, highlighting the critical need for enhanced advocacy efforts to strengthen health systems and improve NCD monitoring and evaluation capabilities.

The Kenya STEP-wise Survey for NCD risk factors (2015) reveals concerning trends in modifiable risk factors that require immediate attention through comprehensive communication and behavior change interventions [17]. The survey indicates that 28% of Kenyan adults aged 18 - 69 years are either overweight or obese, with a significant gender disparity showing higher prevalence among women (38.5%) compared to men (17.5%). Tobacco use remains a significant concern, with 13% of adults using tobacco products, predominantly men (23%) compared to women (4%). The exposure to second-hand smoke is alarmingly high, affecting 24% of individuals at home and 30% in workplaces. Nutritional behaviors are equally concerning, with only 6.0% of Kenyans consuming the recommended daily servings of fruits and vegetables, while 6.5% of adults fail to meet recommended physical activity levels. These statistics emphasize the urgent need for targeted social marketing campaigns and community-based interventions to promote healthy lifestyles and create supportive environments for behavior change.

Non-communicable diseases have significant socioeconomic impacts at household levels, health care system level and the county and national governments. In Kenya the economic loss due to NCDs is over 230 billion KES that mainly directed to medical expenditures and indirect productivity losses, equivalent to 3.4 percent of GDP [18] (figure 2).

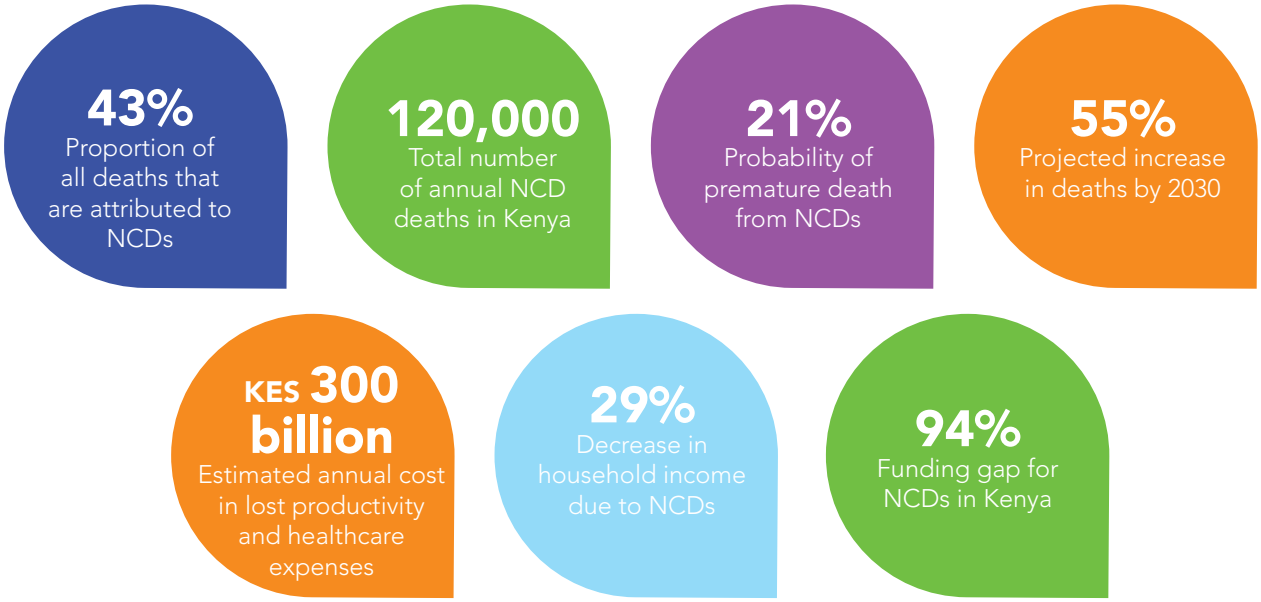

Figure 2: Key facts about NCD in Kenya

1.2 Role of ACSM in NCD control

The complex interplay of social determinants driving the NCD epidemic, including poverty, rapid urbanization, industrialization, population aging, and globalization of marketing and trade, requires a multifaceted approach to advocacy, communication, and social mobilization (ACSM). The WHO Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases emphasizes the importance of addressing these underlying determinants through policy interventions and systematic changes [19]. Effective ACSM strategies must focus on building political will, strengthening health systems, and promoting evidence-based interventions to address modifiable risk factors. The International Union for Health Promotion and Education identifies ten essential system requirements for health promotion and primary prevention of NCDs, emphasizing the need for comprehensive prevention strategies that are context-specific and evidence-informed [20]. Successfully implementing these strategies requires strong advocacy networks, effective communication channels, and sustained social mobilization efforts to engage communities, policymakers, and stakeholders at all levels.

The growing socioeconomic burden of NCDs in Kenya demands a comprehensive Advocacy, Communication, and Social Mobilization (ACSM) strategy to address the multiple challenges in prevention and control. According to the Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2021-2025, effective advocacy has been identified as crucial in securing political commitment, resource allocation, and multi-sectoral engagement for NCD interventions with an emphasis on evidence-based advocacy to influence policy decisions at both national and county levels, particularly in resource allocation for NCD prevention and control programs [21].

Communication strategies in Kenya must be culturally sensitive and context-specific, considering the country's diverse ethnic, religious and linguistic landscape. For effective health communication, it is imperative to utilize multiple communication channels, including traditional media (radio, television, print), social media platforms, and community-based communication approaches to reach different population segments. Successful health communication initiatives in Kenya have incorporated local languages, cultural beliefs, and traditional social structures to effectively convey NCD prevention messages.

Social mobilization efforts in Kenya have shown promising results when they engage existing community structures and leadership. The Kenya Community Health Strategy 2020-2025 emphasizes the role of Community Health Promoters (CHPs) in NCD prevention and control at the grassroots level [22]. Community engagement through local leadership, religious institutions, and women's groups has been effective in promoting healthy behaviors and increasing awareness about NCD risk factors.

> In an example of health-in-all polices, the State Department for Transport contributes to reducing NCD burden by promoting sustainable mobility, reducing air pollution through reduced/controlled emissions, and enhancing road safety, which directly lower health risks through policy frameworks, evidence-based awareness and wellness programs . Its policies on non-motorized transport and occupational health for transport workers complement national ACSM strategies in tackling NCDs.

To strengthen these ACSM efforts, Kenya has adopted various policy frameworks for sustainable financing and health-in-all-policies approaches; however, gaps still remain, especially in addressing commercial determinants of NCDs, such as tobacco, alcohol, and ultra-processed foods marketing. Furthermore, the Kenya NCD Alliance advocates for increased domestic funding for NCD programs and the integration of NCD services into Universal Health Coverage initiatives [23].

1.3 Principles of ACSM in NCD control

a) Clarity of purpose: This denotes a precise comprehension of the advocacy goal(s), objectives, and intentions for achieving the intended results in NCD prevention and control. It provides a roadmap for the advocacy team, guiding their decision-making, prioritizing actions, and aligning efforts toward a common goal.
b) Inclusivity: This ensures that advocacy efforts consider the diverse needs and experiences of all individuals affected by NCDs, regardless of their age, gender, ethnicity, socioeconomic status, or geographic location
c) Accuracy of information: Accuracy of information is a fundamental principle in NCD Advocacy, Communication, and Social Mobilization (ACSM) as it ensures that the information disseminated to the public is correct, reliable, and evidence based. This is important to ensure trust is built.
d) Empowerment: The goal of empowerment in advocacy NCD ACSM is to promote self-determination and autonomy, allowing individuals and communities to have a stronger voice and greater control over their own circumstances
e) Independence: Independence is the principle that ensures advocates operate free from undue influence, conflicts of interest, or bias. It emphasizes that advocates must act in the best interests of their "clients" or the causes they support, without being swayed by external pressures. This principle is crucial for building trust, enhancing credibility, and upholding the integrity of advocacy efforts.
f) Confidentiality: This refers to the ethical and legal duty to protect sensitive information entrusted by clients or stakeholders. Stakeholders engaging in NCD ACSM must ensure that such information remains confidential and is not disclosed to unauthorized individuals or entities.
g) Flexibility: The principle of Flexibility in NCD ACSM highlights the capacity of an advocacy team or coalition to adjust strategies and tactics in response to evolving circumstances and challenges. This adaptability enables stakeholders to overcome unexpected obstacles, seize new opportunities, and maintain resilience in achieving their goals and objectives.
h) Transparency and Accountability: Transparency and accountability in NCD ACSM involve openly and honestly sharing information about the actions, decisions, and outcomes of advocacy efforts with relevant stakeholders.

This requires the advocacy team to provide clear details about their activities, finances, and decision-making processes. Such a commitment allows stakeholders to evaluate the effectiveness of advocacy efforts and ensures that resources are managed responsibly to achieve the desired outcomes.

1.4 Purpose of the framework: justification, target audience, scope

Justification/Rationale

Non-communicable diseases (NCDs) represent a significant public health challenge, with increasing prevalence and impact on individuals, families, and economies. The impact of NCDs goes beyond the health sector placing significant burden on the economic sector as well. Numerous studies have demonstrated that individuals and communities lack adequate knowledge about NCDs, their risk factors, and the importance of prevention and management. For instance, 62% of adolescents in Uasin Gishu county have low levels of knowledge regarding NCD risk factors [24]. Further, the myths and misconceptions held by individuals regarding NCDs has been shown to hinder early detection and treatment [25]. An ACSM Framework provides a structured approach to increasing public understanding and fostering behaviour change to reduce risk factors like poor diet, physical inactivity, tobacco use, and harmful alcohol consumption.

