



MINISTRY OF  
HEALTH

The National  
**Cancer**  
Communication  
Strategy

2023-2027







**MINISTRY OF  
HEALTH**

# **The National Cancer Communication Strategy 2023-2027**

# THE NATIONAL CANCER COMMUNICATION STRATEGY 2023-2027

Nairobi, July 2023

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REPUBLIC OF KENYA

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## Foreword

Communication plays an essential role in disease prevention and health promotion. Strategic health communication efforts can help reduce cancer risks, incidence, morbidity and mortality, and improve quality of life for at-risk populations. However, providing relevant information about cancer prevention and control especially to vulnerable populations who are most in need can be challenging. Health information is often complex, technical, may be contradictory to long-held personal beliefs and is often subject to change as new research is released.



*Nakhumicha S. Wafula*

The rising cancer burden as well as high levels of stigma requires careful planning and development of communication programs that avoid undesirable effects and have great potential for success. At least 40 percent of all cancers are preventable. There is need to increase awareness and knowledge of cancer prevention, screening, early detection measures among the public and empower patients and caregivers on how to manage the disease to improve their quality of life. Effective health communication is also important in addressing potential barriers to accessing cancer services including screening and early diagnosis.

This Kenya Cancer Communications Strategy has been developed in line with the Constitution of Kenya, the Bottom Up Economic Transformative Agenda, the Kenya Cancer Policy, the Cancer Prevention and Control Act and the National Cancer Control Strategic Plan 2023-2027. The National Cancer Control Strategy 2023-2027 emphasises the need for a cancer communication strategy to enable advocacy, communication, and social mobilisation for the prevention, screening, and early detection of cancers.

We look forward to working together with the county governments, ministries, other state departments, civil society, all cancer control stakeholders, and all other relevant actors to ensure this strategy is executed towards our shared vision of a country with a low burden of cancer.

**Nakhumicha S. Wafula**  
*Cabinet Secretary For Health*



## Acknowledgements

Investing in routine screening programmes for asymptomatic cancers and the early detection of symptomatic cancers and diagnostic and referral services is a cost-efficient approach to mitigate the public health costs of cancer. However, such investments in services must be accompanied by clear communication about the necessity and benefits of such measures.



*Harry Kimtai, CBS*



*Mary Muthoni Muriuki, HSC*

This document is a result of concerted efforts by the Ministry of Health in collaboration with various stakeholders.

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In a special way, we recognise all members of the Cancer Advocacy, Communications, and Social Mobilisation Technical Working Group who portrayed tremendous dedication to the whole process of development of this document. We are also grateful to the communication consultants, Efua Owusu and Cylia Kathambi, who provided strategic guidance and professional inputs throughout the process. Special thanks to the National Cancer Control Program team led by Dr. Mary Nyangasi and the Ag. Director, Directorate of Health Promotion, Gladys Mugambi for their leadership and guidance. The coordination role of NCCP officers, Dr. Joan-Paula Bor and Lydia Kirika, is also much appreciated. Lastly, we appreciate the external reviewer, Joy Buria-Marjawa, whose inputs helped enrich this document.

We look forward to furthering the collaboration in implementing this first National Cancer Communication Strategy towards improving public knowledge and awareness of cancer for early detection and better outcomes while empowering cancer patients for a better patient experience.

A blue ink signature of Harry Kimtai.

**Harry Kimtai, CBS**  
*Principal Secretary*  
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# Executive Summary

The overall goal of the National Cancer Communication Strategy 2023-2027 is to provide a well-coordinated and sustainable national cancer communications framework to enhance public awareness in cancer prevention and control towards reducing morbidity and mortality from cancer while improving the quality of life for cancer patients in Kenya.

**Chapter One** introduces the background and context, including the existing policy and legal frameworks and the rationale for the strategy.

**Chapter Two** is an in-depth situational analysis focusing on the cancer communication landscape in Kenya, risk factors and social determinants of health that influence care-seeking behavior, and an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

**Chapter Three** is the crux of the document and outlines a total of four SMART objectives to actualise the strategy, as follows:

- **Objective 1:** Create an enabling policy environment for effective cancer communication at all levels.
- **Objective 2:** Increase public awareness, promote behaviour change, and foster social and community responsibility towards cancer risk reduction and healthy living utilising evidence-based communication channels.
- **Objective 3:** Build capacity to communicate effectively in creating cancer awareness in order to reduce stigma, and increase uptake of cancer screening and treatment services across diverse population groups.
- **Objective 4:** Setup a comprehensive monitoring and evaluation framework for knowledge management to assess the impact of the communication strategy on public knowledge, attitudes, and behaviours related to cancer prevention, detection, and treatment.

These are broken down in the matrix which details the strategies, target audiences, key message themes, activities, and the desired outcomes.

**Chapter Four** is the monitoring and evaluation framework while **Chapter Five** discusses the financing aspects of the Strategy including the costing methodology, resource requirements and mobilisation approaches.

It is my hope that this cancer communication strategy will ultimately lead to improved health outcomes, reduced public health costs, and ultimately, a healthier nation.



**Dr Patrick Amoth, EBS**

**Ag. Director-General For Health**



*Dr Patrick Amoth, EBS*

# Abbreviations and Acronyms

ACSM	Advocacy, Communication and Social Mobilisation
CBO	Community-Based Organisation
CDC	United States Centres for Disease Control and Prevention
CHA	Community Health Assistant
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHP	Community Health Promoters
CoG	Council of Governors
CSO	Civil Society Organisation
DCHS	Division of Community Health Services
DRMNH	Division of Reproductive, Maternal & Neonatal Health
EBV	Epstein–Barr Virus
FBO	Faith Based Organisations
GLOBOCAN	Global Cancer Observatory
HBM	Health Belief Model
HIV	Human Immuno-deficiency Virus
HPV	Human Papillomavirus
ICC	Intersectoral Coordination Committee
IEC	Information, Education and Communication
KEHPCA	Kenya Hospices and Palliative Care Association
KENCO	Kenya Network for Cancer Organisations
KEPH	Kenya Essential Package for Health
LMICs	Low and Middle-Income Countries
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NASCOP	National AIDS & STI Control Program
NCCP	National Cancer Control Program
NCCS	National Cancer Control Strategy
NCD	Non-Communicable Diseases
NCI-K	National Cancer Institute- Kenya
NGO	Non-Governmental Organisation
NVIP	National Vaccines & Immunisations Program
OPED	Opinion Editorial
RMEL	Research, Monitoring, Evaluation and Learning
SCT	Social Cognitive Theory
SEO	Search Engine Optimisation
TWG	Technical Working Group
UHC	Universal Health Coverage
WHO	World Health Organisation

## Definition of Terms

**Above The Line** - Denoting to or relating to advertising in Mass media. These channels include television, radio, print media, and outdoor advertising, such as billboards and signage. “Above the line” activities typically involve reaching a wide audience and are focused on building brand awareness and generating broad exposure.

**Advocacy, Communication, and Social Mobilisation (ACSM)** - ACSM involves three distinct sets of strategies, all of which have the shared goal of bringing about positive and desired behavioural change for health targeting different audiences. Advocacy aims to gain the support of public leaders and decision-makers who can connect with the masses on desired goals and messages. Communication targets individuals and small groups, while social mobilisation aims to secure community-based support.

**Below The Line** - Denoting to or relating to advertising in a more targeted approach. “below the line” activities involve more targeted and personalised forms of communication such as events, direct emails, activations and distribution of marketing materials.

**Campaign** – Organised communication activities under an agreed theme delivered through multiple channels to inform, persuade, or motivate individuals to adopt new behaviours or practices. A campaign uses different tools and is typically implemented within a limited time frame.

**Cancer champions** - Cancer survivors and supporters who will be drawn from the community to use their experience, knowledge and passion to support friends, family and colleagues in advocating for cancer education.

**Carcinogen** - A carcinogen is a substance, organism or agent capable of causing cancer. Carcinogens may occur naturally in the environment (such as ultraviolet rays in sunlight and certain viruses) or may be generated by humans (such as automobile exhaust fumes and cigarette smoke).

**Cancer Survivor** - A person is considered to be a survivor once they have ever received a cancer diagnosis, no matter where they are in the course of the disease.

**Disinformation** - Disinformation refers to intentionally false or misleading information that is created, disseminated, or spread to deceive, manipulate, or influence others.

**Health Communication** - This is the science and art that applies communication tools, strategies, theories, and creativity to promote behaviours, policies, and practices that advance the health and well-being of people and populations.

**Information, Education and Communication materials** - Resources designed to convey information, promote awareness, and facilitate behavior change among individuals and communities. These materials are developed to effectively communicate key messages and knowledge on various topics, including health, education, social issues, and public awareness campaigns.

**Misinformation** - Misinformation refers to false or inaccurate information that is shared or spread without the intention of deceiving or causing harm. It can result from innocent mistakes, misunderstandings, misinterpretations, or the dissemination of rumours and unsubstantiated claims.

**Myths and Misconceptions** - False or inaccurate beliefs that are widely held or circulated within a society. In the context of health and medicine, these misleading beliefs can lead to misunderstandings, stereotypes, stigma and potentially harmful actions.

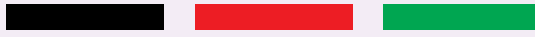
**Peer Educator** - A person who provides education, support, and guidance to their peers (people of the same age group, background, or shared experiences) on specific topics or issues, with the aim of promoting positive behaviour change and knowledge dissemination within the peer group.

**Social Determinants of Health** - Social determinants of health refer to the conditions and factors in the social and economic environment that shape and influence an individual's health status and well-being. They include various social, economic, and environmental factors which play a significant role in determining health outcomes and disparities within populations.

**Through The Line** - An integrated marketing approach that combines both “above the line” (mass media) and “below the line” (targeted and personalised) marketing strategies. The goal of through-the-line marketing is to create a cohesive and comprehensive marketing campaign that reaches a wide audience through mass media while also engaging with specific segments individually example is social media advertising.

**White Papers** - An in-depth report or guide about a specific topic and the problems that surround it. It is meant to educate readers and help them to understand and solve an issue, White papers provide good in-depth knowledge on an issue and can serve as an important tool for journalists to gather information about an issue.

# Introduction



# CHAPTER ONE

## Introduction

### 1.1 Background and Context

Cancer is a group of more than 100 distinct diseases, with diverse risk factors and epidemiology which originate from most of the cell types and organs of the body. They are characterised by uncontrolled cell proliferation that can invade normal tissue organs and spread to distant organs. Some cancers are fast-growing, while others are slow-growing.

Cancer is a major public health concern. The burden of cancer is projected to be on the rise globally and with 75% of the global mortality rates occurring in low and middle-income countries (LMICs). Kenya, like many other LMICs, faces various gaps in cancer control, including but not limited to low awareness levels among the population about cancer and its risk factors, myths and misconceptions, and high levels of cancer stigma, among other challenges. These have contributed to the low demand and uptake of cancer prevention, screening and early diagnostic services by the general population. As such, late-stage cancer diagnosis is the norm resulting in high cost of treatment, poor treatment outcomes and low survival rates.

There is a general lack of credible sources of cancer information necessitating streamlining, a more consolidated effort and collaboration between all stakeholders within and those beyond the health sector to scale up public awareness and information on cancer and enable the general population to convert this information and public awareness into action for behaviour change for cancer risk reduction and improved uptake of cancer services across the care continuum.

The Ministry of Health intends for healthcare and non-healthcare individuals and organisations to be engaged in the effective and efficient dissemination of cancer-specific information to diverse audiences and demographics as outlined in this Communications Strategy. This document will provide a general, overarching guide for implementing the communication plans by giving accurate information to support the achievement of the strategic objectives of the National Cancer Control Strategy 2023-2027 whose vision is to reduce the preventable burden of cancer in Kenya.

### 1.2 Existing Policies, Plans and Legal Frameworks

The development of this communications strategy is guided by the National Cancer Control Strategy 2023-2027 which is aligned to the Kenya Vision 2030 Agenda, the Vision 2030, the 2010 Constitution of Kenya, the Kenya Health Policy and the Kenya Cancer Policy 2019-2030. The 2010 Constitution of Kenya assigns to every Kenyan the right to the highest attainable standards of health. The Cancer Prevention and Control Act of 2012 recognises the importance of promoting public awareness about the causes, consequences, and means of prevention, treatment and control of cancer through a comprehensive nationwide education and information campaign conducted by the national government in all schools

and other institutions of learning, all prisons, remand homes and other places of confinement, amongst the disciplined forces, at all places of work and in all communities throughout Kenya. The national government in collaboration with the National Cancer Institute is to provide training, sensitisation and awareness programs on the prevention, treatment, palliative care and control of cancer for all employees of all national government departments, authorities and other agencies; employees of private and informal sectors; community and social workers; media professionals, educators, and other stakeholders involved in the dissemination of information to the public on cancer prevention, treatment and control.

