

**FACTORS INFLUENCING THE PERFORMANCE OF NON-
COMMUNICABLE DISEASES AWARENESS PROGRAMMES:
CASE OF KIBERA SUB-COUNTY**

BY

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DECLARATION

This project report is my original work and has not been presented in any other university or institution for the award of a degree academic credit.

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This research project report has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I would like to dedicate this research work to my dear parents Mr. and Mrs. Wachira, who continually taught, encouraged and guided me and to my sisters who steadfastly supported me throughout to the completion of this project.

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ACRONYMS AND ABBREVIATIONS

ABCE – Access, Bottlenecks, Costs and Equity

CBO – Community Based Organization

CDC – Center for Disease Control and Prevention

CHV – Community Health Volunteer

GoK – Government of Kenya

IHME – Institute for Health Metrics & Evaluation

IOM – Institute of Medicine

IOM – International Organisation for Migration

MDG – Millenium Développent Goals

MOE – Ministry of Education

MOH – Ministry of Health

NCD – Non-Communicable Diseases

NCST – National Council of Science & Technology

NHA – National Heath Accounts (Kenya)

NGO – Non Governmental Organisation

SPSS – Statistical Package for Social Sciences

UN – United Nations

WEF – World Economic Forum

WHO – World Heath Organisation

ABSTRACT

To identify factors influencing performance of Non-Communicable diseases awareness programmes: The case of Kibera Sub-County. The study was guided by following objectives; to determine the influence of community training on the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County; to determine how publicity campaign influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County; to determine how financing influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County; and To determine how follow-up activities influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County. The study targeted Community Health Volunteers, community members, officials in institutions and organizations representing Non-Communicable Diseases and Ministry of Health Division of Non-Communicable Diseases officials. A sample of 101 respondents was chosen. Collected data was keyed into Statistical Package for Social Sciences for analysis. Analysed data was presented in tables & figures for clear understanding. A total of 101 respondents participated in this study indicating a response rate of 100.00%. The findings revealed divergent views among CHVs, targeted community members for NCD awareness programmes, key officials in institutions and organizations representing NCDs and MoH personnel with specific attention to Division of NCDs officials. The study concluded that community trainings, financing and follow-up activities all influence performance of NCD awareness programmes. The study recommended for NCD awareness programme designers and implementers to use a multi-stakeholder approach when designing community trainings, increase the frequency of publicity campaigns, institute better measures and systems to track the utilization of the funds, and to synchronize the roles of the different organizations with respect to follow-up activities.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Several governments, non-governmental institutions alike have partaken on different campaigns to ensure its citizen attain the highest possible standards of health. “In an era when most places must cope with rising demand for health things, they will eventually have to make decisions about the provision of health services, even if those decisions are, by default, to continue present practices;” Murray et al (2006). This poses a serious challenge to health programming. “There are anticipations that NCDs will continue to increase in the coming years leading to at least 9 million mortality each year. This mortality rate would happen among individuals who are below 60 years of age in sub-Saharan Africa” (Mwai & Muriithi, 2015). Relevant health authorities and stakeholders in different countries have begun to continually take steps aimed at influencing the social behaviours of their citizens and helping them understand the importance of healthy lifestyles and attitudes.

“Health endorsement and disease avoiding have huge effect on health, yet given less precedence, risk being overlooked in worldwide health coverage efforts. To efficiently prioritize endorsement and prevention, strong cadres of personnel are wanted with professional in legislation and health strategy, social and behavior change advocacy, prevention and community health, health journalism, environmental health, and multisector health elevation” (Coe and Beyer, 2014). “Without concerted plan intervention, chronic diseases and their risk factors can be expected to make more harm and be expensive to the society. We cannot attend to escalating health care expense without addressing the risk of chronic diseases;” Power of Prevention Report (2009).

Across the last century, massive investments have been made on research both in the biological and technological fields to help eradicate and manage the burden of ailments and diseases. For instance, According to power of prevention report (2009) prepared by National Centre for Chronic Disease Prevention and Health elevation, the scope and severity of NCD in the US has taken public attention. More than two-thirds of people

believe that the U.S. health care strategies should place more readiness on chronic disease elimination care, and more than 4 in 5 Americans (84%) favor public funding for such elimination programs. In turn, the American government spends most on health care recording one of the fastest growth in health expenditure.

Akin to the situation world over, Africa in general and Kenya have concerted major efforts to promote health awareness and education among it's locals to mitigate the burden of chronic diseases. In collaboration with other health agencies and stakeholders, policy makers have drawn up strategic health planning documents to facilitate health developments while reducing costs associated with addressing NCDs. Anderson (2004), estimates that about one-fourth of individual with chronic conditions have most daily activity hindrances. Such decrease in working-age participation in a country's labour force not only affects productivity but also has a cumulating effect on gross domestic growth.

Developing countries have been cited by different collaborating international health agencies as the hardest hit by the burden of NCD and its risk factors. "Health care costs in developing countries are borne by individuals themselves, for those who stay in poverty or recently evacuated severe problem, when faced with large, lifelong out-of-pocket burden, impoverishment persists or can reoccur." Engelgau et al (2011). Social characteristics of poor members of the population like unhealthy diet, inhalation of smoke from solid fuels and use of unsafe water sources among others increases their exposure to risk factors.

Most of NCD diseases can be averted by addressing associated risk factors. Strategic health planning including health awareness and education programs must consider the comparative burden of NCD and simultaneous reduction of multiple risks to come up with interventions that are focused towards disease prevention. "If the present activity - global passiveness - is established, the health systems in low-and middle-income countries will not support the problem of disease. Main causes for heart disease, diabetes, cancer and pulmonary diseases can be avoided but urgent (preventive) measures are needed and effective strategies should deal strictly with risk factors like smoking, alcohol, lack of exercise and unbalanced diet." Boutayeb & Boutayeb (2005).

“Working to avoid NCDs as a first line of caution particularly tackling the major risk factors can have good effect; Up to 80% of some NCDs could be avoided or delayed by removing risk factors.” NCD Alliance Strategic Plan 2012 – 2015 (2011). This reports goes on to state that, “to make real change in the long run, it will not be adequate to target governments and professionals but also elevate public knowledge and awareness to the scale of NCD epidemic, the insufficiency seen in the burden of the disease, the human struggle caused by the lack of adequate access to treatment and the effect behind the modifiable problem factors. increasing the voice and the rights of individuals living with NCDs will be crucial to putting a human value to the struggle.”

In the same breadth, Kenya has come up with a National NCD strategic plan, the first plan to be initiated in the country to address rising cases of NCD. This document provides a national outline & response to NCDs in Kenya for the next five years covering from 2015 all through to 2020. Developed under the guidance of Ministry of health in consultation with multiple stakeholders, the goal of this document is “To decrease the avoidance burden, avoidable death, mortality, risk factors and expense due to non-communicable diseases and elevate the well-being of Kenyan people by providing results based NCD prevention and coordination interventions to enhance optimal health across the life course of sustainable socioeconomic elaboration.”

NCD plan focuses on ten strategic objectives to be implemented through the national and county government working together with developmental partners and civil society organizations. Among the strategic objectives put, the tenth involves “promotion and strengthening awareness, advocacy and social movement for NCD prevention and control;” *Kenya National Strategy for the Prevention and Control of NCDs 2015-2020, Ministry of Health.*

Some of the programmes in relation to NCD’s in Kibera sub-county are; changing diabetes in children, strengthening community NCD’s screening and education Awareness, community medical camp, Improving Quality Diabetes Care and Management for Slum Residents . The main aim of the programmes is to Raise people awareness about risk of NCD’s and the task that a healthy living, screening, diagnosis, learning, treatment and help services play in coordinating NCD’s. Promote the benefit of

help systems for better self-care maintenance. Educate households and community people on the information they want to support individual seen with various NCD's

1.2 Statement of the Problem

Worldwide, the prevalence of NCD cases has continued to rise exponentially making it the leading cause of ill-health and mortality hitting the low-income and middle-income populations hardest. Global Status report on NCD (2010), asserts that speed at which NCD is rising has created a mammoth global problem, and is predicted to overtake infectious diseases as the leading contributor to disability adjusted life years by 2030. NCDs affects, the elderly, adults and children are all susceptible to risk factors that cause NCDs; ranging from physical inactivity, unhealthy diet, sodium intake, tobacco use to harmful use of alcohol. These diseases do not only lead to death but also result in huge social and economic burden to the affected communities owing to costs associated with accessing medical care.