Developing an NCD ACSM Framework aligns with national health strategies and global NCD targets, such as the Sustainable Development Goals (SDG 3.4) to reduce premature mortality from NCDs by one-third by 2030. The national NCD Strategic plan (2020/21-2025/26) has also prioritized the development of an ACSM framework under the ACSM pillar as a means to enhance advocacy for NCDs at all levels [21]. The framework seeks to ensure evidence-based messaging and coordinated efforts to influence policymakers to prioritize NCDs national and county agendas. This will result in the push for policies such as taxation on unhealthy products, improved healthcare access, and supportive environments for healthy living. Finally, the framework will ensure that all stakeholders are working towards common goals, and resultant effect will be increased financing for NCD programs.

Target Audience

The target audience for Non-Communicable Diseases (NCD) Advocacy, Communication, and Social Mobilization (ACSM) Framework includes a diverse group of stakeholders whose actions and behaviours influence the prevention and management of NCDs. These audiences include policymakers and government officials, who shape health policies and allocate resources; healthcare providers, who deliver NCD prevention and care services; and communities and the general public, including individuals at risk of or living with NCDs, who are key in adopting preventive measures and seeking care. Additionally, the plan targets civil society organizations, media professionals, and private sector actors, who play critical roles in amplifying messages, advocating for change, and supporting interventions. Tailoring messages to these audiences ensures the strategic plan addresses their unique roles, motivations, and capacities, fostering collective action to reduce the burden of NCDs.

Scope

The scope of this ACSM Framework encompasses a comprehensive framework designed to address the multifaceted challenges posed by NCDs. It includes strategies to raise awareness about the prevention, treatment, and management of NCDs among diverse audiences, such as policymakers, healthcare providers, communities, civil society organizations, private sector stakeholders, and the media. The plan focuses on influencing policies, promoting behaviour change, fostering multi-sectoral collaboration, and mobilizing resources to reduce the burden of NCDs. Additionally, it addresses the unique needs of at-risk and underserved populations, ensuring equity and inclusivity. By providing clear objectives, tailored messaging, and actionable steps, the ACSM plan serves as a roadmap for coordinated and impactful efforts to combat NCDs at both National and County levels.

Drawing its principles from the national NCD prevention and control strategic plan, the NCDs thereby to be addressed in this ACSM Framework includes cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, mental health disorders, violence, and injuries, haemoglobinopathies, haemophilia and other bleeding disorders, epilepsy and other neurological disorders, autoimmune diseases, chronic renal diseases, chronic skin conditions and oral diseases and conditions. The spectrum of the framework cuts across the entire care continuum, from health promotion, to prevention, disability limitation, rehabilitation and palliation.

Chapter Two: The Framework for Action



2.1 Strategic goal

Guide the Planning, implementation, monitoring and evaluation of NCD ACSM activities, to enhance awareness and support prevention and management of NCDs through a multisectoral approach.

2.2 Thematic areas/pillars

To realize the goal of this framework, focus on six thematic areas would be pivotal. The thematic areas/pillars of the framework are shown on figure 3 below.



Figure 3: Pillars of the NCD ACSM Framework, 2025-2030

2.2.1 Fostering meaningful engagement of people with NCD lived experience and their communities

Meaningful engagement involves respectfully including persons with NCD lived experience in processes where their insights help improve health outcomes [6,26–29]. Their participation is essential for creating inclusive and effective health interventions for noncommunicable diseases and mental health conditions. Public health actors must address these global health challenges with equitable solutions that consider diverse contexts and needs. Figure 4 shows a summary of the framework for meaningful engagement of persons living with NCDs.

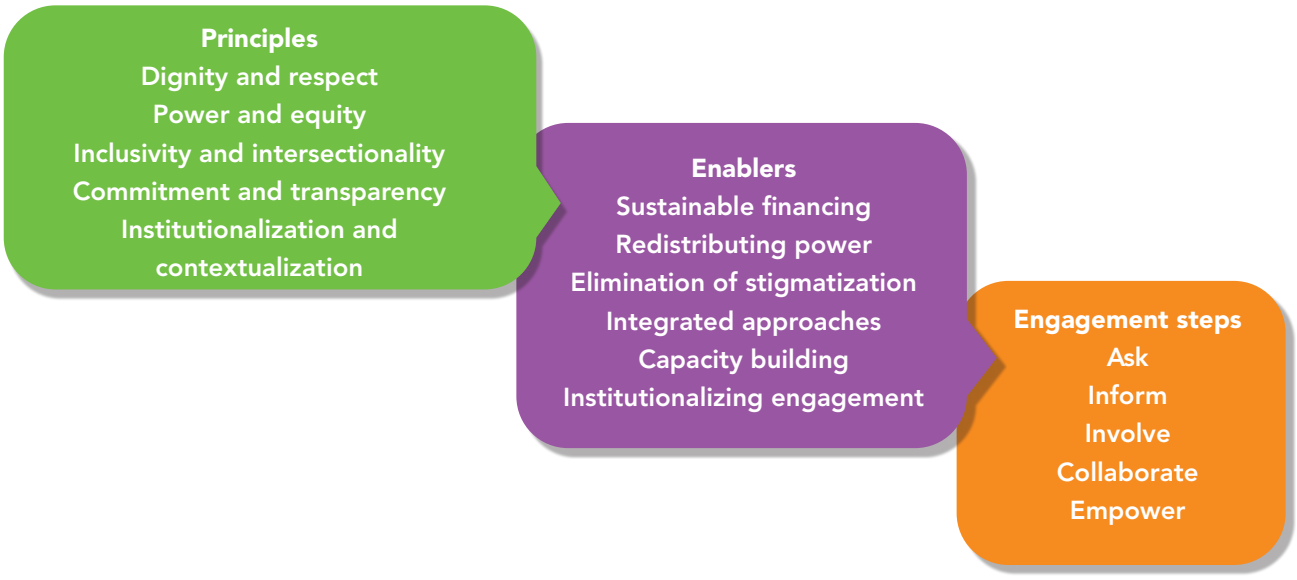

Figure 4: Framework for meaningful engagement of persons living with NCDs

Objectives

1. Promote the meaningful involvement of persons with lived experience of NCDs (PWLE) into the planning, execution, and evaluation of all NCD ACSM activities in the country by 2030.

2. Increase the adoption of innovative approaches to provide information and build capacity of (PWLE) to drive NCD ACSM activities by 2030.

Objective 1: Promote the meaningful involvement of PWLE of NCDs into the planning, execution, and evaluation of all NCD ACSM activities in the country by 2030.

Priority interventions/activities

1. Implementation and dissemination of the Kenya National Framework for establishment and management of NCDs patients support groups.
2. Mapping of Persons with Lived Experience of NCD for ACSM purposes
3. Conduct needs assessment to identify NCD advocacy issues and needs.
4. Capacity build duty bearers, NCD advocacy groups and PWLE.
5. Create mechanisms of engagement with PWLE in the planning and organization of the clinical setting for NCDs.
6. Sensitize stakeholders (health-care providers, policymakers, donors and funders, insurers, financial institutions, and other opinion leaders) to consider PWLE as critical partners rather than "patients" or passive recipients of services, as well as recognizing the value of lived experience as expertise.
7. Monitor, evaluate and document the meaningful involvement of PWLE of NCDs into the planning, execution and evaluation of all NCD ACSM activities.

Objective 2: Increase the adoption of innovative approaches to provide information and build the capacity of PWLE to drive NCD ACSM activities by 2030.

Priority interventions/activities

1. Create advocacy opportunities for policy makers, health-care providers, public benefit organizations (PBOs), advocacy groups and other stakeholders to reach marginalized and vulnerable groups.
2. Create specific messaging to promote the use of appropriate language when referring to PWLE.
3. Provide access to relevant information on NCDs to PWLE.
4. Monitor, evaluate and document the impact of involving PWLE at policy, clinical and community level.

2.2.2 Harnessing community-level structures to drive NCD ACSM

Overview

This pillar focuses on leveraging the available administrative (e.g. National Government Administrative Officers/NGAOs like chiefs) and health-oriented (e.g. CHPs) community level structures to reduce and reverse the burden of NCDs (figure 5). To curb this major public health challenge and social injustice, there is need to strengthen community-level structures that play a crucial role in driving advocacy, communication, and social mobilization efforts to address the growing burden [30,31]. To achieve this we require a deliberate, inclusive, participatory process of Risk Communication & Community Engagement (RCCE) that seeks to empower individuals and groups of people by providing them with the skills they need to effect change within their communities. In enhancing a community initiative for addressing NCDs across the continuum of care, the following general principles for community-led development need to be included:

- Social justice
- Individual and collective human rights
- Equity
- Self-determination and empowerment
- Participation/democracy, cooperation/collective action
- Sustainability.