Kenya has a hierarchical organisation of health service delivery organised into six levels of care according to the Kenya Essential Package for Health (KEPH), within a devolved system of government. Most health service delivery functions are allocated to county governments. Community Health Strategy is a core component of KEPH, with community health services forming the first level of care (Level 1).

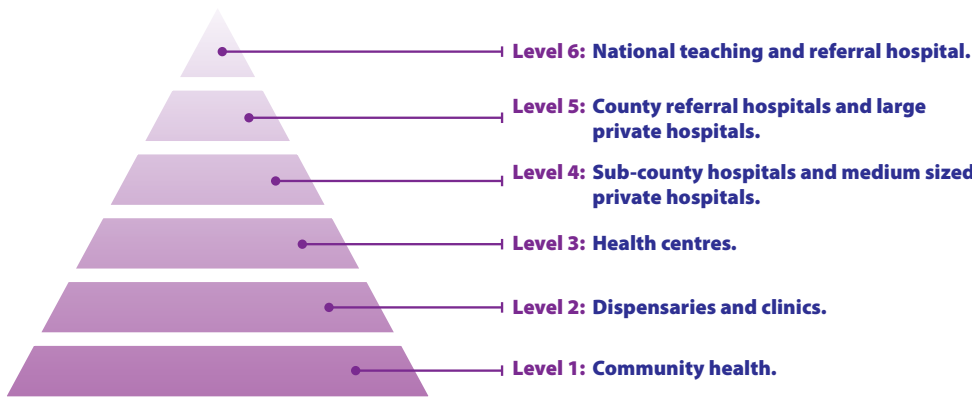


Fig. 1.1 Organisation of Health Service Delivery in Kenya.

### 1.3 Rationale for a Communications Strategy

The term “cancer” is surrounded by stigma that equates it with death and suffering. Communication about cancer therefore makes many people uncomfortable, forcing them to think about their potential to suffer and die. While the prevalent negative social stigma surrounding cancers makes communication difficult, cancer communication efforts can be strategically planned and executed to encourage key audiences to attend to and respond to relevant cancer prevention information.

Additionally, cancer health information is often complex and technical, and subject to change as new research findings emerge and as a result, it is not easy for most lay persons to understand the science behind cancer prevention and control recommendations. There is therefore potential for misinformation, myths and misconceptions often misdirecting or alienating the public.

Access to credible and reliable health information plays a crucial role in influencing individual behaviour and decision-making. A 2020 International Public Opinion Survey on cancer in Kenya indicated that 51 per cent of Kenyans believe there is a need to raise public awareness and improve cancer education in the country.



This strategy is important in guiding an effective cancer communication strategy into a unified and harmonised national cancer awareness campaign. It will enable stakeholders align their efforts, leverage collective expertise, and pool resources towards a unified and impactful campaign while ensuring that accurate and reliable information is made available towards reducing the burden of cancer and improving the overall health outcomes of the population.

## 1.4 Who will use this strategy?

This strategy is designed to guide health and non-health actors communicate with the public about cancer. This encompasses; the general public, cancer patients and survivors, healthcare professionals, policymakers and government agencies, civil society and advocacy groups and community leaders, among others. The strategy aims to increase public information, awareness, knowledge, and understanding of cancer prevention, early detection, and available support services to empower individuals in making informed decisions about their health, seek timely medical attention, and adopt healthier behaviours.

## 1.5 Guiding Principles

This strategy incorporates the following five key guiding principles:

- 1. Inclusivity and Equity:** The strategy prioritises reaching and engaging all segments of the population, regardless of socio-economic status, ethnicity, or location, and addressing the specific needs of vulnerable and marginalised groups.
- 2. Evidence-based Approach:** The strategy relies on accurate and up-to-date scientific evidence to inform communication efforts, ensuring the use of reliable data, research findings, and best practices in cancer prevention, risk factors, screening, early detection, and treatment.
- 3. Collaborative Engagement:** The strategy promotes partnerships and collaboration among government agencies, non-governmental organisations, healthcare professionals, academia, community leaders, cancer survivors, advocacy groups and media organisations to collectively address cancer-related challenges in Kenya.
- 4. Culturally Appropriate Communication:** The strategy emphasises tailoring communication approaches to diverse cultural backgrounds and social determinants of health, utilising culturally appropriate messaging, language, and channels to enhance understanding, acceptance, and engagement.
- 5. Empowerment and Behavior Change:** The strategy focuses on empowering individuals with knowledge, skills, and resources to make informed decisions about cancer prevention, early detection, and healthcare-seeking behaviour, encouraging behaviour change towards healthier lifestyles and practices.

# Situational Analysis



## CHAPTER TWO

# Situational Analysis

### 2.1 Communication Landscape of Cancer in Kenya

The communication landscape of cancer awareness in Kenya involves a myriad of stakeholders, channels, and approaches to disseminate information and raise awareness about cancer prevention, early detection, available treatment and palliative care. At National Level, the Ministry of Health commemorates four significant cancer awareness days: National Cervical Cancer Awareness Month (every January), World Cancer Day(4th February), National Cancer Survivors’ Month (June) and Breast Cancer Awareness Month (October). During the cervical cancer month, advocacy and training have been conducted using the Cervical Cancer Advocacy Guide targeting key opinion leaders.

Childhood Cancer Awareness Month is commemorated every September to raise awareness of cancers occurring in children. These are usually largely commemorated at the national level with little activity at the community level. There have also been efforts through Civil Society for media sensitisation and provision of patient education materials among cancer patients within cancer centres and as such, a cancer information booklet is available for patients and their caregivers. There exists a training package for community health promoters (CHPs) on cancer. The National Cancer Institute has also conducted sensitisation of teachers on cancer.

During the Breast health awareness campaign and screening pilot conducted in 2019 in Nyeri County, it was noted that that eighty percent (80%) of the respondents recalled seeing or hearing of the breast health campaign over the month of October without any prompting. The majority of the respondents (75%) reported that they had received information about the campaign from the community health promoters, while sixty-eight per cent (68%) mentioned church announcements and WhatsApp groups. A survey on the uptake of cervical cancer screening services found that although 68 per cent of eligible women were aware of cervical cancer screening, only 16 per cent had undergone screening. In another study, although 64 per cent of men interviewed felt they were at an elevated risk for developing prostate cancer, only 2.4 per cent had been screened.

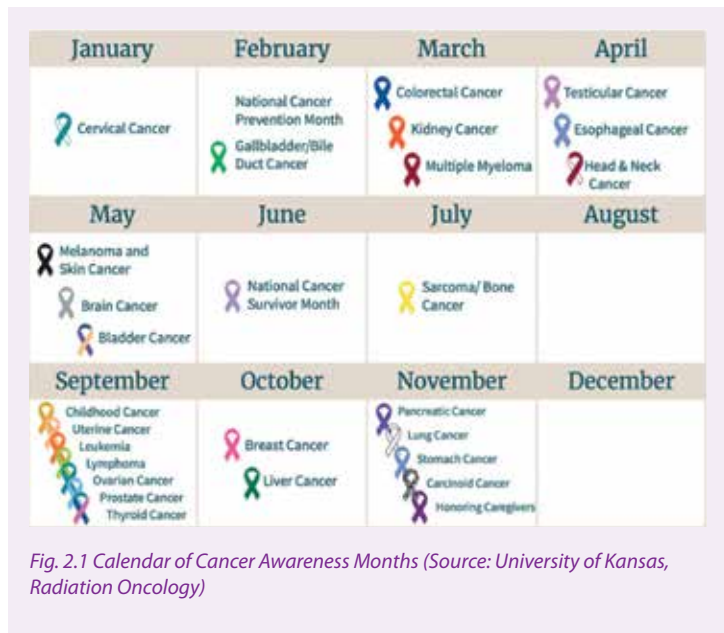


Fig. 2.1 Calendar of Cancer Awareness Months (Source: University of Kansas, Radiation Oncology)

A study by Shaheen and colleagues on breast cancer knowledge and perceptions in rural Kenya found that less than 10 per cent of adult women and men knew two factors that influence breast cancer risk. Further, the research noted low levels of knowledge about cancer among the population and clinicians and poor health-seeking behaviours among the Kenyan people are significant barriers to cancer screening, early detection, and effective treatment to reduce cancer morbidity and mortality.

Another qualitative study identified seven barriers to cancer treatment and testing in Kenya: the high cost of testing and treatment, low level of knowledge about cancer among the population and clinicians, poor health-seeking behaviours among the population, long distances to access diagnostic and treatment services, lack of decentralised diagnostic and treatment facilities, poor communication and lack of better cancer policy development and implementation.

It has therefore been noted that there are still significant gaps in public awareness and knowledge, health-seeking behaviours, and sustainable access to cancer health information. This communication strategy aims to provide a comprehensive structured, informed road map to execute communication activities based on evidence-based and context-appropriate strategies for cancer prevention and control in Kenya that will support and drive the vision of a Kenyan population with a low burden of cancer.

This first cancer communication strategy proposes a strategic shift in line with the Bottom Up Transformation Agenda where it is envisioned that a base-of-the pyramid or community-based cancer advocacy, communication and social mobilisation model will be utilised for greater impact.

## 2.2 Communication Channels for Cancer Information

Successful communication rests on the communicator's credibility. Information through channels that are perceived to be credible typically creates stronger beliefs and is more persuasive.

Available channels of information on cancer in Kenya include face-to-face or interpersonal channels (health care providers to patients, peer to peer, family members and friends), traditional and digital mass media, group delivery such as cancer support groups, and the community. The practice of alternative and herbal medicine is common and it has been established that many patients seek information from them in the course of their illness. Cancer communications for the populace at the facility level include facility outreaches, and the engagement of health promotion officers and community health providers to educate the public on the risk factors of cancer and other diseases during routine health check-ups and services. There are several information platforms and sources of information, there are challenges with misinformation. Simply encouraging people to critically evaluate information as they read it can reduce the likelihood of taking in inaccurate information or help people become more discerning in their sharing behaviour.

## 2.3 Cancer Hazards and Risk Factors

Although the exact causes of cancer remain unknown, certain cancer risk factors can increase their likelihood of occurring. About 40% of cancers can be prevented by avoiding certain risk factors and implementing preventive strategies. Globally, genetic factors contribute about 5-10% of all cancers. The

International Agency for Research on Cancer Monographs programme identifies cancer hazards which is different from cancer risks. A cancer hazard is capable of causing cancer under some circumstances while a cancer risk is the probability cancer will occur based on the routes and levels of exposure to the hazard.

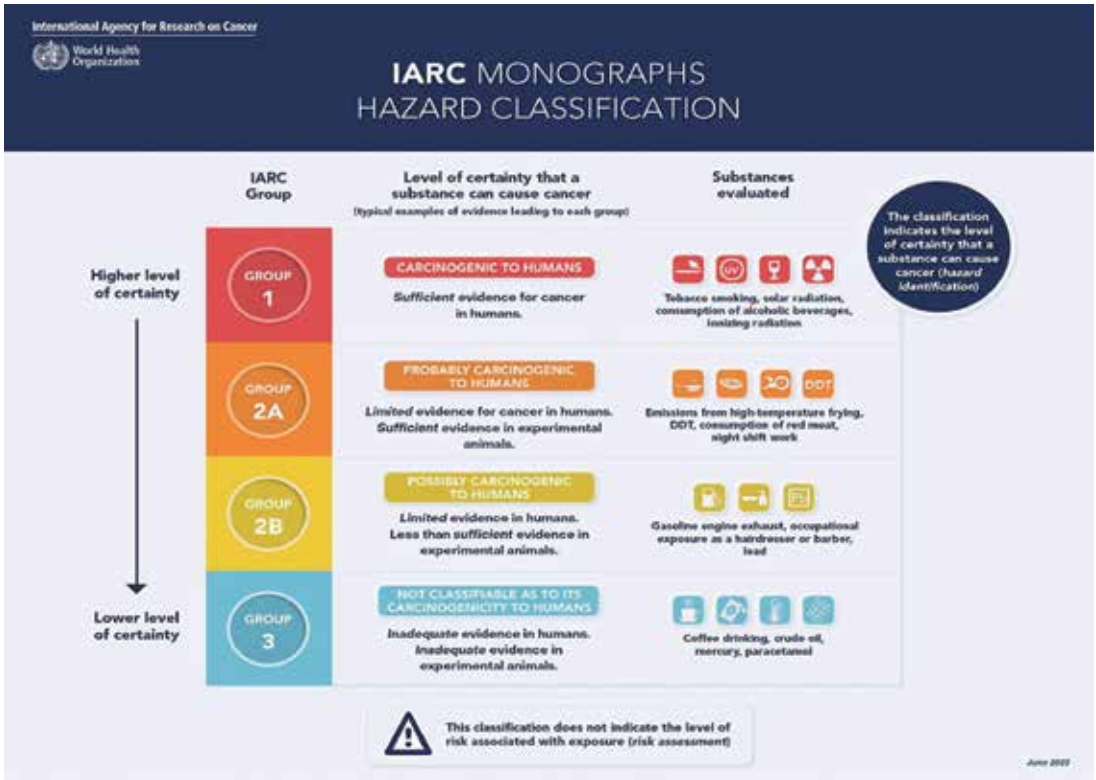


Fig. 2.2 IARC Monographs Hazard Classification

The four main risk factors for cancer include: tobacco and alcohol use, unhealthy diet and physical inactivity. As per Kenya’s STEPS survey of 2015, about 28% of Kenyans are overweight and obese, while 94% do not consume adequate fruits and vegetables. Tobacco use among adults was at 13%, being higher among males while alcohol use was estimated to be at about 19%.