Governments, Private sectors, Non-Governmental Organizations (NGO) and communities have increasingly stepped up the fight against NCD related ailments carrying out series of programmes including community trainings, publicity & media campaigns, increasing financing, enhancing care givers expertise, instituting follow-up activities and mechanisms among others. Other than adopted global & regional action plans to mitigate the rise of NCD, Kenya has also developed a national strategy for the prevention and control of NCD, 2015 – 2020, focusing on ten objective strategies key among them; Promotion and Strengthening awareness, communication and social movement for NCD prevention & control. Despite all these efforts the number of persons getting affected by NCD and its associated diseases is still on an all-time rise. It is considering these facts the researcher undertook study to identify factors influencing the performance of Non-Communicable diseases awareness programmes.

1.3 Purpose of Study

Purpose of study was to identify the factors influencing the performance of Non-Communicable diseases awareness programmes: the case of Kibera Sub-County.

1.4 Objectives of Study

The study was guided by the following objectives:

- i. To determine the influence of community training on the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County
- ii. To determine how publicity campaigns, influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County
- iii. To determine how financing influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County
- iv. To determine how follow-up activities, influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County

1.5 Research Questions

- i. How do community trainings influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?
- ii. How do publicity campaigns influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?
- iii. How do financing influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?
- iv. How do follow-up activities influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?

1.6 Significance of the Study

Several international bodies, governments, civil societies and health practitioners expressed their intention to avert the trend of rising NCD cases witnessed globally.

Kenya government through the Ministry of Health (MoH), Division of NCD, is working tirelessly with other multiple stakeholders to ensure priority is given to NCD prevention and control both for the present and future generations. This study therefore was useful to several stakeholders both within & without the health care sector.

Health practitioners and policy makers drew upon on evidences and case studies thereby enabling them to re-align & prioritize NCD strategies' in the country & county action plan. Insights gathered from this project study was used to buy development partners to improve on cooperation, advocacy, financial & technical assistance to support the counties and country in its efforts to lower negative effects of NCD.

Furthermore, findings and recommendations of the study was beneficial to relevant multi-stakeholders in NCD to not only document on the best implementation strategies for health awareness practices but also build on its successes while widening its networks. Civil society and health workers working directly with Kibera Sub-County community members also had access to the project study report hence it improved their capacity to engage in policy-making, planning and health awareness programs.

1.8 Scope of the Study

Out of the huge population in Kibera Sub-County only selected respondents participated in this study. The study limited its coverage to Kibera Sub-County, Kenya. Its purpose was to identify the factors regarded herein and how they influence the performance of NCD awareness programmes in place. The researcher initiated efforts to ensure that the selected sample and techniques used were adequate to collect the information required for drawing conclusions.

1.9 Limitations of Study

Examined on the successes and challenges of other health awareness programs implemented in various countries, it was only limited to factors influencing performance of NCD awareness programs in Kibera Sub-County, Kenya.

Implementation of health awareness programs on NCD being a multi-stakeholder project, the researcher tried to encourage participation from all relevant stakeholders. The researcher approached major parties to gain buy-in. Once this was achieved, it was possible to convince other players and community members to provide their feedback and thoughts.

1.10 Assumptions of Study

All respondents were aware of current health awareness programs instituted against NCDs in the country. It also assumed that all respondents would provide their true perceptions and opinions.

1.11 Definition of Key Terms

Performance of NCD awareness programmes: The way or the efficiency with which something reacts or fulfills its intended purpose. The study sought to identify the performance of the NCD awareness programmes in Kibera sub-county and the factors that led to its success or failure.

Community Training: This is used to refer to the instructions and programmes that health facilitators use to enhance the knowledge and learning experience of community members with regards to NCD.

Financing: This is the act of providing funds for NCD programmes including catering for cost of purchases, mobilization, logistics, investments, remuneration, and allowances in order to promote awareness activities. Programme funding from different sources to promote NCD awareness is also captured.

Follow-up: This is the monitoring and evaluation of the impacts of NCD awareness programmes for the management of, and to disseminate information on the performance of strategies and mechanisms applied with the goal of promoting NCD awareness.

NCD Awareness Programmes: This is the constructed communication of knowledge to improve NCD literacy, knowledge and skills to advance individual and community health through specific programmes.

Non-Communicable Diseases: In this study, NCD refers to the chronic diseases such as cancers, cardiovascular diseases (heart attacks and strokes), diabetes and chronic respiratory diseases (asthma and chronic obstructed pulmonary disease).

Publicity Campaign: This refers to the effort applied by relevant stakeholders to convey NCD information to the community members/public through the media to promote awareness.

1.11 Organization of the Study

Research project report was organized into five chapters namely chapter one, chapter two, chapter three, chapter four and chapter five. Chapter one entailed the background of the study background, statement of the problem, objectives of the study, research questions, significance of the study, delimitations, limitations, assumptions and definition of terms used in the study. Chapter two introduced literature review; included introduction, theoretical and conceptual framework guided by the research questions. Chapter three discussed on the methodology for the research study highlighting on design, population, sampling procedures and methods for data analysis. Chapter four focused on the summary, presentation &interpretations of findings emanating from the field results while Chapter five dwelt on discussions of findings, conclusions, recommendations and suggestions for further programs.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Covers the available literature related to the study. The researcher reviewed literature related to factors that influence the performance of NCD awareness programmes in Kibera Sub-County. This chapter contains empirical review, theoretical review knowledge gap and conceptual framework for the study.

2.2 Performance of Non-Communicable Diseases Awareness Programmes

“The rise in the burden of NCDs, the Health Sector is faces a struggle on services delivery and its money. To continually carry out NCD awareness projects, it is essential that services including important policies and programmes especially to the disadvantaged poor remain effective and efficient to address different vulnerabilities and risks. While developing the Kenya NCDs and guidance law, emphasis was laid in developing interventions to work with organized difficulties that see NCD prevention and control at both the national and national government level” (Kenya National Strategies for NCDs 2015 – 2020).

“For NCD awareness programmes to work, the guidelines should be based on the powerful clinical results,” (IOM, 2011). IOM further define healthcare quality as the extent to which health services provided to individuals and patient populations improve desired health outcomes.

Effective NCD prevention and control is a high priority on the global health and development agenda. In line with this mandate, WHO continues to support countries to develop and strengthen national multi-sectoral NCD policies and plans; move towards time-bound targets and indicators; identify and act on priority risk factors and strengthen health systems for NCD management especially in primary care (WHO, 2014). “Level of Non-Communicable diseases asks immediate attention. Obvious, preventable risk factors lye most NCDs. The prevalence ranges between earning groups and differs with gender. Majority of the events occur in people with modest escalations of many risks than with

significant elevation of a single risk factor. To start a process which tackles the upstream determinants through enabling individual's, to heighten thereby enhancing and sustaining good health" (Pelletier, & Beaudin, 2008). "This answer lie in effective health awareness programmes which involves changing behavior at multiple levels. To reverse, there is need to understand and use the mechanisms which have been largely used to empower individuals to make healthy options. These include the Health Belief, Self-Efficacy, Social reading and Self-elevations models. Changing behavior, however, is a process, not an event. Different mechanisms are mainly effective at different levels of change."

The Global Opportunity Report (2016) note that most times, NCDs are prevalent across the country though there may be regional variations. The plan of action therefore should include effective and efficient covering of all parts of a country in a phased manner giving highest priority to the areas with high prevalence or hardest hit yet with low level of available and required NCD services. It is thus important that the country (Kenya) not only limit the NCD awareness programmes to major NCDs but cover all NCDs in an integrated manner. Knowing that both effective NCD awareness and communication are essential in promotion and reservation of public health will be a major milestone in the emergence of hard-tackling Non-Communicable Diseases. "Many health practitioners realize that elevating health while protecting the public require both sound science and effective public health awareness and advocacy programmes" (Bernhardt, 2004).

2.3 Awareness Programmes

World Health Organization (WHO) defines health, "mode of full physical, social and mental wellness." Considering this definition, the environment in which people live also discovers health i.e. access to nutritious foods, sanitation, safe water, education and social cohesion. WHO (1978), "pleasure of highest reachable standard of health as a fundamental right for people in the world."

"Well-being awareness programmes are adopted from various disciplines, including health learning, journalism, public relations, marketing, psychology, informatics, epidemiology, mass and speech communication. Despite the trans-disciplinary concept

and nature of health awareness programmes, the principles of public health awareness are indeed pillared in central tenets of public health;” Institute of Medicine IOM (2003).