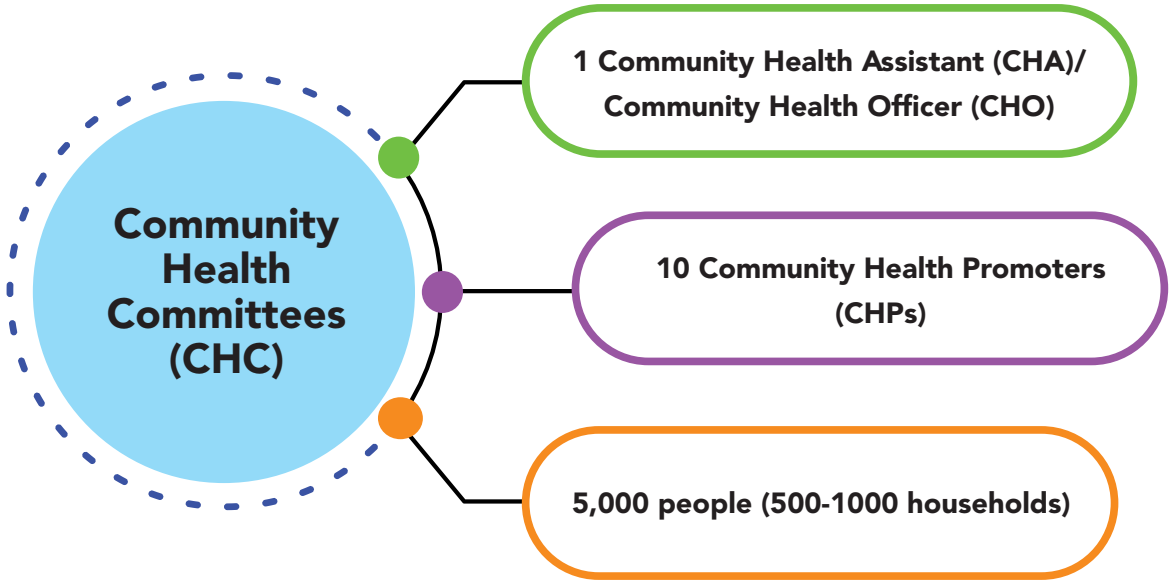

Figure 5: Structure of the Kenya Community Health Services (Source: Kenya Community Health Strategy 2020-2025)

In a review of the community engagement Advocacy, Communications, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya 2021–2024 and Kenya Community Health Strategy 2020-2025 [22,32], the following challenges were highlighted:

- Difficulty in maintaining community involvement over time.
- Complexity in addressing divergent views among responders, communities, and different influencers.
- Working with unique groups, especially vulnerable or hard-to-reach communities.
- Lack of sustainable funding for community engagement.
- Poor linkage of communities to facilities.
- Low motivation for Community Health Promoters (CHPs), either financially or non-financially, to engage communities
- Complex social dynamics and changing power relationships influence community
- Diverse perception of risks by communities and responders' engagement.

It is on this background that the following objectives have been outlined:

Objectives:

1. Empower community resource persons to become effective champions and advocates for NCD prevention and control or NCD interventions.
2. Increase public awareness and promote behavior change for NCDs in the community.

Objective 1: Empower community resource persons to become effective champions and advocates for NCD prevention and control or NCD interventions.

Priority Interventions/Activities

a) Implement capacity-building and training programs targeted at community resource persons
b) Establish community NCD advocacy groups to address NCD-related challenges
c) Organize Community Sensitization programs on priority NCDs, including CHPs and NGAOs
d) Develop recognition programs community members who demonstrate exceptional commitment to NCD advocacy.
e) Package and disseminate lessons from successful approaches for community-level advocacy for effective NCD control.

Objective 2: Increase public awareness and promote behavior change for NCDs in the community.

Priority Interventions/Activities

a) Develop culturally appropriate IEC materials to increase awareness and knowledge about NCD prevention and control for different target audience.

b) Mobilize and engage public and private sectors to enhance community-led initiatives for NCDs prevention and control.
c) Mobilize and empower communities to actively participate in NCD-related advocacy and health promotion activities.
d) Conduct targeted public awareness and social behavior change campaigns, leveraging radio, digital messaging tools, and integrate NCDs into school health programs.
e) Package and disseminate findings from evaluation of community public awareness and promotion activities, highlighting the most effective and feasible approaches for scaling and wider adoption.

2.2.3 Building National and County level capacity for ACSM

Overview

Capacity building is central to the sustained development of any healthcare system. In this pillar, the capacity building initiatives will concentrate on strengthening policy frameworks, developing training programs, monitoring and evaluation, and multi-sectoral collaboration to address ACSM.

Effective ACSM at National and County level will involve the training of healthcare providers, community health promoters, religious leaders, and local leaders (figure 6). This will foster community ownership and participation. Training programs on communication techniques, advocacy skills, resource mobilization and the use of digital health technologies to reach broader audiences will enhance the ACSM initiatives. Capacity building also emphasizes the importance of collaboration among various sectors, including government, non-governmental organizations (NGOs), and community-based organizations (CBOs). By fostering partnerships, stakeholders can share resources, knowledge, and best practices, enhancing the overall effectiveness of ACSM efforts.

based organizations (CBOs). By fostering partnerships, stakeholders can share resources, knowledge, and best practices, enhancing the overall effectiveness of ACSM efforts.

Key NCD stakeholders in Kenya

- The NCD interagency committee (NCD-ICC)
- Ministry of Health (Division of Cancer and NCDs)
- The County governments
- Private sector
- Private Health Facilities
- Faith Based Organizations
- Development partners
- Regulatory and professional association
- Law makers (National and County assemblies)
- Academic, Research and Health Training Institutions
- Media
- Individuals and Communities

Figure 6: Key NCD control stakeholders in Kenya (Source: NCD Strategic Plan 2020/21-2025/26)

Objectives:

1. Strengthen the capacity of National, County governments, and CSOs to advocate for prioritization of NCD-related policies, resources, and service delivery.
2. Increase availability and accessibility of NCD-related services and resources at the national and County level.

Objective 1: Strengthen the capacity of national and county government, and CSOs to advocate for prioritization of NCD-related policies, resources, and service delivery

Priority Interventions/Activities:

a) Conduct capacity assessments of national and county government agencies and CSOs to identify gaps and needs in NCD advocacy, communication, and social mobilization
b) Develop a standardized training curriculum and training materials for NCD advocacy, communication, and social mobilization
c) Conduct training at national, county, and civil society organizations on NCD advocacy, communication, and social mobilization

d) Strengthen /establish national and county NCD advocacy platforms to coordinate and amplify the voices of diverse stakeholders
e) Identify and support NCD champions at national and county levels

Objective 2: Increase availability and accessibility of NCD-related services and resources at the national and County level

a) Conduct advocacy with community leaders for quality and improved access to services
b) Training of national and county governments in resource mobilization for ACSM
c) Monitor and evaluate resource mobilization and utilization for ACSM activities at national and county level.

2.2.4 Fostering ACSM partnerships, financing and resource mobilization

Overview

Successful NCD advocacy, communication and social mobilization (ACSM) requires building partnerships with stakeholders across and beyond the health sectors and aligning efforts to achieve shared goals and objectives. Fostering ACSM partnerships refers to the process of establishing and strengthening collaborative relationships between various stakeholders at all levels to support ACSM efforts. These partnerships can include government, non-governmental organizations (NGOs), community-based organizations (CBOs), the private sector, international development partners, media, faith-based organizations, PWLE and civil society groups (CSOs). The establishment of ACSM partnerships can lead to stronger advocacy campaigns, more effective communication strategies, and broader community engagement, ultimately resulting in improved policy outcomes, behavior change, and social action at the national, county and community level.

Objectives

1. To establish and nurture partnerships between relevant stakeholders to support ACSM goals.
2. To enhance sustainable funding for ACSM activities.

Objective 1: To establish and nurture partnerships between relevant stakeholders to support ACSM goals.

Priority interventions/activities

a) Conduct stakeholder mapping for ACSM implementing partners as well as potential funders for harmonization and tracking of progress.
b) Strengthen existing platforms to support ACSM activities at national, county and community level.
c) Integrate NCD ACSM interventions into other ACSM networks and platforms (for example, communicable disease programs, school health, maternal and child health, etc.)
d) Develop joint funding proposals and resource mobilization strategies.

Objective 2: Enhance sustainable funding for ACSM activities

a) Conduct high-level forums, stakeholder dialogues, and policy roundtables to resource-mobilize for ACSM activities.
b) Advocate for budgeting and resource allocations for ACSM initiative by both the national and county government.

2.2.5 Ensuring political commitment and accountability in Advocacy, Communication, and Social Mobilization (ACSM)

This refers to strategies aimed at securing and maintaining the engagement and support of political leaders and decision makers in the prevention and control of NCDs. It commences by securing their active support followed by ensuring that they remain responsible for implementing agreed-upon policies, programs, or initiatives and follows a clearly defined cycle (figure 7). A well-defined, actionable request (based on evidence and local data, highlighting any emerging issues, and making an economic case for NCD control) is essential to get political buy-in while at the same time ensuring it is aligned to the national goals and aspirations [33].



Figure 7: Advocacy cycle
(Source: https://www.justice- security.ng/sites/default/files/act_toolkit_advocacy_strategy_development.pdf)

Objectives

1. To ensure sustainable political will from leaders at all levels to support NCD initiatives through policies, laws, regulations, and programmatic actions.
2. To enhance public accountability mechanisms.

Objective 1: Ensure sustainable political will from leaders at all levels to support NCD initiatives through policies, laws, regulations, and programmatic actions.

Priority interventions/activities

a) Identify political champions and NCD ambassadors at all levels
b) Develop evidence-based briefs and position papers to highlight the need for policy changes and increased and adequate funding for NCDs.
c) Conduct targeted advocacy efforts aimed at senior government officials in key related ministries, departments, agencies, counties, and parliamentary health committees to discuss the significance of NCDs and ensure their prioritization in national health policies.
d) Advocate for prioritization, resource allocation and operationalization of allocated budgets for NCD interventions, at both National and County level.
e) Ensure integration and implementation of NCD Strategy into the County Integrated Development plans (CIDP) and other county plans.
f) Organize advocacy campaigns around key global or regional events (e.g., World Health Assembly, UN High-Level Meetings on NCDs) and encourage political leaders to make commitments on NCDs at these forums.