The main modifiable and non-modifiable risk factors for cancer include:

Modifiable risk factors	Preventive action
Overweight or obesity, Lack of physical activity	Lifestyle modifications –physical activity, and reducing weight.
Tobacco and alcohol use	Avoid the use of tobacco and alcohol
Unhealthy diet with low fruit and vegetable intake	Healthy diets and eating habits

Modifiable risk factors	Preventive action
Air pollution, exposure to indoor smoke from the use of solid fuels or other carcinogenic exposures	Avoidance of solid fuels, use of clean energy sources, masks in places with high air pollution
Carcinogenic infections- HIV, HPV, HBV, EBV	Vaccination against HPV and hepatitis B virus, healthy sexual behaviour
Exposure to ionising and ultraviolet radiation,	Reduction of exposure to ionising and ultraviolet radiation (including occupational or medical diagnostic imaging)
Non-modifiable risk factors	Individual actions
<b>Genetic risk factors:</b> family history, race, ethnicity <b>Biological risk factors:</b> age and gender	Screening measures to detect cancer early enough can help reduce the risk of developing cancer later.

### Factors that may affect the Risk of Cancer



Diet



Alcohol



Physical activity



Obesity



Diabetes



Environmental Risk factors

## 2.4 Social Determinants of Health that Influence Care-Seeking Behaviour

The World Health Organisation (WHO) identifies several social determinants of health that influence individuals' care-seeking behaviour. These determinants are external factors beyond the healthcare system that shape people's decisions and ability to access healthcare services. Here are key social determinants of health that affect care-seeking behaviour:

- i. **Socioeconomic status:** income, education, and occupation significantly impact individuals' access to healthcare.
- ii. **Cultural and social norms:** Cultural beliefs, attitudes, and social norms influence how individuals perceive and seek healthcare.
- iii. **Social support networks:** The availability and quality of social support systems, including family, friends, and community networks, can affect care-seeking behaviour. Strong social support networks can provide assistance, encouragement, and practical help in seeking and accessing healthcare.
- iv. **Health literacy:** The level of health literacy, which refers to individuals' ability to obtain, understand, and use health information to make informed decisions, plays a crucial role in care-seeking behaviour. Limited health literacy can lead to difficulties in navigating healthcare systems, understanding medical advice, and making appropriate healthcare choices.
- v. **Geographic location and access to healthcare services:** Individuals living in remote or underserved areas may face challenges in accessing healthcare due to long travel distances, lack of transportation, and limited availability of healthcare providers.

- vi. **Discrimination and social exclusion:** Discrimination based on factors such as race, ethnicity, gender, or socioeconomic status can contribute to disparities in care-seeking behaviour. Experiences of discrimination and social exclusion can lead to distrust in healthcare systems, fear of mistreatment, and reluctance to seek care.
- vii. **Health policies and systems:** The organisation and functioning of healthcare systems, including policies related to financing, service delivery, and quality of care, can shape care-seeking behaviour. Factors such as affordability, availability, and acceptability of healthcare services can influence individuals' decisions to seek care.

## 2.5 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

The framework below analyses the strengths, weaknesses, opportunities and threats that will affect the success of the implementation of this communication strategy.

The goal of the strategy is to maximise the strengths and opportunities and minimise or avoid the effects of weaknesses and threats to the programme.

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> <li>1. Existence of a National Cancer Control Strategy</li> <li>2. Existence of health promotion directorate at national level and county health promotion officers</li> <li>3. Good collaboration with the CSO's</li> <li>4. Existence of a Technical Working Group (TWG) on cancer advocacy, communication and social mobilisation (ACSM)</li> <li>5. Trained cancer champions</li> <li>6. Political goodwill</li> <li>7. Ongoing strengthening of the community health units and activation of primary care networks</li> <li>8. Existing Cancer M&amp;E framework that can assist in evaluating the effectiveness of the communication campaigns</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of well-structured mechanisms for sustained awareness creation beyond cancer days</li> <li>2. Lack of a communication strategy</li> <li>3. Weak capacity of cancer stakeholders on communication</li> <li>4. Lack of dedicated funding for communication and advocacy activities</li> <li>5. Lack of a unified national brand/campaign</li> <li>6. Language barriers at community level when disseminating information</li> </ol>
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> <li>1. Potential partnerships with Media, Private sector</li> <li>2. Multisectoral collaboration beyond health sector, in other ministries, state departments and agencies</li> <li>3. Use of cancer awareness days to drive public campaigns from the community</li> <li>4. Leverage on technology digital platforms to disseminate information e.g. e-citizen</li> <li>5. Leverage on national events e.g. sports as platforms to promote cancer campaigns.</li> <li>6. Use of community health promoters to disseminate information at grassroots level</li> </ol>	<ol style="list-style-type: none"> <li>1. High levels of cancer stigma</li> <li>2. Cultural factors/religious sects</li> <li>3. Social practices and beliefs such as witchcraft</li> <li>4. Lack of regulation of traditional healers.</li> <li>5. Myths and misconceptions</li> <li>6. Media sensationalism on cancer issues and inaccurate reporting</li> <li>7. The diverse ethnicities and tribes in Kenya may present a challenge in targeted messaging</li> <li>8. COVID pandemic information "overdose"</li> </ol>

Through utilisation of platforms within the Ministry including channels such as the official Whatsapp Chatbot and hotlines such as 719, information on where services are offered as well as educative material can also be shared with the general public.

# The Communication Strategy





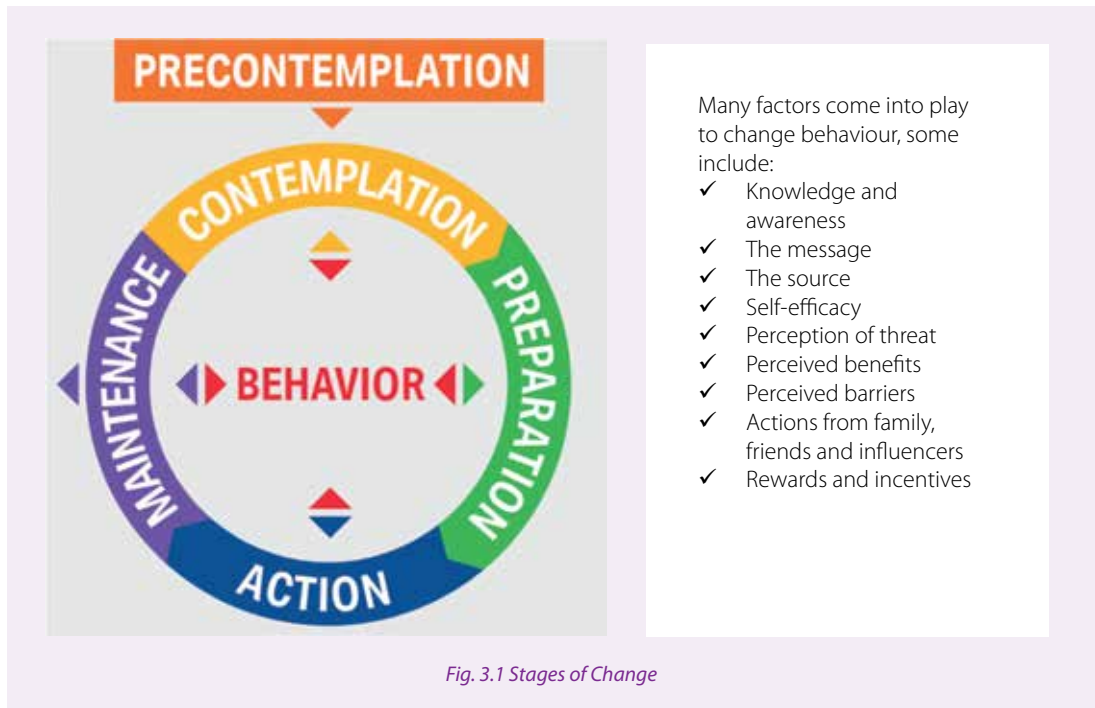
# CHAPTER THREE

## The Communication Strategy

### 3.1 Theoretical Framework

Successful health communication programs involve more than the production of messages and materials. They use research-based strategies to plan, identify the target audiences, select appropriate strategy and channels, design the products and materials, pretest and deliver them to the intended audiences.

Communication theories posit that individuals undergo a sequential process when making decisions to adopt new actions or change behaviours. This process begins with a lack of awareness regarding interventions like screening. Through effective communication activities, individuals become aware of the intervention, consider its benefits, adopt it, repeat the action, demand it, and eventually promote it within their community. Strategic communication and engagement, coupled with the provision of high-quality, accessible, and reliable health services, are essential components of this iterative process.



Communication campaigns should therefore be designed to overcome the pervasive high levels of cancer stigma. The communication should influence public attitudes towards individual practices that promote prevention. This is because cancer prevention is more efficient, more effective and less expensive compared to treatment. Cancer prevention involves efforts to reduce the risk of cancer. It is a long-term investment aimed at getting a large population to adopt healthy habits.

Several theories and models support the practice of health promotion and disease prevention. For this strategy, we shall combine the Social Cognitive Theory (SCT) and Health Belief Model (HBM).

The Social Cognitive Theory (SCT) developed by Albert Bandura emphasises the reciprocal interaction between individuals, their behaviour, and their environment. Key constructs include observational learning, self-efficacy, and social reinforcement. SCT suggests that behaviour change is influenced by observing others' behaviours, perceiving self-efficacy (confidence in one's ability to perform the behaviour), and receiving social support and reinforcement. The *cancer champions* will play a vital role in providing role models for *healthy living* to combat cancer.

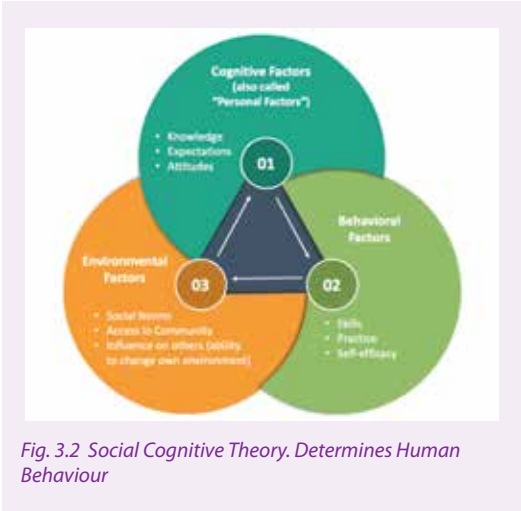


Fig. 3.2 Social Cognitive Theory. Determines Human Behaviour

**The Health Belief Model** posits that individuals' health behaviours are influenced by their perceived susceptibility to a health condition, the perceived severity of the condition, perceived benefits of adopting preventive behaviours, perceived barriers to behaviour change, and cues to action. Key to this will be positive reinforcement messaging that will be guided by the national campaign whose main objective will be to advocate for the reduction of cancer incidences.