“Health and social wellness are established by factors not within the health system which include socioeconomic conditions, demographic patterns, perceptions of consumption associated with food and advocacy, family patterns, learning environments, the cultural and social fabric of societies; economic pervert and socio-political, including global environmental change commercialization and trade.” (Kumar & Preetha, 2012). Hence, the attainment of the highest possible standard as regarded by the WHO largely depends on a complete holistic advance that goes beyond the conventional curative care. These efforts should include a participatory approach involving communities, healthcare providers, governments and relevant stakeholders. Instrumentally, this means to the end of health behavioural change through community empowerment is what constitutes health awareness programmes.

“Health awareness programmes takes an ecological go ahead by advocating multilevel plans and interventions, messages targeted at individuals and group levels, social marketing at community level, media advocacy and campaigns at the population level.” (IOM, 1997). Like most written education, advocacy and awareness programmes, health awareness plan are usually integrated with other intervention models, such as partnerships, community organization and capacity building to come up with multi-level and all inclusive NCD health awareness programmes. Through this perspective, individuals are empowered to take appropriate actions for their health and help in nurturing sustainable health practices and systems.

Public health awareness programmes are activities towards health that focus on prevention, promotion and protection as opposed to traditional treatment and are targeted on populations rather than on specific persons or individuals. These activities immerse on behaviours that lead to illness and injury rather than particular illness and injury itself. Public health works in are mostly carried out by both the public health system and private sector with major players including the MoH, Parastatal Organizations, NGOs’, private for profit, CBOs’, financial facilities and even private health & non-health professionals (Muga et al, 2005).

Majority of the Kenyan population rely on the public health sector for healthcare services. As mentioned in the previous paragraphs, these health services range from preventive, curative, promotive and rehabilitative care. Health Policy Project report (2014), “the preventive services as normal childhood immunizations and environmental activities to direct mosquito bearing which lowers malaria transmission; enhancement services mainly educational services given to the public on healthy lifestyles and provided interventions while curative and rehabilitative services include treatment activities present in hospitals and other healthcare facilities.

To get these functions, the Kenya government has always run a network of healthcare necessities staffed by government workers and run hand in hand by the resources given by the government from public resources.” Health Policy Project report (2014).

2.3.1 Community Training and Performance of Non-Communicable Diseases Awareness Programmes

Healthy People (2010) define health advocacy and awareness as “the way and method of telling, influencing, and impressing people, institutional, and public audiences about necessary health issues.” The WHO has ranked Non-Communicable Diseases, which make the biggest contribution to countrywide morbidity and mortality. These include; Diabetes, Cancers, Chronic respiratory diseases and Cardiovascular diseases. “However, in the same breadth with the Brazzaville Declaration, haemoglobinopathies, mental disorders, violence and injuries, oral and eye diseases plus chronic diseases, Kenya has taken up all these NCDs in their training programmes mainly done through the Community Health Volunteers (CHV),” CHVs Facilitators Manual (2015).

Various trainings are carried out to health practitioners and the community at large to mitigate on the effects of diseases and ailments. “In Kenya, CHVs are main players in the development of primary healthcare since the 1980s, and proceed to play a crucial role in marshalling public taking care of their health and giving basic healthcare at community level” (Kenya National Strategies for NCDs 2015 – 2020, 2015). The CHVs Facilitators Manual (2015) provides platform to sanction Community Health Volunteers in distinguishing, screening and citing women, children, elderly and enhancing healthy

lifestyles to lower NCD related diseases in the communities. The trainings and interventions are practical in nature and meant to solidify the capacity of CHVs enhancing them to take it on to the community level communicating for good health practices like behavioural change.

“The Government is dedicated to helping community health initiatives and speeding up the accomplishment. “It hopes that all stakeholders in community health will use the various trainings offered to CHVs to standardize promotion of healthcare to our communities. Well trained community health extension workers, training modules are used to administer training and information on the NCD component. Good training modules are used by health managers to guide CHVs offer efficient services to the community, effectively linking them to care and referral appropriately.”

NCD trainings on health awareness should be designed to remain reliable with better available current evidence as shared between health stakeholders, consumers of the services, providers and policy makers. The role of the trained CHVs in prevention and control of NCD related ailments cannot be ignored if indeed the government is willing to reduce the impact. Like other governments undertakings, public health awareness programmes must focus more on improving overall health of communities as opposed to trying to deconstruct the available mechanisms of advocacy. “Public health awareness is wanting to enhance and preserve health difference at all levels of influence” (Bernhardt, 2004).

2.3.2 Publicity Campaigns and Performance of Non-Communicable Diseases Awareness Programmes

Despite NCDs being the major cause of morbidity and mortality, great news is that NCDs are largely preventable if we can effectively take care of the main behavioural harmful issues namely: tobacco use and exposure, unhealthy diet, physical inactivity and harmful use of alcohol. Per the WHO (2010), “No intervention, mortality from NCD are expected to rise by 15% between 2010 and 2020. The highest rise is expected to occur in the African – includes current location of our study, Kenya - Eastern Mediterranean, and Southeast Asian regions. Fortunately, most early mortality from heart disease, stroke, and

diabetes can be dealt with behavioural change and pharmaceutical interventions.” Therefore, NCD awareness programmes have placed pressure on the want people to adopt healthy lifestyles that would decrease the effect of the four-shared risk causes on individual and in turn contribute to a reduced burden of NCDs. Publicity activities include creation of education materials targeted for adults and youth for the different ranges of groups. These publicity events are designed and conducted to advance awareness, prevention, and access to care. Publicity is developed and oriented towards building an awareness of environmental connections, physical activity, role of genetics, and the dietary factors.

Kenya has continued to consistently grapple with alcoholism and harmful use of tobacco among its citizens, habits noted among the major contributing factors in increasing the burden of NCDs. The negative impact of Alcohol and harmful use of tobacco cannot be underscored. “Alcohol among world’s three priorities in public health. Despite that only about half the world population takes alcohol. It’s the third starring factor of bad health and premature mortality, unsafe sex and after low birth weight” (WHO, 2012). None of the nations have been exempted the troubling disaster caused by alcohol and harmful use of tobacco. “Alcohol is a complex health, social and economic issue. Minimal doubt, considerable harm is done via its abuse – company of alcohol agrees with this – minimalist of alcohol is an agreed convention used by over 2 billion people word-wide” (Kaithuru & Stephen, 2015). It is debated that if alcohol and tobacco would be censored, prevention is not on the agenda in Kenya or in most other parts of the world. The fight against the crisis remains a clear precedency as it not only effects on the country’s health national budget but also delimits the prevention and direct efforts towards NCDs.

The Centers for Disease Control and Prevention (CDC), 2003, for example, established the significance of technology in public health advocacy it concluded that “creativity in information communication technology, public health research and enhanced advocacy offer opportunities for CDC to enhance health in America and worldwide.” (CDC), 2003. Through its work, technologies like mobile health (mHealth) have been developed. “Social media, digital communications, Mobile technologies are strong equipments that

can be used to preserve NCDs by making connections for health access, providing both doctors and patients new tools for treatment and prevention.

Mobile phones utilized in mHealth to get and distribute health information have important potential with regards to enhancing publicity activities.” (Bloomfield et al, 2014). “Combined with the want of large data, these technologies are probable to process novel applications in the future, heightening exposing more relevance to the suffering of effectively managing medical records. Together with rising rates of high-speed network tackling and highly lowering hardware costs, mHealth publicity recede in tackling NCDs will become different poised to issue life-saving information and services to all” (Global Opportunity Report, 2016). Global Opportunity report further goes on to state that the potential scale of technology opportunity in tackling rising NCD cases is vast, as globally there are already almost as many mobile phone subscriptions as there are people. This worldwide approach will not only bring to some of the highest advantage in tackling NCDs but will also prove cost-effective and cover large social and geographical range. Initiatives are being deployed everywhere in the world for a great variety of purposes; among them are research populations, presenting health advancement messages regarding NCD risk factors, nudging people to rethink unhealthy manners and assisting to implement national NCD strategy.

2.3.3 Financing and Performance of Non-Communicable Diseases Awareness Programmes

Donor funds are mainly directed towards supplementing the public health sector funds and include funds to fight HIV, tuberculosis, malaria and NCDs among others. The rest of the gap is filled by private companies, local foundation and other unspecified sources.

“Health professionals and practitioners have mentioned that paying for NCD elevation and maintenance in an investment; thus, necessitating rise of health awareness programs targeted on managing the diseases;” ABCE study (IHME 2014). “Health promotion, prevention and early treatment would greatly reduce some of the costs related to NCD

care and treatment; however, it is imperative for each country to choose the right mix of hindrance and treatment per their relative costs and effects” (Hyacinthe et al, 2013). Additionally, Hyacinthe et al also found strong evidence in reduction of finances required to implement health awareness programmes if NCDs medication could be used more rationally. Accordingly, promotion and advocacy on use of available generics as opposed to originator brand medicines should be stepped up to further lower the proportion of direct costs related to NCDs. For instance, “in Uganda, families with a person hurting from a chronic illness were found to be three times more probable to incur money for health care than other households” (Ruhweza et al, 2009).