Objective 2. Enhance public accountability mechanisms

Priority interventions/activities

a) Regular sensitization on NCD polices and evidence-based interventions targeting the various MDAs, COG, CECMH and Chief Officers caucuses, as well as relevant national and county-level TWGs (e.g. PHC/UHC, HPTUs)

b) Develop and institutionalize systems for tracking the implementation of NCD-related policies, laws and regulations.
c) Empower communities and civil society to hold politicians accountable for their commitments to NCD interventions.
d) Engage and strengthen media capacity to monitor and report on government actions and progress related to the NCD prevention and control.
e) Continuous implementation and evaluation of policies, laws and regulations on NCDs.

2.2.6 Learning, adapting and building good ACSM practices

Overview

Creating a learning culture fosters continuous improvement by encouraging stakeholders to share best practices, lessons learned, and innovative approaches, leading to more effective advocacy and outreach efforts on NCDs. Additionally, it ensures that communication strategies resonate with different communities, enhancing their relevance and effectiveness. By carefully planning and institutionalizing feedback mechanisms and supporting experimentation, organizations can quickly adapt to changing circumstances and emerging evidence, ultimately driving more impactful social mobilization (figure 8). In this way, a learning culture not only strengthens individual efforts but also builds a collaborative ecosystem committed to advancing public health and reducing the burden of NCDs.

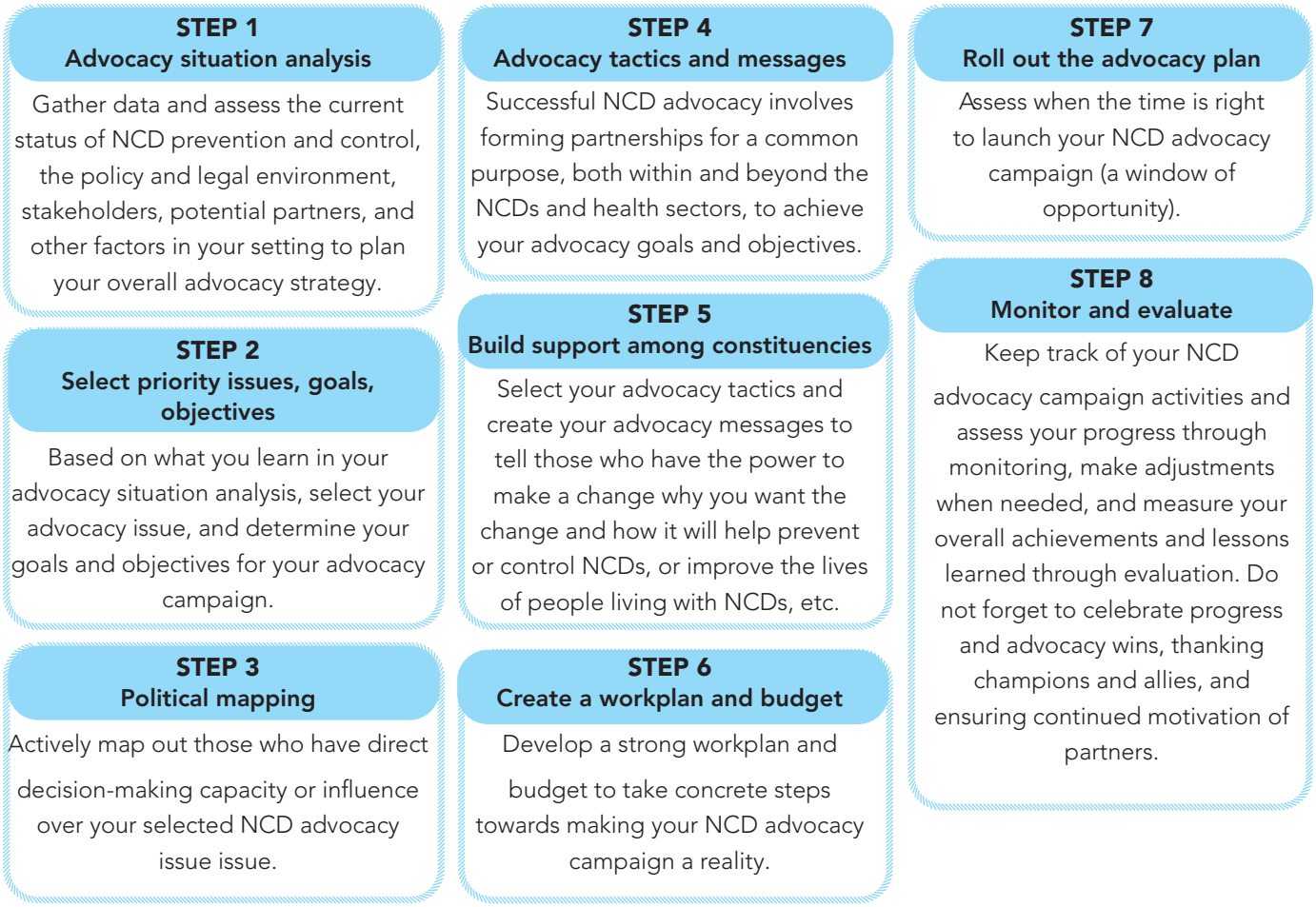

Figure 8: The eight steps of Strategic Advocacy Planning
(Source: https://actonncds.org/sites/default/files/media/documents/ai-practical-guide-to-advocacy_0.pdf)

Objectives

1. Enhance Understanding of NCD Advocacy Strategies among stakeholders.
2. Monitor, Evaluate, Adapt Strategies and Share Knowledge and Best Practices.

Objective 1: Enhance Understanding of NCD Advocacy Strategies among stakeholders

Priority interventions/activities

a) Conduct a Needs Assessment among key stakeholders (e.g., PLWNCDs, health professionals, NGOs, community leaders) to identify gaps in knowledge and resources related to NCD advocacy and share the findings.
b) Create Resource Materials: Develop guidelines and toolkits that summarize effective advocacy approaches tailored to different audiences (e.g., policymakers, community members).
c) Hold cross-learning fora to encourage benchmarking of best practices, lessons, and exchange of knowledge and skills through health fairs, workshops, or seminars, webinars, or conferences focused on NCDs.
d) Establish Multi-Sectoral Partnerships, through regular roundtable discussions with government agencies, policymakers, development agencies, iNGOs, CSOs, PBOs, learning institutions, Faith Based Organisations, caregivers, PWLE and relevant private sector representatives to promote collaboration on NCD initiatives.
e) Develop Joint Campaigns: Collaborate with partners to launch awareness campaigns that address common NCD issues, leveraging each organization's strengths, resources and support.

Objective 2: Monitor, Evaluate, Adapt Strategies and Share Knowledge and Best Practices

Priority interventions/activities

a) Implement Monitoring Tools: Develop frameworks for tracking the effectiveness of advocacy and communication strategies, including relevant metrics.
b) Conduct Evaluative Research: Use both quantitative and qualitative methods to assess the impact of advocacy efforts.
c) Facilitate Feedback Loops: Establish mechanisms for ongoing community and stakeholder feedback to continuously improve advocacy and communication approaches.
d) Create a knowledge hub: Develop an online platform where stakeholders can access resources, share success stories, and exchange innovative practices related to NCD advocacy efforts.
e) Publish Case Studies/ Share Lessons Learned: Document and disseminate successful advocacy initiatives and lessons learned to inspire and inform others in the field (including documenting and incorporating regional best practices in ACSM for NCDs).
f) Organise Learning Exchanges: Facilitate opportunities for practitioners to visit each other's programs to learn directly from successful initiatives and adapt ideas for local implementation.

Chapter Three: Implementation Framework, Monitoring, Evaluation, Accountability and Learning



Overview

The implementation of this framework will be anchored within the existing framework for NCD control, as per the National NCD strategic plan 2020/21-2025/26. NCD ACSM activities in the counties will be coordinated by the NCD TWG, which reports to the CHMT and the MoH through the NCD coordinator. At national level, the national ACSM TWG will report to the NCD Interagency Coordination Committee (NCD-ICC).

3.1 Assessing ACSM capacities/inputs

The first indicator set measures the NCD control program's capacity to design, implement, and evaluate social mobilization and communication plans that promote awareness and uptake of NCD services across the entire continuum of care. This set reflects the inputs needed for these activities, including research, planning, staff, supplies, and resources. Additional indicators could assess advocacy efforts, such as the percentage increase in the national and county budget for NCD control and the percentage of that budget allocated to advocacy, communication, and social mobilization.

Table 1: Input indicators

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
1	Proportion of counties with designated social mobilization and communication personnel	**Numerator:** Number of counties with designated staff for social mobilization and communication **Denominator:** Total number of counties	Counties	Annual assessments	Interview with sample of NCD coordinators	Not available	100%
2	Designated national NCD social mobilization and communication focal person	Yes/No	National	MoH/DNCD reports	Interview with Head, DNCD	No	Focal person designated
3	Availability of guidelines, training, and supportive supervision by the national level to counties	Yes/No	National	MoH/DNCD reports	Interview with Head, DNCD	No	Guidelines, training and supportive supervision done
4	Proportion of counties that have detailed operational plans for NCD prevention and control	**Numerator:** Number of counties with detailed NCD operational plans **Denominator:** Total number of Counties	Counties	Once every five years assessments (timed with county planning calendar)	Interview with sample of NCD coordinators	Not available	100%

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
5	Proportion of counties implementing NCD ACSM annually	**Numerator:** Number of counties conducting ACSM activities for priority NCDs for specified year **Denominator:** Total number of counties	Counties	Annual assessments	Interview with NCD coordinators	Not available	100%
6	Proportion of counties allocating funding to conduct planned NCD ACSM activities	**Numerator:** Number of counties allocating funding for NCD ACSM activities **Denominator:** Total number of counties	Counties	County budget/ account documents review	Interview with NCD coordinators	Not available	100%

3.2 Assessing delivery of ACSM outputs

The second set of indicators measures the delivery of social mobilization and communication activities as outputs. Proposed knowledge indicators include awareness that the most common NCDs are preventable, can be screened for and have effective treatment. Although these indicators could be seen as "outcomes" of ACSM activities, they are classified as outputs because the goal is sustainable behavioral and social change; merely increasing knowledge is insufficient.