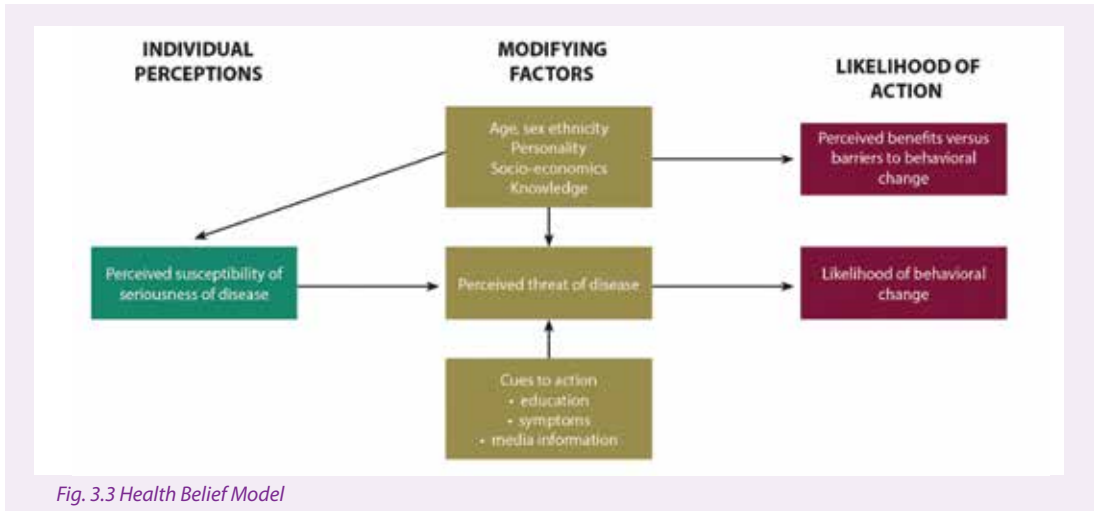


Fig. 3.3 Health Belief Model

## 3.2 Audience Analysis and Key Messaging

Determining the target audiences and which messages and channels are most appropriate to reach them will include assessing their demographic, physical, psychosocial and behavioral characteristics. The more complete a description of the target audience, the more suited the strategy that is developed.

### 3.2.1 Primary Audience: those who you want to affect

- (a) **Cancer Patients:** Individuals diagnosed with and undergoing treatment for cancer, facing unique physical, emotional, and social challenges on their journey towards recovery and well-being.
- (b) **Healthcare Professionals/Community Health Promoters:** Doctors, nurses, and other healthcare providers including community health promoters who can play a vital role in educating clients, promoting vaccination, screening and providing accurate information about cancer prevention and treatment.
- (c) **General Public:** Men and women of all ages, residing in urban and rural areas, with a focus on vulnerable groups with limited knowledge about cancer prevention, early detection, and treatment options. Male involvement is key since they are often the decision-makers in many families.
- (d) **High-Risk Population:** Individuals with known risk factors for specific types of cancers (e.g., smokers, people with a family history of cancer, those with certain occupational exposures) who can be targeted with tailored messaging and interventions.
- (e) **Children, Youth and Students:** Children, Youth and college students who can be reached through educational institutions and social media to raise awareness about healthy lifestyle choices, early detection, and prevention measures.
- (f) **Vulnerable groups and those in Confined areas:** prisons, remands and other areas of confinement such as disciplined forces, displaced populations, vulnerable groups (young, uneducated, low socioeconomic status, disabled persons) can be targeted using appropriate channels.

### 3.2.2 Secondary Audience: those with influence on the primary audience

- a) **Caregivers and Family Members:** Individuals who support and care for cancer patients can benefit from information on caregiving, emotional support, and available resources to support the cancer patients.
- b) **Community and Religious Leaders:** Local leaders, traditional healers and administrators, religious leaders and influential community members who can help disseminate information and promote behaviour change within their communities to influence the general public.
- c) **Teachers and Educators:** Engaging teachers and educators can help ensure that accurate and age-appropriate cancer-related information is integrated into school curricula to influence the children, youth and young adults.
- d) **Employers and Human Resources:** Workplace wellness programs can reach employees and provide information about healthy lifestyles, cancer screenings, and support resources.
- e) **Policy Makers and Government Officials:** Engaging policymakers and government officials can help advocate for policies that promote cancer prevention, early detection, treatment access, and support services.

- f) **Professional and Civil Society Organisations:** engaging these can help influence health care providers, patients and patient support groups to help cause a desired change. This will also include sensitisation of media professionals (journalists, reporters and media outlets) on accurate and informative coverage.

### 3.2.3 Key Messaging

For effective cancer risk messaging, there should be a careful analysis of the critical cultural factors that influence health beliefs and behaviours. It is particularly important to effectively communicate through clear, accurate, audience-centred, persuasive, and science-based messages. Based on the theoretical framework analysis, the messaging will focus on preventive cancer, positive reinforcement (optimistic terms) and anti-stigma communication.

Messaging should avoid superlatives such as “breakthrough”, “gamechanger” or “miracle”. Limit the use of emotional appeal and avoid language that evokes fear or hope. Combining text and visuals (charts, graphs, and cancer champions) will increase audience attention and understanding

Illustrations below:

#### Persona Description 1

Health-Conscious Hannah is a professional cancer champion in her 40s who prioritises a healthy lifestyle. She exercises regularly, eats nutritious meals, and seeks preventive measures to maintain overall well-being.

- **Call to Action (Scenario 1):** testimonial on prevention
- **Call to Action (Scenario 2):** Infographic highlighting the top 5 cancer prevention tips

#### Persona Description 2

Concerned caregiver actively seeking information and support to better understand cancer, its treatment options, and how to provide care and emotional support. They want to be equipped to offer the best possible care to their loved ones.

- **Call to Action (Scenario 1):** Testimonial sharing their personal experience and the importance of seeking support from others in similar situations.
- **Call to Action (Scenario 2):** Infographic sharing tips on how caregivers can practice self-care and manage stress while supporting their loved ones.

#### Persona Description 3

Caring Kids - representing children under 18 years old who may have limited knowledge about cancer. They may have encountered cancer-related situations or know someone who has been affected by it. These children are curious and compassionate, seeking age-appropriate information about cancer prevention, empathy, and support for affected individuals.

- **Call to Action (Scenario 1):** Testimonial sharing their personal experience and the importance of seeking support from others in similar situations.
- **Call to Action (Scenario 2):** Infographic sharing tips on how caregivers can practice self-care and manage stress while supporting their loved ones.

#### Persona Description 4:

Early Screening Eddie is a middle-aged working professional in his 50s who understands the importance of early detection of cancer. He has seen the impact of cancer on his family and friends, motivating him to prioritise his health. Eddie actively seeks out regular screenings and medical check-ups to identify any potential signs of cancer at the earliest stages.

- **Call to Action:** Personal story emphasising the benefits of early screening, highlighting how early detection saved his life or improved his prognosis.

### 3.3 National Cancer Campaign Structure

Behaviour change health promotion campaigns play a vital role in preventing diseases, improving health outcomes, reducing healthcare costs, empowering individuals, making a positive social and environmental impact, and building healthier communities. A targeted national health campaign will be crucial for targeting behaviours that contribute to poor health choices and will inspire and support individuals in making lasting positive changes for themselves and society as a whole.

A single nationwide campaign will be developed that will run for the five-year period (2023 – 2027) that can be cascaded to the community level (see Fig 3.1) and have different calls to action for the different cancers.

The dominant brand colour will be purple which represents all cancers.



Fig. 3.4 Cancer Ribbons

The Campaign will be in line with a four pillar approach to cancer control:

1. Prevention (main focus)
2. Early Detection
3. Diagnosis and Treatment
4. Palliative Care

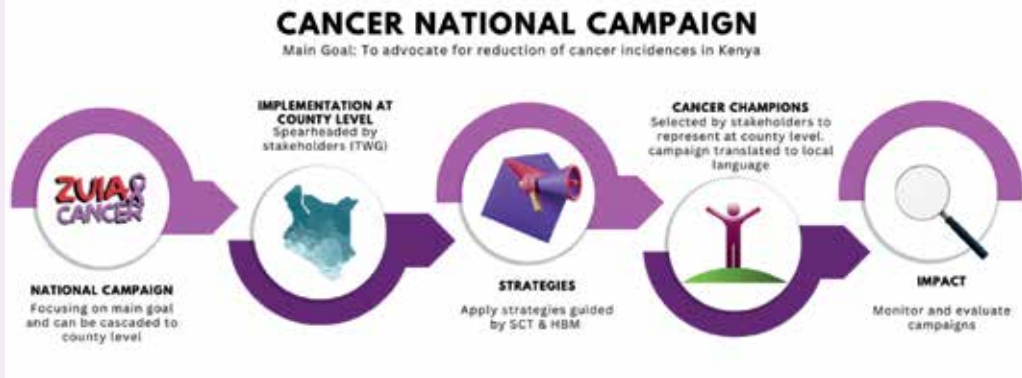


Fig. 3.5 Campaign Structure

**Main campaign logo should appear on the top left or top center of campaign posters and flyers. In the case that the campaign does not have a logo, all stakeholders/partners logos should appear on the bottom row of the poster.**

**Campaign Name / Branding**  
Campaign names should be short, simple and easily understandable. If the campaign has a logo it should be simple and easily readable. Campaign name should be distinct on communication materials.

**Imagery**  
Ethical and legal considerations guide the use of imagery. Ensuring patient privacy and obtaining informed consent, particularly for educational or research purposes, is paramount. Accuracy and integrity are essential, prohibiting any manipulation of medical images.

**Sponsors / Stakeholders / Partners**  
The bottom row of campaign posters should have logos of the stakeholders/partners/sponsors of the campaign. The hierarchy should go from left to right, with the main sponsor appearing on the far left.

**Colour Use:**  
Make use of the universal cancer purple for campaigns covering all cancers. For more specific cancers ensure the dominant colour used in materials matches the type of cancer being targeted, eg:  
Breast Cancer: Pink  
Lung Cancer: White  
Prostate Cancer: Light Blue  
Pancreatic Cancer: Purple  
Childhood Cancer: Gold

**Fonts & Typography**  
Employ use of simple readable fonts for campaign posters. Ensure font sizes are comfortably readable.

**Messaging & Tone of Voice**  
Avoid too much text on campaign posters. Employ use of summarised simple language that easily communicates to the masses. Avoid complex medical jargon. Tone of voice should be professional and factual. Avoid superlatives such as breakthrough, "gamechanger" or "miracle". Limit use of emotional appeal and avoid language that evokes fear or hope.

**Contact**  
Ensure campaigns have provision for contacts that may offer users more information on the subject matter, consider QR codes, USSD short codes, mobile numbers, emails, social handles & websites.

**Sample Poster Content:**  
 - Logo: ZUIA9 CANCER, MINISTRY OF HEALTH  
 - Text: Did you know? Up to 50% of all cancer cases can be prevented through simple lifestyle? choices like maintaining a healthy weight, engaging in regular physical activity, and avoiding tobacco.  
 - Call to Action: \*123#  
 - Footer: PL PARTNER LOGO (repeated 5 times)

Fig. 3.6 Campaign Guide



Fig. 3.7 Sample Campaign Merchandise

### 3.4 Overall Goal

The overall goal of the strategy is to provide a well-coordinated and sustainable national cancer communications framework that will enhance public awareness in cancer prevention and control to reduce incidence, morbidity and mortality from cancer while improving the quality of life for cancer patients in Kenya.

### 3.5 Objectives and Strategies

***Objective 1: Establish an enabling policy environment for effective implementation of the national cancer communication strategy***

**Strategies:**

1. Strengthen the coordination mechanisms at all levels to support coherence in implementation of cancer communication activities
2. Identify and establish policies and legislation that address possible barriers to behaviour change communication in accessing cancer screening, diagnosis, treatment, palliative care and rehabilitation services.
3. Design and develop standardised cancer communication materials customised to the various audiences and channels of communication in Kenya
4. Enhance cancer information sharing mechanisms and ensure authentic cancer information materials are made available

***Objective 2: Increase public awareness, promote behaviour change, and foster social and community responsibility towards cancer risk reduction and healthy living utilising evidence-based communication channels.***

**Strategies:**

1. Utilise legacy media or mainstream media (print, radio, television, the internet, social media and apps) to ensure accurate and responsible reporting on cancer-related topics, treatment advancements, and survivor stories and ultimately enhance visibility.
2. Enhance utilisation of Health care provider-Patient/Client, Peer-to-Peer communication Support Groups, Family and Caregivers, among other interpersonal channels for cancer awareness and communication as trusted sources of information

3. Design and conduct targeted cancer awareness initiatives for specific population groups such as schools, workplaces, prisons, and vulnerable populations.
4. Collaborate with community influencers, including cancer champions, faith-based institutions, and alternative medicine providers, to address cancer misinformation, promote accurate information, and deliver messages through social and religious functions, digital platforms, and mainstream media.