2.3.4 Follow-up Activities and Performance of Non-Communicable Diseases Awareness Programmes

Public health events and programmes are announced in categories comprising of different forms such as campaigns or events. They draw on a large variety of methods such as health education, lifestyle guidelines, infection control, risk factor monitoring, and front loadings to limit unhealthy lifestyle choices and differences to the social environment to encourage healthier behavior choices. These awareness projects apply in many settings including schools, workplaces, churches, homes, communities and various media outlets. These activities in most cases relate to a broad areas of health issues.

However, the sad truth is that the NCD burden falls most on those least able to cope, that is, the socio-economically disadvantaged in both high and lower income countries. “They are not ‘diseases of rich, a vicious circle of NCDs and poverty can leave unfortunate people facing more exposure to the risk factors, comobined with the loss of money and costs of health compassion driving household more into poverty” (Kenya Health System Assessment, 2010).

Strengthened promotion and effective follow-up activities are urgently needed to address the effects of rapid urbanization, unhealthy lifestyles, widening inequities, environmental degradation and climate change. Everyone is required to promote and protect health. The Healthy Settings approach offers effective ways to address public health priorities and

integrate health promotion and health protection into a national development strategy. Factors such as political commitment, multi-sectoral collaboration, community engagement and citizen participation are critical to success (WHO, 2012).

2.4 Theoretical Framework

Sekaran (2000) “Conceptual theory of how a researcher makes sensible sense of the relation among various factors that have been known as beneficial to the problem.” The theory selected for this study is the “theory of planned behavior” propounded by Ajzen (1991). Model tries to predict deliberate behavior as it assumes that behavior can either be deliberate or planned. In his writings, Ajzen suggests that “an individual manner is resolute by his/her goal to perform the behavior and that this delivering is, in turn, a function of his/her attitude toward the behavior and his/her subjective norm.” Similarly, tackling NCD and its’ related ailments is heavily associated with individual behavior. Organizations and institutions working against NCDs propose a combined approach referencing Non-Communicable diseases and their risk factors. In this research study, the factors under investigation are intended to change the behavioral beliefs, normative beliefs and control beliefs regarding the four shared NCD risk factors namely tobacco use and exposure, unhealthy eating, lack of exercise and misuse of alcohol.

Per theory of planned behavior, the best predictor of behavior is intention. This theory can therefore help explain why community trainings, publicity campaigns, financing and follow-up activities meant to only disseminate information might not necessarily work. Ajzen (1991) asserts that “for an individual manner to change, goal is the cognitive presentation of a individual's eagerness to perform a given behavior, and it is the immediate antecedent of behavior.” It therefore implies that focus should be placed on convincing individuals to change their intention; in line with theory of planned behavior school of thought this must be done through stressing on attitude, subjective norms and perceived behavior control. This theory thus becomes relevant in understanding mechanisms and challenges associated with implementing awareness programmes while providing a rationale for identifying the factor influencing the performance of NCD awareness programmes

2.5 Conceptual Framework

Conceptual framework displaying relationship of variables is as shown in Figure 2.1.

**Figure 2.1: Conceptual Framework
Independent Variables**

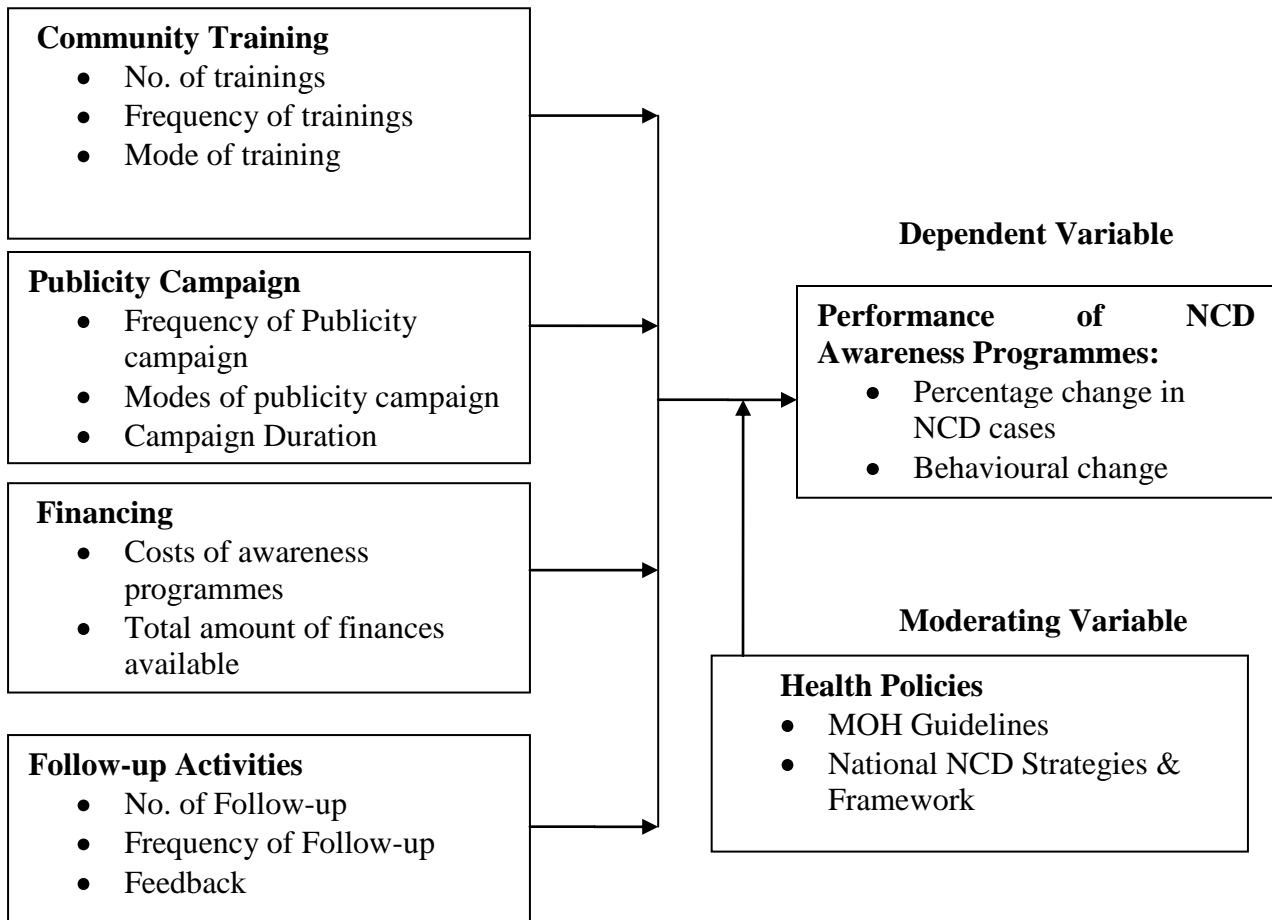


Figure 2.1 depicts conceptual framework of factors influencing performance of NCD awareness programmes in Kibera Sub-County. The focus of this study was performance of NCD awareness programmes with the help of a case study of Kibera Sub-County. The independent variable was constituted of individual factors that influence the dependent variable namely community trainings, publicity campaign, financing and follow-up activities.

Community Training

Training: The number of times the community members were trained would be essential in determining the performance of the program. The more the training the higher the likelihood of success in the implementation of the programs. Redundant training was crucial for successful acquisitions of skills in trainings. For the community members to retain knowledge, skills needed to be practiced and refreshed on a regular basis so elements are not forgotten. There was also an incentive from the community members to learn, participate in the implementation of the program and put their skills into practice. It was a careful balance, to make sure there was enough training, but not too much as the community lost interest. There were different types of trainings available; They were customized per that community. For example, there was one-to one trainings, group sessions or e-learning which were very popular route and required less time away from the business'

Publicity Campaign

Campaigns carried out frequently the likelihood of the community to remember and utilize the information received was high. The mode of publicity to be used in a campaign was determined by the target group. Study's were done on the specific group to determine which method were effective. There were various modes; word of mouth, posters, flyers, brochures, billboards, banners, stickers, Seminars, symposia, road shows, social gatherings. The longer the campaign the more effective they were. Despite the campaign being longer, the project managers ensured that the message being passed was relevant to ensure effectiveness.