Table 2: Output indicators

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
1.	Number of radio, TV, print media, small media (e.g. social media) pieces on NCDs per year	Number	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	Not available	36 (at least three per month)
2.	Number of brochures giving information on priority NCDs developed and disseminated	Number	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	3	10
3.	Proportion of service providers trained on NCD ACSM	**Numerator:** Number trained **Denominator:** Total number of service providers	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	Not available	70%

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
4.	Number of civil society organizations reached and engaged in NCD ACSM	Number	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	Not available	50
5.	Number of NCD support groups established and active	Number	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	Not available	47
6.	Number of NCD press conferences/media breakfasts organized per year	Number	National, county	Periodic assessments	Interview with DNCD program officers; NCD coordinators	Not available	12
7.	Number of published articles (newspapers, journals, newsletters, etc.) generated on NCD ACSM per year	Number	National, county	NCD program archives; websites	Interview with DNCD program officers; NCD coordinators	Not available	36
8.	Number of journalists trained in NCD prevention and control	Number	National, county	Training reports	Interview with DNCD program officers; NCD coordinators	Not available	1,200 (one each from all registered media houses)
9.	Funders' database established	Yes/No	National	Database verification	Funder's mapping	No	Database established
10.	Number of Grant winning proposals (completed/submitted)	Number	National	NCD program archives	NCD ICC/TWG updates	Not available	20 (four per year)
11.	Resources for ACSM initiatives mobilized (in monetary terms/ KES), as a proportion of requirement for the period	**Numerator:** Resources mobilized **Denominator:** Total requirements for the period	National	National/county accounts	NCD ICC/TWG updates	Not available	80%
12.	Number of NCDs key Messages developed (NCDs and their risk factors	Number	National/ county	NCD program archives	NCD-ICC Website; COG website; MoH website	Not available	10
13.	Number of world health NCD days commemorated	Number	National/ county		Program reports	5	15

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
14.	Proportion of proposed interventions in this framework that are fully implemented	**Numerator:** Number of activities that are fully implemented **Denominator:** Total # of activities in this framework	National and County	Evaluation report	End-term evaluation	Not applicable	90%

3.3 Outcome indicators

Table 3: Outcome indicators

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
1.	Increased proportion of total health expenditure allocated to NCDs	**Numerator:** Amount allocated to NCDs **Denominator:** Total budgetary allocation to health	National	National Health Accounts; budget analysis reports	Documents review	Not available	40%
2.	Number of NCDs Risk factor regulations enacted and enforced	Number	National	https://www.health. go.ke/	Documents review	1	At least 5 (Tobacco, alcohol, processed meat, sugar-sweetened beverages, trans fatty acids, road traffic crashes, air pollution, etc.)
3.	NCD-relevant components of the Social Health Insurance fully implemented	Yes/No	National	UHC benefits package/SHA	Review of benefits package regulations	No	Yes
4.	No. of counties with NCD strategy integrated into the CIDPs	Number	National	https://cog.go.ke/20-the-council-of-governors/484-county-integrated-development-plans	Documents review	Not available	47

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 target
5.	No. of insurance companies implementing the NCD prevention and control packages	Number	National	Insurance Companies	Periodic assessments	Not available	20 (out of 23 who underwrite health in 2025)
6.	Proportion of population who are aware of at least three main symptoms for common NCDs (hypertension, diabetes, cervical cancer, breast cancer, prostate cancer, colorectal cancer)	**Numerator:** Number of people who correctly identify the NCD symptoms **Denominator: T**otal number of people surveyed	Population	Periodic surveys	National survey e.g., STEPS	Not available	80%
7.	Proportion of population who know that screening is available for selected NCDs	Numerator: Number of people who are aware of the availability of screening services for priority NCDs	Population	National survey e.g., STEPS	Periodic surveys	40%	80%
8.	Proportion of people with NCDs who are receiving treatment	**Numerator:** Number of people with NCDs who are receiving treatment **Denominator:** Total number of people surveyed who are living with NCDs	Populati on	National survey e.g., STEPS	Periodic surveys	40%	80%

3.4 Impact indicators

Table 4: Impact indicators

N°	Indicator	Calculation	Level	Data sources	Means of collection	Baseline	2030 targets
1.	Reduced premature mortality from NCDS (premature deaths due to noncommunicable diseases (NCD) as a proportion of all NCD deaths)	**Numerator:** Number of NCD deaths among people aged 30-69 years **Denominator:** Total deaths from NCDs	National	Survey; CRVS	Analysis of surveillance data	Not available	50%

2.	Reduced catastrophic expenditure from seeking NCD care	Population with household expenditures on health greater than 10% of total household expenditure	National	Survey/study reports	Economic surveys/ studies	30%	Less than 20%

3.5 Implementation matrix

Table 5: Implementation matrix

THEMATIC AREA 1: Fostering meaningful engagement of people with lived experience and their communities Implementation year.

Objective	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 1: Promote the meaningful involvement of PWLE of NCDs into the planning, execution, and evaluation of all NCD ACSM activities in the country by 2030.	1. Implementation and dissemination of the Kenya National Framework for establishment and management of NCDs patients support groups.	MOH-DNCD	X	X			
	2. Mapping of Persons with Lived Experience of NCD for ACSM purposes		X	X	X	X	X
	3. Conduct needs assessment to identify NCD advocacy issues and needs.	MOH-DNCD, NCDAK, CNCD	X	X	X	X	X
	4. Capacity build duty bearers, NCD advocacy groups and PWLE.		X	X	X	X	X
	5. Create mechanisms of engagement with PWLE in the planning and organization of the clinical setting for NCDs.	MOH-DNCD/ NCDAK	X	X	X	X	X
	6. Sensitize stakeholders (health-care providers, policymakers, donors and funders, insurers, financial institutions, and other opinion leaders) to consider PWLE as critical partners rather than "patients" or passive recipients of services, as well as recognizing the value of lived experience as expertise.	MOH	X	X	X	X	X
	7. Monitor, evaluate and document the meaningful involvement of PWLE of NCDs into the planning, execution and evaluation of all NCD ACSM activities.	MOH	X	X	X	X	X

Objective	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 2: Increase the adoption of innovative approaches to provide information and build capacity of (PWLE) to drive NCD ACSM activities by 2030.	1. Create advocacy opportunities for policy makers, health-care providers, public benefit organizations (PBOs), advocacy groups and other stakeholders to reach marginalized and vulnerable groups.	NCDAK	X				
	2. Create specific messaging to promote the use of appropriate language when referring to PWLE.	MOH/ NCDAK	X	X	X	X	
	3. Provide access to relevant information on NCDs to PWLE.	NCDAK	X	X	X	X	X
	4. Monitor, evaluate and document the impact of involving PWLE at policy, clinical and community level.	MOH	X	X	X	X	X

THEMATIC AREA 2: Harnessing community-level structures to drive NCD ACSM Implementation year.

Objective	Proposed Strategies activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 1: Strengthen community level structures (examples: administrative offices, community leaders) to effectively champion and advocate for NCD prevention and control.	1. Implement capacity-building and training programs targeted at community resource persons	MOH/ NCDAK/MDT	X	X			
	2. Establish community NCD advocacy groups to address NCD-related challenges	NCDAK	X	X			
	3. Organize Community Sensitization programs on priority NCDs	NCDAK/DMI	X	X	X	X	X
	4. Develop recognition programs community members who demonstrate exceptional commitment to NCD advocacy.	NCDAK	X	X	X	X	X
	5. Package and disseminate lessons from successful approaches for community-level advocacy for effective NCD control.	MOH	X	X	X	X	X
2: Increase public awareness and promote behavior change for NCDs in the community.	1. Develop culturally appropriate IECs materials to increase awareness and knowledge about NCD prevention and control for different target audience.	MOH/ NCDAK/ DMI/K DDA	X	X			
	2. Mobilize and engage public and private sectors to enhance community-led initiatives for NCDs prevention and control.	NCDAK/ MOH	X				
	3. Mobilize and empower communities to actively participate in NCD-related advocacy and health promotion activities.	NCDAK/ MOH	X	X	X	X	X
	4. Conduct targeted public awareness and social behavior change campaigns.	NCDAK/ MOH		X	X	X	X

Objective	Proposed Strategies activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
	5. Package and disseminate findings from evaluation of community public awareness and promotion activities, highlighting the most effective and feasible approaches for scaling and wider adoption.	MoH-DNCD	X	X	X	X	X

THEMATIC AREA 3: Building national and sub-national capacity for ACSM
Implementation year

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 1: Strengthen the capacity of national and county government, and CSOs to advocate for prioritization of NCD-related policies, resources, and service delivery	1. Conduct capacity assessments of national and county government agencies and CSOs civil society organizations to identify gaps and needs in NCD advocacy, communication, and social mobilization	MOH-DNCD	X				
	2. Develop a standardized training curriculum and training materials for NCD advocacy, communication, and social mobilization		X				
	3. Conduct training at national, county, and civil society organizations on NCD advocacy, communication, and social mobilization	MOH-DNCD	X	X			
	4. Strengthen /establish national and county NCD advocacy platforms to coordinate and amplify the voices of diverse stakeholders	MOH-DNCD		X			
	5. Identify and support NCD champions at national and county levels	MOH-DNCD		X			