***Objective 3: Enhance stakeholder capacity to effectively communicate cancer awareness to reduce stigma, and increase uptake of cancer screening and treatment services across diverse population groups.***

**Strategies:**

1. Sensitisation of Community Health Strategy Officers, Community Health providers and administrative structures for social mobilisation to effectively communicate and raise awareness about cancer, prevention, its risk factors, and early detection measures within communities.
2. Comprehensive Training Programs for health care providers, focusing on effective communication techniques, culturally sensitive approaches, and accurate information dissemination regarding cancer prevention, screening, treatment, and support services.
3. Collaboration and sensitisation of non-governmental organisations, community-based organisations, civil society and advocacy groups, to amplify the reach of cancer communication efforts.
4. Empower decision-makers and Influential leaders through advocacy and training, to raise the profile of cancer at national, county and community levels.

***Objective 4: Set-up a comprehensive monitoring and evaluation framework to assess the impact of the communication strategy on public knowledge, attitudes, and behaviours related to cancer prevention, detection, and treatment.***

**Strategies:**

1. Create systematic mechanisms to track the reach, effectiveness, and impact of communication campaigns and initiatives.
2. Gather and analyse data on public knowledge, attitudes, and behaviours regarding cancer prevention, detection, and treatment.
3. Learn from evaluation findings to enhance future communication strategies and address identified areas for improvement.
4. Engage stakeholders, including the target audience, healthcare providers, and community representatives, to gather feedback on the communication efforts' effectiveness.



## 3.6 Communication Strategy Matrix:

The communication matrix is a strategic tool that will outline and organise the key elements of this communication strategy. It will serve as a visual reference to ensure alignment and coordination across various components of the communication efforts according to the SMART objectives.

### 3.6.1 Objective 1: Establish an enabling policy environment for effective implementation of the national cancer communication strategy

By emphasising leadership, coordination, stakeholder mapping (see table 3.1), and policy formulation, the objective seeks to mobilise resources, foster collaboration, and influence policy decisions that support effective cancer communication at both national and county levels. This will ultimately contribute to improved public awareness, behaviour change, and enhanced access to cancer prevention, screening, and treatment services.

**Table 3.1: Stakeholder Mapping**

STAKEHOLDER	ROLE
<p>National Government: Ministry of Health</p> <ul style="list-style-type: none"> <li>• Directorates/ Divisions/ Units               <ul style="list-style-type: none"> <li>- Division of Non-Communicable Diseases: National Cancer Control Program (NCCP)</li> <li>- Directorate of Health Promotion &amp; Education</li> <li>- Division of Community Health Services</li> <li>- Division of Family Wellness &amp; Nutrition</li> <li>- Division of Tobacco Control</li> <li>- Division of Immunisation</li> <li>- Division of Environmental Health</li> <li>- NASCOP, NLTP</li> </ul> </li> <li>• Semi-autonomous Government Agencies: National Cancer Institute-Kenya, KNH, MTRH, KUTRRH, KEMRI, KENRA</li> <li>• Other Ministries, State Departments and Agencies</li> <li>• County Governments</li> </ul>	<p>The National government will lead the campaign and ensure that activities and strategies are aligned with national priorities, policies, and guidelines. The messages are harmonised, and there is coordination at all levels and across sectors.</p>
<p>The National Cancer Advocacy, Communication and Social Mobilisation Technical Working Group</p>	<p>Brings all relevant stakeholders together to build capacity and provide technical support for the implementation of the National Cancer Communication Strategy. This TWG reports to the NCD-ICC and the larger National NCD Steering Committee.</p> <p>The County Health Management Teams under the office of the NCD coordinator/ Cancer Focal persons will be responsible for county-specific action plans and overseeing implementation at county level.</p> <p>The NCCS 2023-2027 envisions the establishment of an NCD/Cancer Desk at all MDAs under Pillar 4.</p>

STAKEHOLDER	ROLE
Development agencies and other international partners and local NGOs	Development agencies and other international partners and local NGOs can complement government efforts, provide technical assistance, resources and funding to support cancer communication response.
CSOs, CBOs, Faith Based Institutions, and Cancer Foundations	These stakeholders have built and earned trust and credibility with community members through regular interactions and their work. These organisations provide an effective entry point into communities. With coordination from this strategy, messaging will be harmonised and delivered effectively at the community level
Media and Communication Agencies	Media (Traditional and Digital), telecommunication and communication agencies, bloggers, digital influencers, and artists can play a critical role in content development and message dissemination. Key partnerships with Media agencies on training on cancer reporting is paramount. Of particular importance are county and community radio and TV stations that disseminate information and spark community conversations through engaging programs such as call-in talk shows and/or Q&A sessions with subject matter experts.
Academia and Research Institutions	Are key in providing education and supporting research activities on cancer information, education and communication material dissemination for the improvement of existing strategies or their replacement with more impactful ones.
Cancer champions, political, administrative & community leaders and influencers	Are instrumental in applying the social cognitive theory towards behaviour change

**Table 3.2: Communication Strategy Matrix for Objective 1: Create an enabling policy environment for effective cancer communication and public awareness creation at national, county and community levels**

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
1. Strengthen the coordination mechanisms at all levels to support coherence in implementation of cancer communication activities	<ul style="list-style-type: none"> <li>National Govt</li> <li>County Govt</li> <li>Semi-Autonomous Government Agencies</li> <li>Development Partners /</li> <li>International Agencies</li> <li>Academia and Research</li> <li>Professional bodies</li> <li>Civil Society</li> <li>Private Sector</li> <li>Cancer champions</li> </ul>	<ul style="list-style-type: none"> <li>Benefits of coordination, harmonisation, and effects of synergy in cancer messaging.</li> <li>Importance of stakeholder engagement and stakeholder capacity building at national and county levels</li> </ul>	<ul style="list-style-type: none"> <li>Conduct stakeholder engagement forums and capacity-building workshops</li> <li>Establish ACSM governance structures at national &amp; county level</li> <li>Institutionalise a fully functional Cancer ACSM section in NCCP</li> </ul>	<ul style="list-style-type: none"> <li>Harmonised cancer communication planning and implementation</li> <li>Cancer stakeholders have the requisite capacity to plan, design and implement cancer communication</li> </ul>
2. Identify and establish policies and legislation to address possible barriers and promote access to cancer screening, diagnosis, treatment, palliative care and rehabilitation services	<ul style="list-style-type: none"> <li>Political leaders at all levels, Members of Parliament, members of County Assemblies,</li> <li>Council of Governors,</li> <li>County Executive Committees.</li> <li>Community Leaders, Religious Leaders</li> </ul>	<ul style="list-style-type: none"> <li>Importance of establishing policies and legislation to address barriers that hinder access to cancer screening, diagnosis, treatment, palliative care, and rehabilitation services</li> </ul>	<ul style="list-style-type: none"> <li>Develop and disseminate policy briefs and guidelines to relevant policy makers</li> <li>Engage stakeholders</li> <li>Identify required policies</li> <li>Formulate and implement policies and legislation for BCC</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of policies supportive of cancer prevention &amp; control formulated &amp; fast-tracked</li> </ul>
3. Design and develop standardised cancer communication materials customised to the various audiences and channels of communication in Kenya and ensure authentic cancer information materials are made available	<ul style="list-style-type: none"> <li>National ACSM TWG</li> </ul>	<ul style="list-style-type: none"> <li>Importance and significance of ensuring accuracy and reliability in cancer-related information before dissemination to build trust and credibility</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate closely with the Division of Health Promotion &amp; Education to ensure that only authentic and validated information is circulated to the public</li> <li>Create relevant IEC materials</li> <li>Utilise a one-stop website as the hub of information</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced credibility, trust and public confidence in cancer-related information shared through ACSM channels.</li> </ul>

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
4. Enhance cancer information sharing mechanisms and ensure authentic cancer information materials are made available	National ACSM TWG		<ul style="list-style-type: none"> <li>• Develop a National Cancer information portal linked to e-citizen platform as the national resource centre for cancer-related information</li> <li>• Leverage on cancer conferences/ symposia, and websites of various stakeholders</li> <li>• Establish a fact-checking resource on the website</li> </ul>	<ul style="list-style-type: none"> <li>• National Cancer information portal linked to e-citizen platform developed as the national resource centre for cancer-related information</li> </ul>

### 3.6.2 Objective 2: Increase public awareness, promote behaviour change, and foster social and community responsibility towards cancer risk reduction and healthy living utilising evidence-based communication channels.

Public awareness, education, and behaviour change are crucial in cancer awareness campaigns. They promote cancer prevention, early detection, and improved outcomes. These initiatives increase knowledge about risk factors, preventive measures, and the importance of early detection. Additionally, these campaigns address stigma by fostering empathy and understanding, creating a supportive environment for those affected by cancer.

Behaviour change is a key component of cancer awareness campaigns. It involves encouraging individuals to adopt healthy behaviours and make positive lifestyle choices. By providing education, campaigns equip people with the necessary information to understand the benefits of behaviour change. They highlight the importance of healthy habits such as maintaining a nutritious diet, engaging in regular physical activity, avoiding tobacco and excessive alcohol consumption, and undergoing regular screenings. Through targeted messaging and personalised approaches, behaviour change interventions can motivate individuals to take action and adopt healthier behaviours, reducing their risk of developing cancer.

By increasing knowledge, addressing stigma, and promoting behaviour change, the national campaign will contribute to better health outcomes and create a supportive environment for those impacted by cancer.

**Table 3.3: Communication Strategy Matrix for Objective 2: Increase public awareness, promote behaviour change, and foster social and community responsibility towards cancer risk reduction and healthy living utilising evidence-based communication channels.**

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Collaborate with media outlets to ensure accurate and responsible reporting on cancer-related topics, treatment advancements, and survivor stories and ultimately enhance visibility.	<ul style="list-style-type: none"> <li>Media Council of Kenya (MCK)</li> <li>Mainstream Media – Print and Electronic and Radio (local and international)</li> <li>Bloggers, communication agencies, and social media influencers &amp; other relevant bodies – Targeting health reporters, medical journalists and editors</li> </ul>	<ul style="list-style-type: none"> <li>Importance of accurate and reliable reporting</li> <li>Highlight the latest advancements in cancer research, and innovative treatments, emphasising the potential for improved outcomes and quality of life for cancer patients</li> <li>Educate the public on the different types of cancers, their prevalence, and risk factors</li> </ul>	<ul style="list-style-type: none"> <li>Conduct Media briefings in partnership with organisations such as the MCK.</li> <li>Conduct webinars and hold podcasts</li> <li>Collaborate with influencers</li> <li>Organise for press Releases, Media Interviews and features</li> <li>Conduct media award ceremonies</li> <li>Identify and utilise multiple channels of media communication</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and responsible reporting on cancer-related topics, treatment advancements, and survivor stories by media</li> <li>Increased number of people reached with cancer messages on latest advancement in cancer research and available support services</li> <li>Integrated cancer communication in media school curriculums and programs</li> <li>Increased number of people reached with cancer messages through mainstream and digital media, short messaging services and other telecommunication platforms</li> </ul>
Enhance utilisation of Health care provider-Patient/ Client, Peer-to-Peer communication Support Groups, Family and Caregivers, among other interpersonal channels for cancer awareness and communication as trusted sources of information	<ul style="list-style-type: none"> <li>Cancer Patients</li> <li>Cancer Champions</li> <li>High-Risk population</li> <li>Caregivers</li> <li>Peer Educators</li> <li>General Public</li> </ul>	<ul style="list-style-type: none"> <li>Promote awareness of available support services, such as counselling and support groups and resources, to help individuals affected by cancer navigate their journey effectively.</li> <li>Importance of cancer prevention and healthy living</li> <li>Empowering individuals to take control of their health through informed choices and behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>Include cancer communication &amp; advocacy content in all workshops for health care providers</li> <li>Establish/ strengthen cancer support groups</li> <li>Conduct Community mobilisation programs</li> <li>Establish structured communication forums</li> <li>Mainstream cancer messaging in target audience interactions</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of people reached with cancer messages through peer-to-peer and community outreach programs</li> <li>Empowered cancer champions to serve as advocates for cancer prevention, early detection, and behaviour change within their communities.</li> <li>Strengthened sense of community support and engagement in promoting and sustaining behaviour change for cancer prevention.</li> </ul>