Financing

Finances needed to run the awareness campaign. Were all the resources financed accordingly? How much was allocated to the entire project.

Follow-up Activities

It was crucial to continuously be in touch after a project was completed to build strong and trusting relationships. As it is rightly said “Out of Sight, Out of Mind”. What was done to the information obtained? The information was used to improve the objectives of the project.

2.6 Knowledge Gap

Although several studies had been conducted with regards factors influencing the performance of NCD awareness programs in other developed countries like UK and USA, very less is still known with respect to the performance of special policies and strategies in controlling NCDs with respect to the Kenyan context which is a third world country struggling out of poverty. Table 2.1 below shows previous study findings and research gaps related to NCDs awareness programmes and frameworks.

Table 2.1: Knowledge Gap

| Author | Study Title | Findings | Knowledge Gap |
|-------------------------------|--|--|---|
| Kiah, J., 2015 | National Non-Communicable Diseases | Health resource guidebook will be printed and disseminated to every households; this will greatly add to the efforts of tackling NCDs. | No specific evidence to support the performance or non-performance of this programme hence need to highlight on potential factors Success is based purely on perceptions |
| Schmidt et al., 2011 | Chronic Non-Communicable Diseases in Brazil: Burden & Current Challenges | Unfavourable trends for most major risk causes pose and major challenge and rise in costs for people affected by NCDs | There is no quantification of awareness programmes performance or non-performance leading to increased trends for risk factors |
| Dar, S. R. et al, 2007 | National Non-Communicable Diseases Risk Factors Survey 2007 | NCDs contributes the major problems of illness and disability in major all cities of the world as such must urgently get more resources, research and attention, to facilitate trends such as prevention, health promotion and awareness | Success and reliability on activities related to creating awareness and promoting prevention of NCDs is based on perception |

2.7 Summary of Literature Review

This chapter discussed the various factors influencing the performance of non-Communicable Diseases literature and models. Health awareness programmes were discussed, followed by an analysis of the factors in the study namely: trainings, publicity, finances, follow-ups and the performance of NCD awareness programmes. The research literature findings depicted that investing in NCD awareness programmes and prevention saved both direct and indirect costs related to prolonged treatment and management of NCD.

However, despite the various campaigns put up especially in the Kenyan context to tackle the rise of NCDs, it was noted that very little research had been done especially in factors influencing the performance of these awareness programmes. Whereas previous research and studies focussed on different contexts, this study assessed the factors influencing the performance of NCD awareness programmes; a case of Kibera Sub-County.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter dealt with the methods the researcher used to conduct the research study. Covered research design, target population, sampling procedures, data instrumentation and data collection & analysis procedures.

3.2 Research Design

The study adopted a descriptive survey research design. “Descriptive research includes surveys and fact-finding enquiries of different kinds. Its main purpose is to depict the state of current affairs as it exists at that moment” (Kothari, 2004). “A descriptive research design often produces clear, specific and measurable descriptions of the phenomenon or condition in question” (Grimes & Schultz, 2002). This design allowed the researcher to review surveillance studies, cross sectional studies and case reports regarding the factors influencing the performance of NCD awareness programs.

3.3 Target Population

The target population of this study consisted of 1000 individuals, community members, institutions and specialists who actively engaged in NCD awareness programmes in one way or the other in Kibera sub-county in Nairobi area. Per the Ministry of Health (2015) there were 125 CHVs, 800d targeted community members for NCD awareness programmes, 50 key officials in institutions and organizations representing NCDs and 15 MoH with specific attention to Division of NCDs officials.

3.4 Sample size and Sampling Procedure

Heterogeneity of target population, stratified sampling was used. The population was divided into four sub groups.

Mugenda & Mugenda (2003) assert that a sample size of 10% of the target population is adequate and conforms to statistical provisions. A sample was chosen based on this. Table 3.1 shows the population.

Table 3.1: Population under Study

| Strata | Target population | Sample Size |
|---|--------------------------|--------------------|
| Community Members | 800 | 80 |
| CHVs | 125 | 13 |
| Officials in institutions/ organizations representing NCD | 50 | 5 |
| Officials from MoH | 25 | 3 |
| Total | 1000 | 101 |

The sample size of the study was 101.

The final respondents were randomly selected from each sub group. This was because this sampling method gave each respondent an equal opportunity of being chosen. To reduce the cost & time for the study, purposive sampling was applied.

3.5 Research Instruments

To provide a more comprehensive understanding of the topic and reduce chances of bias, the researcher used a combination of techniques to collect data. Both primary and secondary data was collected for this study. Primary data was gathered using semi-structured questionnaires while secondary data obtained from peer-reviewed articles and writings on NCD awareness programs.

The questionnaire was divided into distinct sections with the first section collecting the general demographic information of the respondents and rest of the sections posing questions derived from the objectives of the study. Two different questionnaires were

designed; one for CHVs and targeted community members for NCD awareness programmes while the second questionnaire was for representatives of Division of NCDs, organizations & institutions dealing with NCDs awareness programmes. The questionnaire contained open ended questions and closed ended questions whose responses were rated on a likert scale ranging from strongly disagree to strongly agree.

3.5.1 Pilot Testing

To familiarize with the data collection procedures, the researcher carried out a pilot test study in Mathare slums. “This refers to the pre-testing or trying out of a research instrument” (Baker, 1994). Conducting a pilot study is essential in any research study as it alerts the researcher on the main areas of potential fails, where research protocols might not be followed or whether the proposed instruments are inappropriate or too complicated. “Identifying the exact number of participants in a pilot group is a challenging affair, but as a rule of thumb, it is advisable for researchers to pilot at least 10-20% of the final sample” (Baker, 1994). 15% of the final sample (101) was 15 individuals. The researcher administered the pilot survey personally and individually to a small group of the final respondents. Because of the pilot study, the researcher incorporated few improvements including re-sequencing and re-phrasing to the final questionnaire. The pilot study tested for reliability and validity of the data collection tools.

3.5.2 Validity of the Instrument

The study adopted content validity. In order to enhance the validity of the study, the researcher conducted a pilot study as indicated in section 3.6. The respondents of the pilot study were not included in main study. Additionally, the researcher incorporated input and opinions of the supervisor and various health experts in NCD sector that helped improve validity of data collected.

3.5.3 Reliability of the Instrument

To test the reliability of the instrument, the researcher after designing the pilot study further used the split half-technique. This procedure involved splitting the data collection instrument into two; one half of odd numbered items and the other half of even numbered items. The scores of all the odd and even numbered items for every respondent sampled in the pilot study were computed separately and the results compared. A correlation coefficient test was then carried out ($r=0.67622$) the questionnaire; to obtain a better estimate of the reliability of the test, the researcher further applied Spearman-Brown correction ($p=0.80684$). Orodho (2005) asserts that for the test to be reliable score on two halves will have a high positive association co-efficient. The above results affirm reliability of the instruments.

3.6 Data Collection Procedure

To initiate data collection procedure, the researcher secured an introductory letter from the University of Nairobi identifying her as a bona-fide student. The researcher further sought approval from relevant institutions to carry out the study including obtaining a research permit from the National Council for Science, Technology and Innovation (NACOSTI).

To gain access and permission to administer the questionnaires, the researcher held prior meetings with relevant officials to ease the process. Appointments were made with the officials and key informants in organizations representing NCDs; the researcher personally administered the first questionnaires to the group explaining each measure and noting the officials' responses at their respective offices. Due to the large number and time constraints, the second questionnaire for CHVs and community members were distributed and the filled questionnaires collected by the researcher for further analysis.

The researcher ensured ethical practices were adhered to, this included; ensuring anonymity of the responses, confidentiality of data and respecting the opinion of the respondents who were not willing to participate in the study.

3.7 Data Analysis Techniques

The process involved examining the collected data critically and making inferences in relation to the phenomenon under study. First, the researcher edited the data of any errors then coded the questionnaire per the variables of the research study thus not only making it appropriate for analysis but also minimizing the margin of error and improving accuracy.

The collected data was keyed into the Statistical Package for Social Sciences (SPSS) for analysis. Descriptive statistics such as means, percentages and frequencies was used; this transformed the raw data into figures and tables for interpretation (Mugenda & Mugenda, 2003). Inferential statistics was used to establish the dependency of relationship among the research study variables. Analysed data was then presented in tables & figures for clear understanding.