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 2: Increase availability and accessibility of NCD-related services and resources at the national and County level	1. Conduct advocacy with community leaders for quality and improved access to services	MOH-DNCD/ NCDAK/ Count ies	X	X	X	X	X
	2. Training of national and county governments in resource mobilization for ACSM	MOH-DNCD/ NCDAK	X	X	X	X	X
	3. Monitor and evaluate resource mobilization and utilization for ACSM activities at national and county level	MOH-DNCD			X		X

THEMATIC AREA 4: Fostering ACSM partnerships, financing and resource mobilization
Implementation year

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
OBJECTIVE 1: To establish and nurture partnerships between relevant stakeholders to support ACSM goals.	1. Conduct stakeholder mapping for ACSM implementing partners as well as potential funders for harmonization and tracking of progress.	MOH-DNCD		X			
		MOH-DNCD		X			
	2. Strengthen existing platforms to support ACSM activities at national, county and community level.	MOH-DNCD/ Health promotion		X	X	X	
	3. Integrate NCD ACSM interventions into other ACSM networks and platforms (for example, communicable disease programs, school health, maternal and child health, etc.)	MOH-DNCD/ Health promotion		X	X	X	
		MOH-DNCD/ Health promotion		X		X	
	4. Develop joint funding proposals and resource mobilization strategies.			X	X	X	X
OBJECTIVE 2: To enhance sustainable funding for ACSM activities.	1. Conduct high-level forums, stakeholder dialogues, and policy roundtables to resource mobilize for ACSM activities			X	X	X	X
	2. Advocate for budgeting and resource allocations for ACSM initiatives by both the national and county government			X	X	X	X

THEMATIC AREA 5: Ensuring political commitment and accountability in Advocacy, Communication, and Social Mobilization (ACSM)
Implementation year

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
Objective 1: To ensure sustainable political will from leaders at all levels to support NCD initiatives through policies, laws, regulations, and programmatic actions.	1.Identify political champions and NCD ambassadors at all levels	MOH-NCD/ ICC	X				
	2. Conduct targeted advocacy efforts aimed at senior government officials in key related MDAs, counties, and parliamentary health committees to discuss the significance of NCDs and ensure their prioritization in national health policies	MOH-NCD/ ICC	X				
	3. Develop evidence-based briefs and position papers to highlight the need for policy changes and increased and adequate funding for NCDs	NCDAK, Non-State Actors	X				
	4. Advocate for prioritization and resource allocation for NCD interventions	MOH, COG, PLWNCDs, Non-state Actors	X	X	X	X	X
	5. Advocate for integration and implementation of NCD Strategy into the County Integrated Development plans (CIDP) and other county plans	Counties, MOH, NCD Alliance	X	X	X	X	X
	6. Advocate for increased allocation of benefits packages/ tariffs in the SHIF, PHC, and UHC frameworks for comprehensive integration and implementation of NCD interventions in the country	MOH, PLWNCDs, Patient-led organisations	X	X	X	X	X

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
	7. Lobby for political will and commitment in the commemoration of World Health NCD days at all levels	MOH, PLWNCDs, Patient-led organisations	X	X	X	X	X
	8. Organize advocacy campaigns around key global or regional events (e.g., World Health Assembly, UN High- Level Meetings on NCDs) and encourage political leaders to make commitments on NCDs at these forums	MOH, NCDAK, PLWNCDs	X	X	X	X	X
Objective 2. To enhance public accountability mechanisms	1. Regular sensitization on NCD polices and evidence-based interventions targeting the various MDAs, COG, CECMH and Chief Officers caucuses, as well as relevant national and county-level TWGs (e.g. PHC/UHC, HPTUs)	MOH, NCDAK	X				
	2. Develop and institutionalize systems for tracking the implementation of NCD-related policies, laws and regulations.	MOH, Counties, NCD Alliance, PLOs, PLWNCDs		X	X	X	X
	3. Empower communities and civil society to hold politicians accountable for their commitments to NCD interventions.	MOH, NCDAK & Non- state Actors	X	X	X	X	X
	4. Engage and strengthen media capacity to monitor and report on government actions and progress related to the NCD prevention and control.	MOH, NCDAK & Non- state Actors	X	X	X	X	X

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
	5. Continuous implementation and evaluation of policies, laws and regulations on NCDs.	MOH, NCDAK & Non- state Actors	X	X	X	X	X

THEMATIC AREA 6: Learning, adapting and building on good ACSM practices

Implementation year

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
Objective 1: Enhance Understanding of NCD Advocacy Strategies among stakeholders	1. Conduct a Needs Assessment among key stakeholders (e.g., PLWNCDs, health professionals, NGOs, community leaders) to identify gaps in knowledge and resources related to NCD advocacy and share the findings.	MOH, NCD Alliance & Non-state Actors	X				
	2. Create Resource Materials: Develop guidelines and toolkits that summarize effective advocacy approaches tailored to different audiences (e.g., policymakers, community members).	MOH, NCD Alliance & Non-state Actors	X	X			
	3. Hold cross-learning fora to encourage benchmarking of best practices, lessons, and exchange of knowledge and skills through health fairs, workshops, or seminars, webinars, or conferences focused on NCDs.	MOH, Counties, NCD Alliance & other Non-state Actors	X	X	X	X	X

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
	4. Establish Multi-Sectoral Partnerships, through regular roundtable discussions with government agencies, policymakers, development agencies, iNGOs, CSOs, PBOs, learning institutions, faith-based organisations, caregivers, PWLE and relevant private sector representatives to promote collaboration on NCD initiatives.	MOH, Counties, NCD Alliance & other Non-state Actors	X	X	X	X	X
	5. Develop Joint Campaigns: Collaborate with partners to launch awareness campaigns that address common NCD issues, leveraging each organization's strengths, resources and support.	MOH, Counties, NCD Alliance & other Non-state Actors	X	X	X	X	X
Objective 2: Monitor, Evaluate, Adapt Strategies and Share Knowledge and Best Practices	1. Implement Monitoring Tools: Develop frameworks for tracking the effectiveness of advocacy and communication strategies, including relevant metrics.	MOH	X				
	2. Conduct Evaluative Research: Use both quantitative and qualitative methods to assess the impact of advocacy efforts.	MOH					X
	3. Facilitate Feedback Loops: Establish mechanisms for ongoing community and stakeholder feedback to continuously improve advocacy and communication approaches.	MOH	X	X			

Objectives	Proposed Strategies/ activities	Responsible/ Lead Agency	2025/26	2026/27	2027/28	2028/29	2029/30
	4. Create a knowledge Hub: Develop an online platform where stakeholders can access resources, share success stories, and exchange innovative practices related to NCD advocacy efforts.	MOH, NCD Alliance	X				
	5. Publish Case Studies/ Share Lessons Learned: Document and disseminate successful advocacy initiatives and lessons learned to inspire and inform others in the field.	MOH			X	X	X
	6. Organise Learning Exchanges: Facilitate opportunities for practitioners to visit each other's programs to learn directly from successful initiatives and adapt ideas for local implementation.	MOH			X	X	X

3.6. Dissemination, adoption and implementation plan

Table 6: Dissemination, adoption and implementation plan

Stakeholder	Proposed strategy		
	Dissemination	Adoption	Implementation
MDAC	Breakfast meetings. Sensitization(physical/virtual). Regular sensitization, i.e. using focal points. Through county NCD TWGs. World Health Days. Customized approach (policy briefs, fact sheets). COG annual conference. CECMH and CO caucuses.	Inclusion into CIDPs, AWP, CHSSP Adoption and implementation profiles (Policy briefs, factsheet)	Identify champions to follow-up on implementation. Consider a Phased Implementation Roadmap. For example: • Year 1-2: Focus on Pillar 1 (establishing patient support groups, mapping PLWNCDs) and Pillar 3 (training county teams). This builds foundational capacity. • Year 2-3: Ramp up Pillar 2 (community campaigns) and Pillar 5 (high-level advocacy). • Year 3-5: Focus on scaling and sustainability through Pillars 4 and 6. Develop County ACSM starter kits with the following: • Pre-designed training modules • Templates for IEC materials • Guidelines for engaging local media • A simplified M&E toolkit for tracking their outputs
CSO/PBO/ FBO	Customized approach (policy briefs, fact sheets). Sensitization(physical/virtual).	Align with strategic plans	
Development partners	Customized approach (policy briefs, fact sheets).	Inclusion in their priorities/ agenda	
International Development Agencies	Customized approach (policy briefs, fact sheets). DPHK- Development partners in Health Kenya.	Inclusion in their priorities/ agenda	
Private sector	Customized approach (policy briefs, fact sheets). Organize with KEPSA.	Captured in planned corporate social responsibilities areas of focus	
PWLE	Customized approach (policy briefs, fact sheets). Sensitization(physical/virtual). Online platforms. IECs at service delivery points. Utilize established support groups.	Support groups action plans	Dissemination of developed NCD IECs at community level

Stakeholder	Proposed strategy		
	Dissemination	Adoption	Implementation
Professional Bodies	Customized approach (policy briefs, fact sheets). Conferences, symposiums. National school heads annual meetings.	NCD themes and topics during conferences, symposia, CMEs, etc.	
Media	Sensitization of editors, journalists. presenters. Engage Media Council of Kenya. Utilize social media. Media coverage during launch.	Inclusion into regular programming	
Parliament, county assemblies	Target health committees	Inclusion in the house business papers	