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Design and conduct tailored cancer awareness initiatives for specific population groups such as schools, workplaces, prisons, and vulnerable populations.	<ul style="list-style-type: none"> <li>School Management, Teachers, Workers, Students,</li> <li>Workplaces, prisons, and vulnerable communities (such as hard-to-reach areas, conflict zones, and refugee camps)</li> </ul>	<ul style="list-style-type: none"> <li>Deliver culturally appropriate messages that address barriers and emphasise the importance of early detection and seeking appropriate care</li> <li>Promote workplace wellness programs, including screenings, educational workshops, and resources for employees.</li> <li>Encourage students to be advocates for their own health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct targeted sensitisation meetings and interactive sessions in schools, workplaces, prisons, places of worship, and vulnerable populations, including persons with disabilities</li> <li>Create awareness through sporting, music and youth events</li> <li>Conduct awareness campaigns through social and mainstream media</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness &amp; behavior change for specific population groups</li> <li>Increased uptake of screening, reduced stigmatisation of cancer disease</li> </ul>
Collaborate with community influencers, including cancer champions, faith-based institutions, and alternative medicine providers, to address cancer misinformation, promote accurate information, and deliver messages through social and religious functions, digital platforms, and mainstream media.	<ul style="list-style-type: none"> <li>Religious leaders</li> <li>Faith-Based Institution</li> <li>Cancer champions</li> <li>Traditional healers</li> <li>General public</li> </ul>	<ul style="list-style-type: none"> <li>Emphasise the importance of Faith-based support and spiritual well-being in the journey of individuals affected by cancer.</li> <li>Provide information on the role of alternative medicine and complementary therapies as adjunctive measures in cancer care, emphasising the importance of integrating these approaches with evidence-based medical treatments.</li> </ul>	<ul style="list-style-type: none"> <li>Engage traditional healers through sensitisation forums</li> <li>Conduct sensitisation forums for influencers and cancer champions</li> <li>Develop Sermon guides with messages on cancer for use by Religious leaders</li> <li>Conduct sensitisation webinars for the general public</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour changes towards reduction of the prevalence of cancer risk factors among the public</li> <li>Increased number of people voluntarily seeking preventative health services</li> <li>Increased uptake of HPV &amp; Hepatitis B vaccine</li> <li>Increased positive health-seeking behaviour</li> </ul>

### 3.6.3 Build capacity to communicate effectively in creating cancer awareness in order to reduce stigma, and increase uptake of cancer screening and treatment services across diverse population groups.

This objective aims to improve the capacity to communicate effectively among various key actors including healthcare providers, CHPs, and leaders to promote access to information on cancer prevention and control services, reduce stigma associated with cancer, and increase the utilisation of cancer screening and treatment services across diverse population groups. This objective will enable effective communication in addressing barriers and facilitating informed decision-making regarding cancer care by clients and their families.

The community strategy is a key flagship project for the social pillar of the Kenya Vision 2030 aimed at promoting preventive health interventions. Community health services are mainly focused on demand creation for health services through improving community awareness and health-seeking behaviours of households. They facilitate households to embrace appropriate healthy behaviours, provide agreed health services, and recognise signs and symptoms of conditions requiring referral. Furthermore, community health services are aimed at empowering Kenyan households and communities to take charge of improving their own health and actively participate in health-related issues and interventions.

### **3.6.3.1 The role of Community Health Services in improving public access to information on cancer prevention, screening, diagnosis, cancer care and support**

There is an NCDs training module for CHPs which has a unit dedicated to cancer in general. This is meant to equip CHPs with knowledge and skills to enable them to create awareness on prevention and control of cancers, reduce cancer-related stigma and highlight the benefits of screening, early diagnosis, and treatment. It further empowers CHPs to recognise the common signs and symptoms associated with cancer for appropriate referral and follow-up. They can also offer home-based supportive and some elements of palliative care. It will be necessary to develop training materials for CHPs on specific cancers and equip them with information on care and support that they can in turn impart to the public.

### **3.6.3.2 National Government and County Administration**

National government officers (County commissioners, deputy county commissioners, chiefs and assistant chiefs) and county administration officers (particularly sub-county, ward and village administrators) can be leveraged to sensitise the public on cancer or provide platforms for such sensitisation such as barazas (routine community meetings) and other community events. Among other duties, these officers are tasked with sensitising residents about government programs, including health matters. By leveraging existing structures, such as healthcare systems, community health strategies, and administrative frameworks, the objective seeks to strengthen the capacity of stakeholders and healthcare providers to communicate effectively. This involves providing accurate information, addressing misconceptions, and delivering messages that are culturally sensitive and relevant to diverse populations.

**Table 3.4: Communication Strategy Matrix Objective 3: Build capacity to communicate effectively in creating cancer awareness in order to reduce stigma, and increase uptake of cancer screening and treatment services across diverse population groups**

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Sensitisation of Community Health Strategy Officers, Community Health Providers for social mobilisation to effectively communicate and raise awareness about cancer, prevention, its risk factors, and early detection measures within communities	<ul style="list-style-type: none"> <li>Community Health Assistants (CHAs), Community Health Promoters (CHPs), County / Sub County Community Health Strategy (CHS) Officers</li> </ul>	<ul style="list-style-type: none"> <li>Emphasise the role of community engagement and empowerment in promoting awareness, fostering behavior change, and accessing cancer-related services.</li> <li>Importance of screening for early detection</li> <li>Educating the community on cancer prevention and treatment</li> <li>Demystifying myths and misconceptions about cancer</li> </ul>	<ul style="list-style-type: none"> <li>Review and update CHP training manuals</li> <li>Train and award certificates of accomplishment for CHAs, CHPs, CHS</li> </ul>	<ul style="list-style-type: none"> <li>Improved cancer knowledge &amp; communication skills</li> <li>Increased public awareness on cancer prevention</li> <li>Increased uptake of cancer prevention services</li> <li>Referral of eligible clients for screening at the health facilities</li> </ul>
Comprehensive training programs for healthcare providers, focusing on effective communication techniques culturally sensitive approaches, and accurate information dissemination regarding cancer prevention, screening, treatment, and support services.	Healthcare	<ul style="list-style-type: none"> <li>Current Cancer Screening and Treatment guidelines/</li> <li>Protocols and facilities</li> <li>Importance of screening for early detection</li> <li>Current evidence-based knowledge/ improvements in cancer prevention &amp; control</li> <li>Barriers &amp; facilitators to cancer prevention, early detection, and treatment</li> </ul>	<ul style="list-style-type: none"> <li>Develop &amp; distribute IEC materials, flip charts, posters, job aids, advocacy toolkits, fact sheets, etc.</li> <li>Conduct dissemination and training seminars/ workshops for the guidelines &amp; protocols;</li> <li>Hold webinars and present case studies on cancer prevention &amp; management</li> <li>Conduct self-paced learning through e-learning platforms e.g. MOH Virtual Academy, M-Saratani.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced capacity of healthcare providers to communicate and provide information to patients on cancer prevention, early detection and treatment</li> <li>Improved awareness among clients/ patients</li> <li>Increased demand for screening and prevention services.</li> <li>Down-staging of disease for better treatment outcomes</li> </ul>



Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Collaboration and sensitisation of non-governmental organisations, community-based organisations, civil society and advocacy groups, to amplify the reach of cancer communication efforts.	<ul style="list-style-type: none"> <li>• NGO's</li> <li>• CSO's</li> <li>• FBO's</li> <li>• Advocacy groups</li> </ul>	<ul style="list-style-type: none"> <li>• Highlight the importance of working together with stakeholders</li> <li>• Collaboration to achieve the goals of the NCCS</li> <li>• Importance of strengthening prevention, treatment and care.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct sensitisation through community barazas, meetings at places of worship, SACCOs, social welfare group forums.</li> <li>• Leverage on forums of development agencies &amp; other organisations working in the cancer space</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of partners implementing quality cancer communication programs in line with established guidelines and standards</li> </ul>
Empower decision-makers, administrative officers and influential leaders through advocacy and training, to raise the profile of cancer at national, county and community levels.	<ul style="list-style-type: none"> <li>• Decision-makers in county &amp; national governments &amp; funding agencies</li> <li>• Council of governors,</li> <li>• County executive committees, Members of County Assemblies.</li> <li>• Political leaders at all levels, Parliamentarians</li> <li>• Community Leaders, Religious Leaders.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for policy changes that promote affordable and equitable access</li> <li>• Burden of socio-economic and health costs of cancer as a threat to national development</li> <li>• Strategic role of leadership in cancer prevention &amp; control</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct targeted training/ sensitisation through conferences &amp; seminars, webinars, etc.</li> <li>• Develop and disseminate advocacy toolkits</li> <li>• Conduct resource mobilisation for cancer communication activities at national and county level through various fundraising initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge on cancer risk factors &amp; management among the target audience</li> <li>• Integration of cancer prevention &amp; control key messages in their spheres of influence</li> <li>• Well resourced cancer communication activities at national and county level</li> </ul>

### 3.6.4 Setup a comprehensive monitoring and evaluation framework to assess the impact of the communication strategy on public knowledge, attitudes, and behaviours related to cancer prevention, detection, and treatment.

Monitoring and Evaluating the impact of behaviour change communications in cancer prevention control programs is of utmost importance for several reasons:

1. **Assessing Effectiveness:** Monitoring and Evaluation help determine the effectiveness of behaviour change communications in achieving intended goals and objectives. It allows program implementers to measure the extent to which the desired behaviour change has occurred and whether the communication strategies and interventions have been successful in influencing the target audience.

2. **Identifying Gaps and Improvements:** Monitoring and Evaluation provides valuable insights into the strengths and weaknesses of behaviour change communications. It helps identify areas where the program is performing well and areas that require improvement. By understanding these gaps, program implementers can make informed decisions to refine and enhance communication strategies, messages, and interventions.
3. **Evidence-Based Decision Making:** Monitoring and Evaluation provide data and evidence that inform decision-making processes. Cancer stakeholders can make informed decisions about resource allocation, program adjustments, and future planning.
4. **Accountability and Transparency:** Monitoring and Evaluation promotes accountability and transparency in cancer prevention control programs. By systematically tracking and evaluating the impact of behaviour change communications, program implementers can demonstrate the value and impact of their interventions to stakeholders, including funders, policymakers, and the public. It allows for open and transparent reporting on the progress and outcomes of the program.
5. **Continuous Learning and Improvement:** Monitoring and Evaluation fosters a culture of continuous learning and improvement. This iterative process enables programs to adapt and improve over time, increasing their effectiveness and impact.

**Table 3.5: Communication strategy matrix Objective 4**

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Create systematic mechanisms to track the reach, effectiveness, and impact of communication campaigns and initiatives.	<b>Healthcare Professionals:</b> Including Health records & information officers, doctors, clinicians, nurses, etc. , involved in cancer prevention, detection, and treatment, as they play a crucial role in delivering accurate information and guiding patients.	<ul style="list-style-type: none"> <li>• Importance of Monitoring and Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Develop mechanisms and systems to effectively track the reach, effectiveness, and impact of communication campaigns and initiatives.</li> <li>• Develop a harmonised communication monitoring plan and reporting system for cancer communication activities across the country</li> <li>• Development and validation of communication reporting tools</li> <li>• Quarterly reporting by cancer communication stakeholders</li> <li>• Conduct quarterly cancer communication review meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced Tracking and Measurement of reach, effectiveness, and impact</li> </ul>

Strategies	Target Audience	Key Message Themes	Activities	Desired Outcomes
Gather and analyse data on public knowledge, attitudes, and behaviours regarding cancer prevention, detection, and treatment.	<b>Communication and Evaluation Experts:</b> Professionals specialising in communication and evaluation, who can provide valuable insights and expertise in monitoring and evaluating the impact of communication campaigns.	<ul style="list-style-type: none"> <li>Data management for Informed Decision-Making</li> </ul>	<ul style="list-style-type: none"> <li>Conduct and leverage on periodic national surveys to collect and analyse data on cancer awareness information</li> <li>Conduct focus group discussions and Interviews</li> </ul>	<ul style="list-style-type: none"> <li>A robust evidence base for decision-making available</li> </ul>
Learn from evaluation findings to enhance future communication strategies and address identified areas for improvement.	<b>Researchers and Data Analysts:</b> Individuals involved in cancer research and data analysis, who can contribute to collecting and analysing data on public knowledge, attitudes, and behaviours related to cancer	<ul style="list-style-type: none"> <li>Continuous Improvement through monitoring &amp; evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Develop, update and disseminate advocacy guides, toolkits and white papers for priority cancers.</li> </ul>	<ul style="list-style-type: none"> <li>Communication strategies refined and improved to meet the identified needs of the target audience and maximise impact.</li> </ul>
Engage stakeholders, including the target audience, healthcare providers, and community representatives to gather feedback on the communication efforts' effectiveness.	Relevant stakeholders Healthcare providers, community representatives	<ul style="list-style-type: none"> <li>Collaborative approach amplifies the impact of communication initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Engage stakeholders through Professional Associations, conferences and other forums</li> </ul>	<ul style="list-style-type: none"> <li>A culture of continuous learning, adaptation, and improvement by using M&amp;E findings to inform future communication interventions</li> </ul>