3.8 Ethical Considerations

The research study incorporated the principles of research ensuring the respondents rights were observed always. Prior to actual data collection, the researcher sought approval and authorization letter from the university. Informed consent was sought from all the respondents before the survey. Confidentiality of the respondent and the information divulged was guaranteed as part of the introductory section of the questionnaire. All respondents were oriented on the overall objective of the study and their right not to answer any question deemed personal or sensitive were guaranteed.

3.9 Operationalization of Variables

Table 3.2: Operationalization of Variables

| Objectives | Types of Variables | Indicators | Measurement Scale | Data Collection Instruments | Analysis Technique |
|--|---|--|--------------------------------|------------------------------|--|
| To determine the influence of community training on the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County | Independent – community training Dependent – Performance of NCD awareness programmes | No. of training | Ordinal Nominal | Questionnaire Desk Review | Mean Mode Frequency SD Correlation |
| | | Frequency of Training Mode of Training Performance of NCD awareness programmes | Nominal Ordinal Interval | | Questionnaire |
| To determine how publicity campaign, influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County | Independent – publicity campaign | Frequency of publicity campaign | Nominal | Questionnaire Desk Review | Mean SD Frequency |
| | | Mode of publicity campaign | Nominal | Questionnaire | Mean Frequency SD |
| | | Campaign duration | Ordinal | Questionnaire | Mean SD Median |
| To determine how financing influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County | Independent – financing | Cost of awareness programmes | Ordinal | Questionnaire | Mean SD |
| | | Total amount of finances available | Nominal | Questionnaire Desk Review | Mode Frequency Mean |
| To determine how follow-up, influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County | Independent – follow-up | No. of follow-up | Ordinal | Questionnaire | Mean Frequency Correlation |
| | | Frequency of follow-up | Ordinal | Questionnaire Desk Review | Mode Frequency Correlation |
| | | Feedback | Ordinal | Questionnaire | Mean Frequency |

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the data analysis, presentation and interpretation of this research study. The collected data was analyzed using analysis techniques such as mean, median, percentages, frequencies, standard deviation and correlation tests. This study was guided by four research questions namely; how do community trainings influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?, how does publicity influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?, how do finances influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County?, and how does follow-up influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County? Under each research question, that data was analyzed, presented and interpreted.

4.2 Response Rate

Table 4.1 shows a presentation of the number of questionnaires that were filled and returned by the community members and official from the relevant health institution.

Table 4.1: Response Rate

| Description | Frequency (n) | Percentage |
|---------------------|----------------------|-------------------|
| Returned | 101 | 100.0% |
| Not Returned | 0 | 0.0% |
| <i>Total</i> | 101 | 100.0% |

The sample size for this study was 101 respondents including CHVs, targeted community members for NCD awareness programmes, key officials in institutions and organizations representing NCDs and MoH personnel with specific attention to Division of NCDs

officials. All the sampled respondents duly filled the questionnaires and participated in this research study indicating a response rate of 100%.

4.3 Demographic Characteristics of Respondents

Findings highlights results on the general characteristics of the respondents as captured in the survey.

Table 4.2: Gender demographics

Table 4.2 shows gender demographic characteristics of the respondents for NCD awareness programmes.

| Variable | Category | Frequency | Percentage |
|-----------------|-----------------|------------------|-------------------|
| Gender | Male | 58 | 57.43% |
| | Female | 43 | 42.57% |
| Total | | 101 | 100.00% |

In the first part, 57.43% of the respondents were male while 42.57% female. This implies a slightly higher number of men as compared to that of women in the sampled population.

Table 4.3: Education Level Demographics

| | | | |
|----------------------------|------------------|------------|----------------|
| Highest level of Education | Primary | 24 | 23.76% |
| | Secondary | 23 | 22.77% |
| | College/Tertiary | 29 | 28.71% |
| | University | 25 | 24.75% |
| Total | | 101 | 100.00% |

A total of 29 people or 28.71% had at least attended a college or tertiary institutions.

On the other hand, 23.76% had reached primary level, 22.77% had reached secondary whereas only 24.75% had reached university level.

Table 4.4: Marital Status Demographics.

| | | | |
|----------------|---------------|------------|----------------|
| Marital Status | Single | 34 | 33.66% |
| | Married | 29 | 28.71% |
| | Divorced | 17 | 16.83% |
| | Widow/Widower | 21 | 20.79% |
| Total | | 101 | 100.00% |

In terms of marital status, 33.66% respondents were single as at the time of this study. They were followed by those who are married at 28.71%, the widows and widowers at 20.79% and those whom had divorced or separated at 16.83%.

Table 4.5: Occupation demographics

Different respondents' occupation was listed and analysed as shown below.

| | | | |
|--------------|-------------------|------------|----------------|
| Occupation | Informal | 33 | 32.67% |
| | Formal/Skilled | 28 | 27.72% |
| | Unemployed | 17 | 16.83% |
| | Student | 13 | 12.87% |
| | Housewife/husband | 10 | 10.01% |
| Total | | 101 | 100.00% |

32.67% of the respondents surveyed were working in the informal sector while only 10.01% were either housewives or househusbands. This is akin to Kibera Sub-county where the informal sector forms most of the population's occupation.

Table 4.6: Location Demographics.

The community members and community health volunteers were categorised according to their location.

| | | | |
|----------|-----------------|----|--------|
| Location | Laini Saba Ward | 19 | 20.43% |
| | Lindi Ward | 9 | 9.68% |

| | | |
|---------------------|-----------|----------------|
| Makina Ward | 19 | 20.43% |
| Sarang'ombe Ward | 23 | 24.73% |
| Woodley Ward | 23 | 24.73% |
| <i>Total</i> | 93 | 100.00% |

Location of the respondents was also considered during this study. According to the findings, most respondents surveyed were from Sarang'ombe and Woodley ward each recording 24.73% or 23 out of 93 people. Laini Saba ward and Makina ward both came in second recording 20.43% each. Lindi ward (9.68%) had the least number of respondents. These results indicate this research study covered a better part of the Kiberea sub-county with most wards in the sub-county well represented based on the feedback from the various geographical locations.

4.4. Community Training and Performance of Non-Communicable Diseases Awareness Programmes

To determine the influence of community training on the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County. The findings according to the two different questionnaires administered to the two groups are discussed below with Table 4.7 showing respondents from the targeted community members and CHVs followed by Table 4.8 showing responses from Key officials in organizations dealing with NCD and MoH officials.

Table 4.7: Trainings and Performance of NCD Awareness Programmes I

| Statement | Response | Freq. | % | Mean |
|--|-------------------|--------------|---------------|-------------|
| Trainings on NCDs through NCDs awareness programmes implemented in the community are important/much needed | Strongly Agree | 25 | 26.88 | 2.80 |
| | Agree | 18 | 19.35 | |
| | Neutral | 16 | 17.20 | |
| | Disagree | 19 | 20.43 | |
| | Strongly Disagree | 15 | 16.13 | |
| | Total | 93 | 100.00 | |
| Trainings on NCDs are carried out as often as required | Strongly Agree | 17 | 18.28 | 3.31 |
| | Agree | 10 | 10.75 | |
| | Neutral | 15 | 16.13 | |
| | Disagree | 29 | 31.18 | |
| | Strongly Disagree | 22 | 23.66 | |
| | Total | 93 | 100.00 | |
| Owing to trainings on NCDs, community members are now less susceptible to NCD risk factors | Strongly Agree | 18 | 19.35 | 3.10 |
| | Agree | 17 | 18.28 | |
| | Neutral | 20 | 21.51 | |
| | Disagree | 14 | 15.05 | |
| | Strongly Disagree | 24 | 25.81 | |
| | Total | 93 | 100.00 | |
| Trainings on NCDs awareness has encouraged community members to adopt behaviour change e.g. less alcohol & tobacco use, healthy diets & improved physical activities | Strongly Agree | 24 | 25.81 | 2.86 |
| | Agree | 17 | 18.28 | |
| | Neutral | 21 | 22.58 | |
| | Disagree | 10 | 10.75 | |
| | Strongly Disagree | 21 | 22.58 | |
| | Total | 93 | 100.00 | |

The findings in table 4.7 reveal a mixture of thoughts on whether community trainings on NCDs delivered through the NCD Awareness programmes are important or much needed with 26.88% strongly agreeing and 19.35% agreeing to this statement whereas 20.43%

disagree and 16.13% strongly disagreeing with the statement. It is possible that NCD Awareness programmes benefits or goals might not have been well explained or even captured by targeted beneficiaries hence there is need for further probe on this disparity.

The respondents were further asked to rank the statement, community trainings on NCDs are carried out as often as required. Similar to the first statement, respondents again registered divergent views with majority of them disagreeing (31.18%). Only 18.28% of the respondents strongly agreed to this statement while 16.13% remained neutral or undecided.