3.7. Implementation risks and mitigation strategies

Risk	Probability of the risk occurring (High, Medium, Low)	Mitigation strategy
Legitimacy and credibility in communicating NCD messages	Medium	Involve communities in NCD ACSM where possible
Misinformation in the population	Medium	Promptly and pre-emptively provide clear, targeted information to various audiences on NCDs
Political - change in Government or policy or prioritization of NCDs	Low	Hold regular policy/political dialogues on NCDs
Operational - disruption to advocacy and other activity plans, due to occurrences like HCW industrial actions, paralysis of county governments, etc	Medium	Prepare realistic plans and budgets; consider potential delays
Disillusionment in the affected communities due to rising NCD burden despite efforts at preventive measures/fatalism	Medium	Have simple and clear messaging about modifiable/non-modifiable NCD risks factors, and the concept of preventable burden, which includes reducing complications and premature deaths
Financial - access to necessary funding; corruption reducing the fiscal space for effective NCD ACSM	High	Establish systems and responsibilities to reduce opportunities for mismanagement of funds. Prepare a realistic budget and monitor it closely; consider innovative funding mechanisms
Technical capacity - inability to access the required technology	Medium	Work in collaboration with others and delegate tasks to those with the appropriate skills and technology in place
Natural - weather, pandemics	Low	Consider how best the activities could be carried out given an unavoidable change in circumstances (e.g.: Covid-19 and necessity for virtual communication/advocacy action)

Chapter Four: Costing and resource mobilization plan



4.1 Context

The formulation and implementation of this NCD ACSM Framework recognizes several contextual factors that are pivotal in the achievements of its objectives as well as the national aspirations on NCD control. First, the changing landscape of health financing, from the tightening fiscal space due to competing national priorities amid unfavourable macro-economic environment, to phasing out of several multi-lateral global health funding initiatives. Second, is the pivot towards primary care, as the only avenue for provision of accessible NCD services. Third, is the implementation of Universal Health Coverage in Kenya, which provides a golden opportunity for sustainable financing for NCD services, across the continuum of care. Therefore, it is envisaged that the implementation of this framework will be primarily through domestic financing, supplemented by other sources like operational research grants and private sector.

4.2 Costing approach

Activity-based costing (ABC) was adopted in estimating the resource needs for implementing this framework. The ABC approach assigns overhead and indirect costs to specific activities related to the implementation of outlined interventions/ production of services/outputs. Unlike traditional costing systems that distribute costs evenly across interventions, ABC provides a more accurate picture by tracing expenses to the activities that drive them. This method identifies key activities within each objective, determines the cost of each activity, based on an exhaustive inventory of inputs necessary for the activities to be implemented. As a result, ABC offers detailed insights for guiding more informed decisions about budgeting, process improvement, and overall strategic planning.

4.3 Resource needs for implementing the framework

Table 7: Financing needs, summarized per thematic area and implementation year (KES)

	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Theme 1	88,108,000	33,040,500	33,040,500	33,040,500	33,040,500	220,270,000
Theme 2	22,477,908	23,414,488	15,921,852	16,858,431	14,985,272	93,657,950
Theme 3	81,286,104	41,850,158	33,008,932	13,053,820	3,450,646	172,649,660
Theme 4	0	24,433,526	16,635,427	16,635,427	0	57,704,380
Theme 5	24,417,460	24,417,460	24,417,460	24,417,460	24,417,460	122,087,300
Theme 6	16,900,800	5,130,600	3,621,600	3,621,600	905,400	30,180,000
Total	**257,888,272**	**152,551,206**	**126,296,344**	**115,770,239**	**76,799,278**	**696,549,290**

Table 8: Financing needs, summarized by thematic area and objectives (KES)

Thematic areas	Objectives	Cost per objective	Total cost per thematic area
Theme 1	Fostering meaningful engagement of persons with lived experience and their communities		220,270,000
	Objective 1: Promote the meaningful involvement of persons with lived experience of NCDs into the planning, execution and evaluation of all NCD ACSM activities in the country by 2030.	78,898,500	
	Objective 2: Increase the adoption of innovative approaches to provide information and build the capacity of persons with lived experience (PWLE) to drive NCD ACSM activities by 2030	141,371,500	

Thematic areas	Objectives	Cost per objective	Total cost per thematic area
Theme 2	Harnessing community-level structures to drive NCD ACSM		93,657,950
	Objective 1: Empower community-level structures to become effective champions and advocates for NCD issues.	48,025,200	
	Objective 2: Increase public awareness and promote behavior change for NCDs in the community.	45,632,750	
Theme 3	Building national and county level capacity for ACSM		172,649,660
	Objective 1: Strengthen the capacity of national and county government, and CSOs to advocate for prioritization of NCD-related policies, resources, and service delivery	113,927,160	
	Objective 2: Increase availability and accessibility of NCD-related services and resources at the national and County level	58,722,500	
Theme 4	Fostering ACSM partnerships		57,704,380
	Objective 1: To establish and nurture partnerships between relevant stakeholders to support ACSM goals.	54,562,380	
	Objective 2: To enhance sustainable funding for ACSM activities	3,142,000	
Theme 5	Ensuring political commitment and accountability in advocacy, communication, and social mobilization (ACSM)		122,087,300
	Objective 1: To ensure sustained political will from leaders at all levels to support NCD initiatives through policies, laws, regulations, and programmatic actions.	113,313,800	
	Objective 2: To enhance public accountability mechanisms	8,773,500	
Theme 6	Learning, adapting and building good ACSM practices		30,180,000
	Objective 1: Enhance Understanding of NCD Advocacy Strategies among stakeholders	17,370,000	
	Objective 2: Monitor, Evaluate, Adapt Strategies and Share Knowledge and Best Practices	12,810,000	
GRAND TOTAL		**696,549,290**	

4.4 Resource mobilization strategies

Table 9: Resource mobilization strategy

Potential funding agency	Proposed strategy
MOH County Governments Other MDAs (e.g. National Treasury)	• Ringfenced budget for NCDs: advocate for 15% of national budget going to health (Abuja Declaration); at least 17% of health budget goes to NCD control (NCDI poverty commission report); at least 20% of NCD budget supports ACSM • Align with manifestos • Specific budget lines for ACSM Activities • Work with the Council of Governors to develop a circular requiring each county to include a specific budget line for NCD ACSM in their Annual Work Plans.

Development partners • Norvo • World Vision • DANIDA • UNICEF • WDF • WHO • Global Fund • African Union	• Targeted dissemination • Writing proposals
Ethical Business, Commercial Banks. • Private sector • Philanthropists	• Writing funding Proposals • Create "Invest in NCD ACSM" Proposals: Develop targeted, compelling investment cases for specific private sector entities (e.g., private health insurance to fund campaigns on prevention to reduce future claims).

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Annexes

Annex 1: Assessing ACSM capacities for NCDs

Assessing advocacy communication and social mobilization capacities for non-communicable diseases (NCD) involves evaluating the strengths, weaknesses, opportunities, and challenges in promoting NCD prevention and control within a specific context (e.g., community, country, or organization). Here's a step-by-step guide for conducting such an assessment:

1. Define Objectives and Scope of Assessment

- **Objective:** Identify key goals for the assessment, such as understanding current advocacy efforts, identifying gaps in communication, or evaluating the effectiveness of social mobilization strategies for NCD prevention.
- **Scope:** Determine the geographic and demographic boundaries (e.g., local, national), target audiences (e.g., general population, policymakers, healthcare workers), and specific NCD of focus (e.g., cardiovascular diseases, diabetes, cancer).

2. Map Stakeholders and Partners

- **Identify key stakeholders** involved in NCD prevention and control, such as government ministries, health organizations, community groups, media, healthcare professionals, advocacy groups, and NGOs.
- **Map roles and responsibilities** of each stakeholder in terms of advocacy, communication, and social mobilization efforts.
- **Analyze existing partnerships** to understand collaboration levels, resource sharing, and potential gaps.

3. Evaluate Existing Advocacy and Communication Frameworks

- **Review existing advocacy materials:** Assess the quality and reach of materials such as pamphlets, reports, social media content, and advertisements related to NCD prevention.
- **Examine communication strategies:** Evaluate current communication strategies used for raising awareness about NCD. This could include mass media (TV, radio), social media, community outreach, and educational programs.
- **Assess content relevance and cultural fit:** Ensure the messages resonate with the target population, considering cultural sensitivities, literacy levels, and language preferences.

4. Assess Capacity for Social Mobilization

- Community engagement: Evaluate how effectively local communities are engaged in NCD- related activities. This includes assessing the involvement of community leaders, local organizations, and grassroots movements.
- Social mobilization tools and channels: Assess the channels used for mobilization, such as town hall meetings, radio programs, community health workers, digital platforms, and other outreach efforts.
- Resources available for mobilization: Examine the availability of resources, including human resources (e.g., trained mobilizers), funding, and materials.

5. Assess Institutional and Organizational Capacities

- **Institutional support**: Evaluate the level of institutional support for NCD advocacy and mobilization efforts (e.g., government policy, health systems capacity, availability of funding).
- **Training and skill development**: Assess the skills and training of individuals and organizations involved in advocacy, such as public health professionals, communicators, and social mobilizers.
- **Coordination and partnerships:** Assess the effectiveness of coordination between government, NGOs, and international agencies in addressing NCD.

6. Review Monitoring and Evaluation (M&E) Systems

- **Track progress:** Assess existing systems for tracking the impact of advocacy and mobilization campaigns. Are there clear indicators to measure success? (e.g., media coverage, changes in public behavior, policy changes).
- **Feedback mechanisms**: Evaluate how feedback from stakeholders, including communities and policymakers, is gathered and incorporated into the programs.