### 3.7 Strategy Implementation Plan: General Recommendations

This communication plan will be implemented over a period of 5 years, from 2023 to 2028. Below are general recommendations on key strategy implementation areas:

- 1. Management & coordination of the implementation of this plan:** Focused efforts will be required for the successful implementation of this plan. It is therefore recommended that a health communication specialist be assigned as the focal person to specifically manage this function.
- 2. Communication will be delivered from a branded platform:** To maximise visibility and coherence, a national theme, color, and slogan (campaign as per campaign structure) will be needed to provide a branded platform/brand guide for all communication materials that will be developed during the implementation of this plan. Specific colors will be adopted for different cancers in line with globally recognised themes.
- 3. Design, development and implementation of communication interventions & materials:** A multi-stakeholder approach and a strategic planning framework will be used in developing interventions & materials to be used in implementing the plan. The materials will be pre-tested among intended target groups prior to use to ensure their appropriateness and technical accuracy. All communication materials will be developed in line with this strategy. This will enhance the coherence of messages and create synergy across different communication activities.
- 4. Cancer Champions:** The selected champions - who will represent the campaign at county/community to be selected by the different stakeholders.
- 5. Cancer Awards:** Awards of different categories will be presented to recognise individuals and organisations that have provided outstanding contributions to cancer prevention & control. Media advocacy will be used to generate public interest in cancer in the lead-up to the awards in December.
- 6. Monitoring and Evaluation:** Implementation of this strategy will be closely monitored to ensure that it remains on track and should be spearheaded by an RMEL specialist.

### 3.8 Strategy Implementation Plan

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Objective 1: Create an enabling policy environment for effective cancer communication and public awareness creation at national, county and community levels</b>												
Strategy 1: Strengthen the coordination mechanisms at all levels to support coherence in implementation of cancer communication activities		MOH, CoG, NCD Alliance-Kenya, NCCP, KENCO and other member TWG organisations										
Conduct stakeholder engagement forums and capacity-building workshops	No. of stakeholder engagements held											
Conduct ACSM capacity building workshops at national & county level	No. of capacity building workshops held											
Institutionalise a fully functional Cancer ACSM section in the NCCP	Fully functional Cancer ACSM section institutionalised in NCCP											
Strategy 2: Identify and establish policies and legislation to address possible barriers and promote access to cancer screening, diagnosis, treatment, palliative care and rehabilitation services												
Develop and disseminate policy briefs and guidelines to relevant policy makers	No. of policy briefs and guidelines developed and disseminated											
Strategy 3: Design and develop standardised cancer communication materials customised to the various audiences and channels of communication in Kenya and ensure authentic cancer information materials are made available												

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Collaborate closely with the Division of Health Promotion & Education to ensure that only authentic and validated information is circulated to the public	No. of authentic and validated IEC materials developed- and distributed											
Create relevant IEC materials												
Strategy 4: Enhance cancer information sharing mechanisms and ensure authentic cancer information materials are made available												
Develop a National Cancer Information portal as the national resource centre for cancer-related information	National Cancer information portal developed											
Leverage on cancer conferences/ symposia, and websites of various stakeholders	No. of cancer conferences/ symposia/ webinars conducted											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Objective 2: Increase public awareness, promote behaviour change, and foster social and community responsibility towards cancer risk reduction and healthy living utilising evidence-based communication channels.</b>												
<b>Strategy 1: Collaborate with media outlets to ensure accurate and responsible reporting on cancer-related topics, treatment advancements, and survivor stories and ultimately enhance visibility.</b>	NCCP & NCI-K, Communication Agency and RMEL Expert											
Conduct Media training workshops in partnership with organisations such as the MCK	No. of media training workshops carried out											
Conduct webinars and hold podcasts	No. of webinars and podcasts											
Collaborate with influencers	No. of influencer collaborations											
Organise for press Releases, Media Interviews and features	No. of press releases; No. of media interviews and features											
<b>Strategy 2: Enhance utilisation of Health care provider-Patient/ Client, Peer-to-Peer communication Support Groups, Family and Caregivers, among other interpersonal channels for cancer awareness and communication as trusted sources of information</b>												
Include cancer communication & advocacy content in all training workshops for health care providers	No. of healthcare provider trainings that include cancer communication & advocacy content											
Engage cancer support groups to improve cancer awareness	No. of cancer support groups engaged											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28												
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2									
Conduct Community Cancer Awareness mobilisation programs during cancer awareness days	No. of Community forums events held																						
Strategy 3: Design and conduct tailored cancer awareness initiatives for specific population groups such as schools, workplaces, prisons, and vulnerable populations.																							
Conduct targeted sensitisation meetings and interactive sessions in schools, workplaces, prisons, places of worship, and vulnerable populations, including persons with disabilities	No. of meetings and targeted interactive sessions held across various groups																						
Create awareness through sporting, music and youth events	No. of sporting, music and youth championship events integrating cancer key messages																						
Conduct awareness campaigns through social and mainstream media	Social media analytics from stakeholders No. of documentaries No. of short videos developed and circulated on social media (e.g whatsapp)																						



Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategy 4: Collaborate with community influencers, including cancer champions, faith-based institutions, and alternative medicine providers, to address cancer misinformation, promote accurate information, and deliver messages through social and religious functions, digital platforms, and mainstream media.												
Engage traditional healers	No. of engagements with traditional healers.											
Conduct sensitisation forums for influencers and cancer champions	No. of workshops and seminars											
Develop Sermon guides with messages on cancer for use by Religious leaders	No. of FBO's engaged											
Conduct sensitisation webinars for the general public	No. of webinars conducted											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Objective 3: Build capacity to communicate effectively in creating cancer awareness in order to reduce stigma, and increase uptake of cancer screening and treatment services across diverse population groups</b>												
Strategy 1: Sensitisation of Community Health Strategy Officers, Community Health Providers for social mobilisation to effectively communicate and raise awareness about cancer, prevention, its risk factors, and early detection measures within communities		MoH-NCCP, NCI-K, Division of Health Promotion, DCHS, DNCD, NVIP, DRMNH, NASCOP										
Review and update CHP training manuals	Training manuals for CHPs updated											
Train and award certificates of accomplishment for CHAs, CHPs, CHS	No. of trained CHAs, CHPs, CHS											
Strategy 2: Comprehensive training programs for healthcare providers, focusing on effective communication techniques culturally sensitive approaches, and accurate information dissemination regarding cancer prevention, screening, treatment, and support services.												
Develop & distribute IEC materials, flip charts, posters, job aids, advocacy toolkits, fact sheets, etc.	No. of IEC materials distributed											
Conduct dissemination and training seminars/ workshops for the guidelines & protocols;	No. of dissemination and training seminars/ workshops for the guidelines & protocols;											
Hold webinars and present case studies on cancer prevention & management	No. of webinars and case studies on cancer prevention & management											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Conduct self-paced learning through e-learning platforms e.g. MOH Virtual Academy, M-Saratani	No. of HCPs trained through e-learning platforms e.g. MOH Virtual Academy, M-Saratani											
Strategy 3: Collaboration and sensitisation of non-governmental organisations, community-based organisations, civil society and advocacy groups, to amplify the reach of cancer communication efforts												
Conduct sensitisation through community barazas, meetings at places of worship, SACCOs, social welfare group forums.	No. of Community barazas, meetings at places of worship, social welfare groups and forums held											
Leverage on forums of development agencies & other organisations working in the cancer space	No. of Focused conferences/ symposia to share knowledge & best practices on specific cancers											
<b>Strategy 4: Empower decision-makers, administrative officers and influential leaders through advocacy and training, to raise the profile of cancer at national, county and community levels.</b>												
Conduct targeted training/ sensitisation through conferences & seminars, webinars, etc.	No. of targeted sensitisation through conferences & seminars											
Develop and disseminate advocacy toolkits	No. of advocacy toolkits developed and disseminated											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Conduct resource mobilisation for cancer communication activities at national and county level through various fundraising initiatives	Resources mobilised for cancer communication activities											

**Objective 4: Setup a comprehensive monitoring and evaluation framework to assess the impact of the communication strategy on public knowledge, attitudes, and behaviours related to cancer prevention, detection, and treatment.**

Strategy 1: Create systematic mechanisms to track the reach, effectiveness, and impact of communication campaigns and initiatives.		Communication Specialist and RMEL Officer										
Develop mechanisms and systems to effectively track the reach, effectiveness, and impact of communication campaigns and initiatives.	Harmonised communication monitoring plan and reporting system for cancer communication activities developed  No. of stakeholder meetings held to gather feedback on effectiveness of the plan											
Development and validation of communication reporting tools	Communication reporting tools developed and validated											
Quarterly reporting by cancer communication stakeholders	Reporting by cancer communication stakeholders											

Strategies & Activities	Indicators	Responsible Entity	Jul 23 – Jun 24		Jul 24– Jun 25		Jul 25– Jun 26		Jul 26– Jun 27		Jul 27 – Jun 28	
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Conduct quarterly cancer communication review meetings	Cancer communication review meetings held											
Strategy 2: Gather and analyse data on public knowledge, attitudes, and behaviours regarding cancer prevention, detection, and treatment.												
Conduct and leverage on periodic national surveys to collect and analyse data on cancer awareness information	No. of surveys conducted on cancer awareness including national surveys											
Conduct focus group discussions and Interviews	No. of focus group discussions and Interviews held											
Strategy 3: Learn from evaluation findings to enhance future communication strategies and address identified areas for improvement.												
Develop, update and disseminate advocacy guides, toolkits and white papers for priority cancers.	No. of advocacy guides, toolkits and white papers done on priority cancers											
Strategy 4: Engage stakeholders, including the target audience, healthcare providers, and community representatives to gather feedback on the communication efforts' effectiveness.												
Engage stakeholders through Professional Associations, conferences and other forums	No. of stakeholders engaged											

## 3.9 Strategic Crisis Communication

Complacency, misinformation, adverse events and a lack of confidence in health systems can lead to a crisis in communication programs. Recovery from such a crisis can take years and can lead to unintended outcomes. The rise of Internet access and social media means that information – facts and rumours, celebrations and scares - can spread more quickly than before. Events or public perceptions in other countries – even other continents – can have an impact on people’s understanding of and trust in cancer treatment and care. People who have questions can choose to mistrust the health establishment and favor alternative sources of information that supports their views and can spread this information through their social networks and other channels of communication.

Crisis preparation and management can avert costly problems.

Below are the guidelines to follow in the event of a crisis:

### 1. Preparedness and Planning

- a. Develop a crisis communication plan specific to the cancer communication strategy, outlining key roles and responsibilities.
- b. Identify potential crisis scenarios related to cancer prevention, control, or treatment and develop response strategies for each scenario.
- c. The team should be drawn from the TWG both at national and county level, and should be identified at a need basis.

### 2. Rapid Response

- a. Activate the crisis communication team immediately upon identification of a crisis situation.
- b. Gather accurate and up-to-date information about the crisis, its impact on cancer prevention or control efforts, and any potential risks or challenges.
- c. Designate a spokesperson or a team of spokespersons to deliver consistent and timely updates to the public and media.

### 3. Transparent and Timely Communication

- a. Provide clear and transparent information about the crisis, including its causes, potential consequences, and recommended actions.
- b. Use multiple communication channels to reach the target audience, including traditional media, social media platforms, websites, and press releases.
- c. Address public concerns and questions promptly, offering accurate and evidence-based information to alleviate fears and provide guidance.

#### **4. Coordinate with Stakeholders**

- a. Collaborate closely with relevant stakeholders, such as healthcare providers, NGOs, advocacy groups, and government agencies, to ensure a unified and coordinated response.
- b. Share updates, guidelines, and best practices with stakeholders to facilitate their effective communication with their respective audiences.
- c. Engage stakeholders in crisis messaging and encourage their support in disseminating accurate information.