The third statement that related community trainings to less susceptibility to NCD risk factors registered a mean score of 3.10 implying respondents were mostly inclined to neutrality. Respondents surveyed still felt despite the community training intervention they were still susceptible to NCD risk factors in one way or the other.

Regarding the fourth statement, community trainings on NCDs awareness has encouraged community members to adopt behavior change e.g. less alcohol & tobacco use, healthy diets & improved physical activities, 41 out of 93 or 44.09% of respondents were positive about this statement. They argued that through community trainings, community members reviewed their lifestyle choices keenly before engaging in behaviors related to risk factors; most respondents quoted usage of alcohol & tobacco as top on behavioral change.

Table 4.8: Trainings and Performance of NCD Awareness Programmes II

| Statement | SA (%) | A (%) | N (%) | D (%) | SD (%) | Mean | Std. Dev. |
|--|---------------|--------------|--------------|--------------|---------------|-------------|------------------|
| Trainings on NCDs has enabled more community members to be well equipped & knowledgeable on NCDs | 62.50% | 12.50% | 25.00% | 0.0% | 0.0% | 1.63 | 0.916 |
| Owing to trainings on NCDs comprehensive advice and information is given to community members | 50.00% | 12.50% | 25.00% | 12.50% | 0.0% | 2.00 | 1.195 |
| Owing to trainings in NCDs there are less reports on the number of NCD cases in the community | 12.50% | 50.00% | 25.00% | 12.50% | 0.0% | 2.38 | 0.916 |

Key officials in charge of delivering community trainings were also surveyed to further enrich data on objective one of this research study and the results captured in Table 4.8. According to the findings, asked if community trainings on NCDs had enabled more community members to be well equipped & knowledgeable on NCDs 62.50% strongly agreed with this statement.

Additionally, most respondents expressed confidence that community trainings on NCDs offered comprehensive advice and information to community members recording a mean of 2.00. However, when the respondents were asked whether community trainings had resulted in fewer reports on the number of NCD cases, the responses were split among the choices (Mean = 2.38 and Standard deviation of 0.916). Since questionnaires were administered to officials across various organizations, it is plausible that these organizations have set varied targets in terms of successes or challenges regarding the number of NCD cases reported hence the results shown.

The findings from unstructured parts of the questionnaire revealed that most training activities were carried out quarterly with group sessions as the preferred mode of training. Among some of the areas that respondents mentioned being trained on were foot care, insulin administration, sugar tests, BP check and basic cancer check. Queried on further

comments or suggestions, majority NCD officials admitted that perhaps the community trainings would benefit from improved training resources & requested for all future community trainings teams to at least incorporate serving professional doctors in the NCD field to better tackle community members questions and feedback.

4.5 Publicity Campaign and Performance of Non-Communicable Diseases Awareness Programmes

The objective of this research study was to determine how publicity campaigns influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County. The findings according to the two different questionnaires administered to the two groups are discussed below with Table 4.9 showing respondents from the targeted community members and CHVs followed by Table 4.10 showing responses from Key officials in organizations dealing with NCD and MoH officials.

Table 4.9: Publicity Campaigns and Performance of NCD Awareness Programmes I

| Statement | Response | Freq. | % | Mean |
|--|-------------------|-----------|---------------|------|
| Community members are aware of publicity activities implemented towards NCDs awareness | Strongly Agree | 40 | 43.01 | 2.08 |
| | Agree | 27 | 29.03 | |
| | Neutral | 11 | 11.83 | |
| | Disagree | 9 | 9.68 | |
| | Strongly Disagree | 6 | 6.45 | |
| | Total | 93 | 100.00 | |
| Publicity activities undertaken by MoH & its affiliates are extremely effective in mitigating the rising cases of NCDs | Strongly Agree | 14 | 15.05 | 3.24 |
| | Agree | 16 | 17.20 | |
| | Neutral | 21 | 22.58 | |
| | Disagree | 18 | 19.35 | |
| | Strongly Disagree | 24 | 25.81 | |
| | Total | 93 | 100.00 | |

According to the respondents, community members were aware of the publicity campaigns implemented towards NCDs awareness with majority strongly agreeing (43.01%) to having knowledge of NCD publicity campaigns. This is a positive trend as NCD awareness programme implementers can be certain their campaigns are at least reaching the intended audiences. On the second statement, majority of the respondents strongly disagreed (25.81%) that publicity campaigns undertaken were extremely effective in mitigating rising cases of NCDs. In particular, respondents indicated that the publicity campaigns effectiveness in the community ended as soon as the implementers packed their belongings or wares to other locations.

Table 4.10: Publicity Campaigns and Performance of NCD Awareness Programmes

| Statement | SA (%) | A (%) | N (%) | D (%) | SD (%) | Mean | Std. Dev. |
|--|---------------|--------------|--------------|--------------|---------------|-------------|------------------|
| Publicity activities aimed at creating awareness towards NCDs and its risk factors are effective | 12.50% | 12.50% | 37.50% | 12.50% | 25.00% | 3.25 | 1.389 |
| Publicity modes effected to relay NCD information have been/are effective | 0.00% | 25.00% | 12.50% | 37.50% | 25.00% | 3.63 | 1.188 |
| Publicity modes of relaying information should be increased | 12.50% | 12.50% | 12.50% | 37.50% | 25.00% | 3.50 | 1.414 |
| Publicity frequency of relaying information should be increased | 62.50% | 25.00% | 0.0% | 12.50% | 0.0% | 1.63 | 1.061 |

Asked whether publicity activities aimed at creating awareness towards NCDs and its risk factors are effective, the officials recorded varied opinions (Mean = 3.25 and Standard deviation of 1.389). Most respondents chose to remain neutral on this statement (37.50%) indicating they could not firmly ascertain whether publicity campaigns were effective or not effective.

Table 4.10 also shows the findings on the opinions/views of the officials regarding effectiveness of publicity campaign modes in the community. Most of the respondents

expressed disagreement (37.50%) on effectiveness of publicity modes used to relay NCD information.

The third statement, Publicity modes of relaying information should be increased, elicited different reaction from respondents. Their views were split among the 5 ranking orders implying further uncertainty on the effectiveness of NCD publicity campaigns with a mean of 3.50 and a standard deviation of 1.414.

Lastly the respondents – officials – were asked to express their views on the statement publicity frequency of relaying information should be increased. Interestingly, the officials views corresponded to those of their targeted beneficiaries; majority of them strongly agreed (62.50%) that the frequency of NCD publicity campaigns should be stepped up.

The findings from unstructured parts of the questionnaire revealed that most of the respondents comprising the community members were well aware of the publicity campaigns put up by the implementers towards NCD awareness programmes. Respondents were quick to even mention some of the modes used in publicity campaigns such as posters, fliers, radio adverts, road shows and social gatherings as the main ones among others. However, their biggest challenge remained equating or relating these said publicity campaigns to decrements in cases or improved management of NCDs related diseases. Interestingly, even the implementers of the NCD awareness programmes opinions were split with most remaining neutral on whether these campaigns were effective in mitigating rising cases of NCDs.

4.6 Financing and Performance of Non-Communicable Diseases Awareness Programmes

The third objective of this research study was to determine how finances influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County. The findings according to the two different questionnaires administered to the two groups are discussed below with Table 4.11 showing respondents from the targeted

community members and CHVs followed by Table 4.12 showing responses from Key officials in organizations dealing with NCD and MoH officials.

Table 4.11: Financing and Performance of NCD Awareness Programmes I

| Statement | Response | Freq. | % | Mean |
|--|-------------------|--------------|---------------|-------------|
| MoH & affiliates on NCD awareness programmes have availed finance to help reduce NCDs risk factors & cases | Strongly Agree | 17 | 18.28 | 3.03 |
| | Agree | 22 | 23.66 | |
| | Neutral | 18 | 19.35 | |
| | Disagree | 13 | 13.98 | |
| | Strongly Disagree | 23 | 24.73 | |
| | Total | 93 | 100.00 | |
| I know of community member(s) who have received financial help/subsidies to assist and manage NCD cases | Strongly Agree | 17 | 18.28 | 3.57 |
| | Agree | 8 | 8.60 | |
| | Neutral | 7 | 7.53 | |
| | Disagree | 27 | 29.03 | |
| | Strongly Disagree | 34 | 36.56 | |
| | Total | 93 | 100.00 | |

When the respondents were requested to state whether MoH & its affiliates on NCD awareness programmes had availed finance to help reduce NCDs risk factors & cases, most of the respondents in the sampled population disagreed recording a mean of 3.03. The reasons they gave out were that they still knew or heard of several NCD affected individuals who were organizing for fundraisers to help meet costs for managing their ailments.