- **Data collection and analysis**: Review how data on NCD, advocacy efforts, and community participation are collected and analyzed for improvement.

7. Conduct Surveys and Interviews

- **Surveys:** Collect quantitative data through surveys from target audiences to gauge their awareness, knowledge, and attitudes towards NCD.
- **Interviews and Focus Groups:** Conduct qualitative interviews and focus groups with key stakeholders (e.g., healthcare providers, community leaders, advocacy groups) to understand barriers, opportunities, and existing capacities.

8. Identify Gaps and Barriers

- **Internal barriers:** Identify organizational challenges, such as limited resources, lack of coordination, or insufficient technical skills.
- **External barriers:** Identify external factors that may hinder NCD advocacy and mobilization efforts, such as political barriers, cultural norms, or economic constraints.
- **Awareness and behavior gaps:** Identify areas where public awareness is lacking or where behavioral changes are needed to improve NCD prevention and control.

9. Analyze Results and Develop Recommendations

- **SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats):** Conduct a SWOT analysis of current advocacy and mobilization efforts, taking into account all the findings from the assessment.
- **Prioritize actions:** Based on the results, prioritize areas for improvement, such as enhancing communication strategies, increasing community engagement, building institutional capacity, or addressing funding gaps.
- **Develop an action plan:** Create a roadmap to strengthen advocacy and social mobilization efforts, with concrete steps, timelines, and measurable indicators.

10. Engage Stakeholders in the Findings

- **Feedback sessions:** Share the assessment findings with key stakeholders through meetings, presentations, or workshops. Ensure that they are part of the solution-building process.
- **Collaborative planning**: Involve stakeholders in jointly developing action plans, ensuring their buy- in and commitment to addressing identified gaps.

Tools and Methods for Assessment:

- **Surveys and questionnaires:** Standardized tools to gather quantitative data.
- **Interviews and focus groups:** Qualitative methods for in-depth insights.
- **Document reviews**: Assess policy documents, reports, and communication materials.
- **Community mapping:** Visualizing the community's social structure and health resources.
- **Social media analysis:** Analyzing the reach and engagement of social media campaigns.
- **Workshops and meetings:** Facilitating discussions with key actors to understand challenges and capacities.

By following these steps, the capacity for advocacy communication and social mobilization efforts in promoting NCD prevention and control can be assessed, to identify gaps, and develop strategies for improvement.

Annex 2: Checklist for planning NCD ACSM activities

Target group/ audience	Objectives of ACSM activities	Challenges	Key messages/focus areas	Message delivery options
Advocacy				
Political leaders and policy-makers	• Enhanced political commitment • Greater fund allocation • Monitoring of programme at the highest level	• Competingpriorities • Busy schedule of leaders • Lack of clarity in message	• NCD burden in the country • NCD control is a development issue • Intricate link between NCDs and poverty • Cost-benefit analysis of NCD control • Consequences of neglecting NCD control	• Parliamentarian meeting • Ministerial review of the programme • Individual meetings with ministers and senior bureaucrats
Government departments	• Collaboration with other disease control programmes • Sharing of resources • HSS	• Lack of information on NCDs • No platform for meeting	• Introducing synergies through collaboration • Cost- effectiveness of collaboration • Creating a platform for regular meetings	• Ministerial review of the programme • Inter-agency meetings/ NCD ICC Coordination Mechanism
UN bodies	• Greater attention to NCD control • Linking of development activities with NCD services	• Infrequent opportunities for dialogue	• NCD control is a development issue with wide implications • Development programmes can collaborate specifically for cross-cutting areas	• UN meetings • Ministerial meetings with UN agencies • Newsletter
Donors/ funding agencies	• Enhanced and sustained commitment to NCD control	• Global economic situation • Emerging challenges requiring funding diversion • Changing priority of donor countries	• Financing NCD control is an investment with high yield • Cost-benefit analysis • Tangible outcomes of investment	• Meetings • Quarterly/ annual reports • Newsletter
Academic institutions and professional bodies	• Adopt and teach standardized approach to management of priority NCDs • Undertake and support NCD research	• Professional ego • Conflicting messages from various sources • Lack of local evidence • Funding for research	• Available global/ local evidence • Priority research areas	• Newsletter • Workshops • Conference • WHO/technical guidelines • Joint monitoring

Target group/ audience	Objectives of ACSM activities	Challenges	Key messages/focus areas	Message delivery options
International agencies	• Greater collaboration with the NCD programme • Technical and financial assistance • Sorting out cross-border issues	• Mandate of international organizations • Ability to work in local context • Limited grassroots presence	• Efficacy of programme activities • Sharing international experience • Regional bodies facilitating NCD control, e.g., through pooled procurement for orphan NCD medicines	• Meetings • Joint monitoring • Facilitation of trainings
Media	• Sustained coverage of NCD situation • Highlight programme achievements and gaps • Motivating policymakers and communities	• Competing priorities for coverage • Making a media "story" out of facts	• NCD as priority conditions across the life-course • National and subnational NCD burden • Current programme activities and how quality is being ensured • Success stories	• Journalists' training and workshops • Press release/ media briefing
Opinion leaders	• Commitment to NCD control • Motivate and support community • Create supporting environment for people with lived experience from NCDs	• Lack of social relevance in messages • No involvement of • community in • message production and dissemination	• Intricate link between NCD and poverty • Consequences of neglecting NCD control • NCD services available through the public and private sector • Community collaboration in NCD care	• Meetings and workshops • Community events • Focus group • discussions
Communication				
Local leaders	• Increase awareness regarding NCDs and available services • Develop confidence in the programme and available services • To further motivate communities	• Identification of problem in local context • Apprehensiveness about quality of services through public sector	• Achievement and gaps in implementation • Local success stories • Community leaders can be part of monitoring systems determining quality of services	• Quarterly/ annual report • Message from cured TB patients • Joint monitoring of local services

Target group/ audience	Objectives of ACSM activities	Challenges	Key messages/focus areas	Message delivery options
Communities	• Screening, Early referral and diagnosis • Stigma reduction • Social support for patients	• Community perceptions • Cultural values and norms • No involvement of community in message production and dissemination • Conflicting messages from various sources	• Role of NCD prevention • Screening and linkage to care • NCDs as life-long condition, requiring continuous follow-up • Role of self-care in NCD control	• Mass media • Display/print media • Interaction in groups • Street theatre • Focus group discussions
Patients	• Patient- friendly services • Treatment and follow-up adherence	• Convenience of care setting • Knowledge among health workers • Lack of counselling skills	• Available of NCD services at primary care • Need for regular Follow-up	• Patient groups
Social Mobilization				
Stakeholders and CBOs	• Mobilize community • Active involvement of community representatives in monitoring service delivery	• Lack of adequate/ accurate information on NCDs • Apprehensiveness about partnership with government/ programme	• Community benefits of NCD care, especially at primary car level • Allaying apprehensions through dialogue	• Stakeholders meeting at national and subnational level • Newsletter
Communities	• Screening, Early referral and diagnosis • Stigma reduction • Social support for patients	• Communities seen as passive recipients of services rather than active partners • Social dimensions of the disease are not a priority with programme managers	• Creation of social support structure • NCD is an all-of-society issue • Although most NCDs cannot be cured, they can be controlled • Everyone can • contribute	• Local media • Community meetings • NGOs/CBOs/ FBOs • Village heads/ teachers/ postmen/ other opinion leaders
Patient groups and families	• High quality services • Treatment adherence	• Accessibility of services • Cultural beliefs • Opportunity costs	• Care for uncomplicated NCDs can be provided close to home • Need for complete and regular treatment • Ambulatory treatment minimizes costs and wage loss • Untreated NCDs has dire consequences	• Opinion leaders • Peer group • Various forms of media

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Caroline Nasieku	County Department of Health: Narok
Dr Diana Rose Wangari	County Department of Health: Kitui
Dr Alfred Saigero	County Department of Health: Laikipia
Silas Maddo	County Department of Health: Homa Bay
John Maina	County Department of Health: Machakos
Khatra Ali	Council of Governors
Dr Catherine Karekezi	NCD Alliance of Kenya
Jared Owuor	NCD Alliance of Kenya
Gideon Ayodo	NCD Alliance of Kenya
Catherine Munaji	NCD Alliance of Kenya
Nancy Wesonga	NCD Alliance of Kenya
Henry Gitonga	Tharaka Nithi County
Prof. Violet Naanyu	Focus Projects and Research Organisation (FOPRO)
Elvirah Riungu	DMI/WDF Coordinator
Ida Munzatsi	Media Practitioner
Beavon Mugoshi	PLWNCDs (Caregiver)

Josephine Gitahi	PLWNCDs (Youth)
Catherine Njeri	PLWNCDs (Caregiver)
Miriam Ngure	Kenya Red Cross
Job Juma	Kenya Red Cross
Eric Angula	Medtronic Labs
Dr Oren Ombiro	Medtronic Labs
Imelda Namayi	National Council of Churches of Kenya
Dr Meshak Ndirangu	AMREF
Reuben Magoko	Kenya Defeat Diabetes Association
Caroline Cheruiyot	Clinton Health Access Initiative
Dr Nancy Ngugi	Kenya Diabetes Management & Information Centre
Joan Kimetto	Kenya Diabetes Management & Information Centre
Evans Majau	Kenya Mended Hearts Association
Silas D. Obuhatsa	National Parents Association
Esther Kathini	HPAC
Dr Valerian Mwenda	Consultant
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Ministry of Health

REPUBLIC OF KENYA

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