#### **5. Monitor and Adjust**

- a. Continuously monitor the crisis situation, public sentiment, and media coverage to identify any misinformation or rumors that may arise.
- b. Regularly evaluate the effectiveness of crisis communication efforts and make necessary adjustments to messaging or strategies.
- c. Learn from the crisis experience and incorporate lessons learned into future crisis communication planning and preparedness.

#### **6. Empathy and Support**

- a. Demonstrate empathy and understanding towards individuals and communities affected by the crisis.
- b. Provide clear guidance on available support services, helplines, and resources to assist those impacted by the crisis.
- c. Collaborate with mental health professionals and support organisations to address emotional and psychological needs resulting from the crisis.

By following this crisis communication guideline, the cancer communication strategy can effectively navigate and manage crisis situations, ensuring the dissemination of accurate information, maintaining public trust, and minimising the impact of the crisis on cancer prevention, control, and treatment efforts.

# Monitoring and Evaluation





## CHAPTER FOUR

# Monitoring And Evaluation

Monitoring and evaluation (M&E) will be essential to objectively track the performance and establish progress towards the achievements of the goal and objectives of the National Cancer Communication Plan. It will allow for examination of the progress made by stakeholders in the implementation of specific actions of the Plan. It will further enable policymakers to assess long-term changes produced by the Plan on relevant issues such as changes in cancer screening and early diagnosis, access to information and services, and sustainable resource mobilisation for cancer prevention and control.

The key aspects of the M&E framework for this strategy include:

- Monitoring of the implementation of the Strategies
- Evaluation of the achievement of the Communication Plan goal and objectives
- Evaluation of outcomes and the contribution of communication activities outlined in this plan to the National Cancer Control Strategy 2023-2027.

### 4.1 Monitoring and Reporting

Regular monitoring of the communication plan will be carried out using pre-determined indicators to track its overall implementation. Each expected result generated by the actions of all stakeholders would be measured and reported back to the Ministry of Health and other stakeholders. MOH in consultation with the relevant stakeholders will develop and make available user-friendly reporting tools to facilitate the reporting. Progress monitoring indicators, their means of verification and targets for each priority action/activity are outlined under each of the five strategic approaches in the tables

#### KEY PERFORMANCE INDICATORS

Below is a summary of the input, process, output and outcome indicators as captured in the National Cancer Control Monitoring, Evaluation, Accountability and Learning (MEAL) Framework, 2023-2027:

Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	Source of data
<b>Input</b>								
Number of different IEC materials on cancer and risk factors developed	Number of different IEC materials on cancer and risk factors developed	Not applicable	0	7	IEC materials	NCCP/ Health Promotion	Annual	Division reports/ website
Number of media personnel trained in cancer control communication	Number of media personnel trained in cancer control communication	Not applicable	10	50	Training records	NCCP, Health Promotion, NCH-K	Annually	Training records
Number of cancer key messages developed and disseminated for various media platforms	Number of cancer key messages developed and disseminated for various media platforms	Not applicable	55	100	Communication toolkits	NCCP, Health Promotion	Annually	Communication toolkits
Number of Cancer communication materials developed for special populations	Number of materials developed for special populations	Not applicable	Not Available	20	Copy of developed materials	NCCP, Health Promotion, NCH-K	Every five years	NCCP/NCIK archives
Number of Media training materials developed on cancer	Media training materials developed on cancer	Not applicable	0	1	Reviewed copy	NCCP, Health Promotion, NCH-K	Every five years	NCCP/NCIK archives

Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	Source of data
Number of policy briefs on key cancer issues developed and disseminated	Number of policy briefs developed and disseminated	Not applicable	2	10	Policy briefs copies	NCCP	Annually	MoH website
<b>Process</b>								
Number of media campaigns/bulletins/articles/publications/interviews/blogs/adverts on cancer using various platforms	Number of media campaigns/bulletins/articles/publications/interviews/blogs/adverts on cancer using various platforms	Not applicable	2	30	Program reports/Publication reports/ Minutes	NCCP, Health Promotion, NCI-K	Annually	Program reports/Publication reports
Number of media polls on cancer-related topics	Number of polls	Not applicable	0	5	Media space review	NCCP, Health Promotion, NCI-K	Annually	Media surveillance reports
<b>Output</b>								
Number of MDA reached with cancer information	Number of MDAs reached	Not applicable	5	22	Program reports	NCCP, NCI-K, DNCD	Annually	Program reports
Proportion of the target population reached with cancer messaging	Number of population reached with cancer messaging	Total number in the population	Not Available	70%	Communication coverage assessments	NCCP, NCI-K, DNCD	Annually	Reports

Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	Source of data
Number of HCWs and health administrators trained on cancer control communication	Number of HCWs and health administrators trained	Not applicable	6000	10000	Training reports	NCHK, NCCP, Health Promotion	Every two years	NCCP/ NCHK/ Health promotion archives
Proportion of community units that have integrated cancer in their dialogue day schedules	Number of CU that have integrated cancer communication	Total number of CUs	Not Available	90%	Community health reports	County Governments	Every five years	NCCP, Community health, county departments of health
Proportion of counties with at least 1 active support groups	Number of counties	47	10	47	TWG reports	Counties	Every five years	NCCP, NCHK archives
Number of priority cancers with toolkits and guides developed	Number of priority cancers with toolkits and guides developed	Not applicable	1	5	Copies of the toolkits	NCCP	Every five years	NCCP
Number of counties with county-specific cancer strategy action plans	Number of counties with county cancer action plans	Not applicable	0	47	Copies of the strategic action plans	Counties	Every five years	NCCP, NCHK, county archives

Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	Source of data
Proportion of counties incorporating cancer activities in their County Integrated Development Plans and Annual Work Plans	Number of counties incorporating cancer activities in their CIDP & AWP	47	10	47	Websites	Counties	Every five years	NCCP, Counties
<b>Outcome</b>								
Increased level of awareness on cancer control and prevention in the general population	Number of people demonstrating adequate level of awareness	Total number sampled	30%	80%	Cancer awareness surveys	NCCP, partners, KNBS	Every five years	Survey reports

## 4.2 Evaluation of the Communication Strategy

Evaluation is the systematic and objective assessment of ongoing or completed projects, programs or policies, in respect of their design, implementation and results.

The National and County ACSMTWGs will undertake baseline, midterm and end-term surveys to determine the status of cancer awareness and communication needs. A mid-term evaluation of the National Cancer Communication Strategy will then be conducted in the middle of the fiscal year 2025/2026 to determine:

1. Achievements against midterm targets
2. Obstacles/challenges to implementation of the plan and how they have been resolved

An end-term evaluation will also be undertaken at the end of the fiscal year 2027/2028 to determine:

1. Impact of the communication plan
2. Effectiveness of the plan
3. Efficiency of the plan
4. Relevance of plan- the extent to which it will have supported towards the achievement of the national cancer awareness agenda.

Additionally, there will be evaluations that will be carried out annually (Every July) as part of the annual review process of the National Cancer Control Strategic Plan.

# Financing The National Cancer Communication Strategy



## CHAPTER FIVE

# Financing The National Cancer Communication Strategy

### 5.1 Costing Methodology

Identifying the financial requirements of the Strategy is paramount as it allows for proper planning and understanding of resources needed to implement it.

The methodology of budgeting considers the cost of activities for cancer communication at national and county level. Activities were costed using an activity based and Input costing approach (ABC & IBC). The ABC assigns costs to each activity IBC uses a bottom-up approach to estimate the cost of all inputs required to achieve the National Cancer Communication Strategy targets for the Financial Year 2023/24 to 2027/28.

### 5.2 Resource Requirements

As indicated in the table below the estimated total cost for the 5-year Strategy is approximately KShs. 1,600,000,000. This has further been disaggregated by the priority areas as shown in the table below:



**Table 5.1: Implementation Budget**

ITEM	DETAIL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
<b>ABOVE THE LINE MARKETING</b>							
TV activations	Quarterly	50,000,000	10,000,000	10,000,000	10,000,000	20,000,000	100,000,000
Radio activations	Monthly, with a focus on community Radio	60,000,000	20,000,000	20,000,000	20,000,000	24,000,000	144,000,000
Print	Quarterly	5,000,000	3,000,000	3,000,000	4,000,000	12,000,000	27,000,000
OOH (Billboards)	Annually on the main highways	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
<b>SUB TOTAL</b>		<b>125,000,000</b>	<b>43,000,000</b>	<b>43,000,000</b>	<b>44,000,000</b>	<b>66,000,000</b>	<b>321,000,000</b>
<b>BELOW THE LINE MARKETING</b>							
Mobile Theatres/ Roadshows	At community level	24,000,000	24,000,000	24,000,000	24,000,000	24,000,000	120,000,000
Wall branding	On the main highways	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000
Fleet Activations	City Hoppla, KBS	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	20,000,000
IEC Materials	Brochures, Fliers, posters, learning AIDS	60,000,000	60,000,000	60,000,000	60,000,000	60,000,000	300,000,000
Merchandise	Branded Tshirts, Caps, bottles, Key holders. ....	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	60,000,000
mHealth/SMS		5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000
<b>SUB TOTAL</b>		<b>110,000,000</b>	<b>110,000,000</b>	<b>110,000,000</b>	<b>110,000,000</b>	<b>110,000,000</b>	<b>555,000,000</b>
<b>DIGITAL MARKETING</b>							
Blogs and Articles	Hire influential health journalists/bloggers	8,000,000	4,000,000	4,000,000	4,000,000	6,000,000	20,000,000

ITEM	DETAIL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
PPC	Payment per click - Google Ads, Stakeholder sites.....	20,000,000	16,000,000	16,000,000	16,000,000	18,000,000	68,000,000
SEM/ASM	Search Engine Optimisation (Key Words....Campaign centered)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Online Influencers	Spearheaded my cancer champions	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	48,000,000
In-App Advertising	Partnerships	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	80,000,000
<b>SUB TOTAL</b>		<b>61,000,000</b>	<b>53,000,000</b>	<b>53,000,000</b>	<b>53,000,000</b>	<b>57,000,000</b>	<b>221,000,000</b>
<b>PR/MEDIA</b>							
Editorial development	OPEDS, Health Q&A	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	20,000,000
Events and Media management	Press conferences, press releases, cancer awards	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000
Media Monitoring and reporting	Media monitoring agency/software	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
Policy Briefs, Advocacy guides		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Documentary/ short videos				5,000,000	5,000,000		10,000,000
<b>SUB TOTAL</b>		<b>35,000,000</b>	<b>35,000,000</b>	<b>40,000,000</b>	<b>40,000,000</b>	<b>35,000,000</b>	<b>185,000,000</b>

ITEM	DETAIL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
<b>STAKEHOLDER ENGAGEMENT</b>							
Workshops and Conferences	Quarterly	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	60,000,000
Trainings (Media, CHW's, health practitioners)	Monthly	36,000,000	36,000,000	36,000,000	36,000,000	36,000,000	180,000,000
Advocacy guides, toolkits, policy briefs	Annual	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Call Center / Help Desk	One off		8,000,000	5,000,000	5,000,000	5,000,000	23,000,000
<b>SUB TOTAL</b>		51,000,000	51,000,000	51,000,000	51,000,000	51,000,000	278,000,000
Surveys	Baseline, Midline and Endline	15,000,000		15,000,000		15,000,000	45,000,000
<b>SUBTOTAL</b>		15,000,000	-	15,000,000	-	15,000,000	45,000,000
<b>GRAND TOTAL</b>		392,000,000	287,000,000	307,000,000	293,000,000	329,000,000	1,600,000,000

## 5.3 Resource Mobilisation Strategy

It is envisioned that cancer communication funding will be provided by the Government through the Ministry of Health, County Governments, Development Partners and all key stakeholders. The following resource mobilisation mechanisms will be explored to address gaps in funding cancer prevention campaigns:

- I. The Chronic Disease Fund and other existing taxation such as “sin-tax” and Solatium Fund
- II. County CIDPs and Annual Work Plans and county budgets to include cancer awareness.
- III. Private companies: high turnover companies providing Corporate Social Responsibility
- IV. Funding from development partners including through integrated approaches e.g. Global Fund
- V. Direct and indirect funding by Non-Governmental Organisations, Civil society, Foundations, etc
- VI. Philanthropists, Legacy income
- VII. Conditional grants for specific cancer awareness activities at the community level

A resource mobilisation team is already in place at the NCD-ICC for this purpose although individual stakeholder efforts for resources to implement this communication plan will also be encouraged.

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