Corresponding to the first statement, respondents strongly disagreed with the statement - I know of community member(s) who have received financial help/subsidies to assist and manage NCD cases – registering 36.56%. Most of the respondents were not aware of any family member, neighbors or individual people being directly assisted financially.

Table 4.12: Financing and Performance of NCD Awareness Programmes I

| Statement | SA (%) | A (%) | N (%) | D (%) | SD (%) | Mean | Std. Dev. |
|--|---------------|--------------|--------------|--------------|---------------|-------------|------------------|
| The funding we receive/give to support NCD awareness programmes is adequate | 0.00% | 12.50% | 37.50% | 25.00% | 25.00% | 3.63 | 1.061 |
| The poverty levels among community members slacken fight against NCDs (funding is diverted to other needs) | 62.50% | 12.50% | 25.00% | 0.0% | 0.00% | 1.63 | 0.916 |

To further understand the financing aspect with regards to NCD related diseases, this study also surveyed the concerned officials on funding practices. Table 4.12 shows findings on the same with a greater number of respondents of the opinion funding they received to support NCD awareness programmes was inadequate (Mean = 3.63 and Standard deviation of 1.061).

Moreover, the respondents also noted that the poverty levels among the community members slacken the fight against NCDs scoring a mean of 1.63 indicating most of them agreed. According to the respondents, funding given to individuals to help manage NCD related ailments most times were diverted to other pressing needs.

Both group of respondents concurred that they needed more funding to realize better performance of NCD awareness programmes. Most of the respondents were not aware of any family member, neighbors or individual people being directly assisted financially. One respondent posed the question “Are you sure there is any funding related to this at all?”

4.7 Follow-up Activities and Performance of Non-Communicable Diseases Awareness Programmes

The fourth and last objective under study was to determine how follow-up activities influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County. The findings according to the two different questionnaires administered to the two groups are discussed below with Table 4.13 showing respondents from the targeted community members and CHVs followed by Table 4.14 showing responses from Key officials in organizations dealing with NCD and MoH officials.

Table 4.13: Follow-up and Performance of NCD Awareness Programmes I

| Statement | Response | Freq. | % | Mean |
|--|-------------------|-----------|---------------|------|
| MoH & affiliates on NCD awareness programmes carry out follow-up activities as often as required | Strongly Agree | 7 | 7.53 | 3.35 |
| | Agree | 21 | 22.58 | |
| | Neutral | 14 | 15.05 | |
| | Disagree | 34 | 36.56 | |
| | Strongly Disagree | 17 | 18.28 | |
| | Total | 93 | 100.00 | |
| Follow-up activities has improved & enhanced NCDs awareness among community members | Strongly Agree | 27 | 29.03 | 2.69 |
| | Agree | 23 | 24.73 | |
| | Neutral | 11 | 11.83 | |
| | Disagree | 16 | 17.20 | |
| | Strongly Disagree | 16 | 17.20 | |
| | Total | 93 | 100.00 | |

Table 4.13 shows the summarized responses relating to the influence of follow-up activities on the performance of NCD awareness programmes. In the first statement, a majority of the respondents felt that MoH and its affiliates did not carry out follow-up activities as often as required recording 36.56% agreement.

Responses regarding the second statement spread among the options with a greater percentage of 53.76% being positive that follow-up activities had improved and enhanced NCDs awareness levels among the community members. According to these findings, it can be argued that community members perceive follow-up activities as beneficial and thus why they demanding for an increase in frequency of follow-up activities undertaken.

Table 4.14: Follow-up and Performance of NCD Awareness Programmes II

| Statement | SA (%) | A (%) | N (%) | D (%) | SD (%) | Mean | Std. Dev. |
|--|---------------|--------------|--------------|--------------|---------------|-------------|------------------|
| NCD follow-up activities greatly impact on the rise of NCD cases | 12.50% | 50.00% | 0.0% | 37.50% | 0.0% | 2.63 | 1.188 |
| NCDs follow-up activities are carried out as often appropriately | 37.50% | 62.50% | 0.0% | 0.0% | 0.0% | 1.63 | 0.518 |
| Our organization is NOT adequately skilled & staffed to enable us carry out follow up activities | 12.50% | 25.00% | 62.50% | 0.0% | 0.0% | 2.50 | 0.756 |

The findings on Table 4.14 reveal varied responses on the first statement with most respondents agreeing (50.00%) that NCD follow-up activities greatly impact on the rise of NCD cases. However, 37.50% of the respondents disagreed with the statement. This difference in opinion can be assumed to be emanating from the different targets set by the different organizations that formed the sampled population.

62.50% of the respondents agreed that follow-up activities were carried out as often appropriately (Mean = 1.63 and Standard deviation of 0.518). This is an inverse of the targeted community members & CHVs responses; the community members and CHVs thought follow up activities were not carried out as often as appropriate indicating a disjoint between programme implementers and intended programme beneficiaries. Perhaps it would be interesting to ascertain the reason for this disparity as follow-up remain a key influencing factor on performance of NCD awareness programmes.

Lastly, the officials were asked if their organizations were not adequately skilled and staffed to enable successful follow-up activities; the results are shown in Table 4.10 with most the respondents choosing to remain neutral (62.50%).

From the unstructured parts of the questionnaire respondents indicated that follow-up activities were made at least once every year. The respondents cited that they were able to understand the effects of NCDs related diseases and were actively engaged in behavioral change activities that made them less susceptible to NCDs. Another respondent noted that among the four shared NCD risk factors namely tobacco use and exposure, poor diet, lack of exercise and misuse of alcohol, he had now stopped using alcohol and tobacco more frequently; a fact he credited to follow-up activities.

4.8 Performance of Non-Communicable Diseases Awareness Programmes

The last section of the questionnaire dealt with the dependent variable of this research study. The findings are shown in Table 4.15. A question regarding the importance of the current NCD awareness programmes implemented in the community was posed to both the respondents from the two groups surveyed.

Table 4.15: Importance of NCD Awareness Programmes

| Important | Frequency | Percent |
|---------------------|------------------|----------------|
| Yes | 53 | 52.48 |
| No | 48 | 47.52 |
| <i>Total</i> | 101 | 100 |

Perception on performance of NCD awareness programmes was established. According to the findings, opinions were split into two close halves with 53 people or 52.48% deeming NCD awareness programmes as important while the rest of the 48 respondents registered a No response, 47.52%.

4.9 Correlation Analysis

Correlation analysis was carried out to identify and test the strength of the relationships among the independent and dependent variables under study. The results are presented in Table 4.16.

Table 4.16: Spearman's rho Correlation

| Variables | | Community Training | Follow-up Activities | Campaign Publicity | Financing |
|---|-------------------------|--------------------|----------------------|--------------------|-----------|
| Performance of Non-Communicable Awareness Programmes | Correlation Coefficient | .713* | .477 | -.043 | .030 |
| | Sig. (2-tailed) | .004 | .004 | .004 | .004 |
| | n | 93 | 93 | 93 | 93 |

*. Correlation is significant at the 0.05 level (2-tailed).

Spearman correlation coefficient show a strong positive correlation value $\rho=0.713$ with a p-value of 0.05 between community trainings as a factor and performance of NCD awareness programmes with regards to behavioral change. It was established that community trainings imparted vital information that in turn led to transformed behavior among targeted community members; an increase in community trainings had a significant positive similar effect on behavioral change.

A moderate degree of positive correlation ($\rho = 0.477$) was observed between the follow-up activities implementation and the performance of NCD awareness programmes. It can thus be argued that follow-up activities frequency and regularity is paramount in the overall success of NCD awareness programmes. Failure to effectively carry out follow-up activities will result in a decline on the performance of NCD awareness programmes.

An insignificant negative correlation ($\rho = -0.43$) between publicity campaign and performance of NCD awareness programmes. This implies that there is almost no relationship between publicity and the dependent variable Performance of NCD awareness programmes.

Similarly, spearman's correlation coefficient was performed on the independent variable financing and the dependent variable performance of NCD awareness programmes. The findings as shown in Table 4.16 indicate an insignificant positive correlation of $\rho = .030$. This means that there is no relationship between the two variables

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Covers summary of the findings, discusses on analysis findings, conclusions drawn on results, recommendations and suggests areas for more study.

5.2 Summary of Findings

Purpose of this study is to identify factors influencing performance of Non-Communicable diseases awareness programmes: the case of Kibera Sub-County. This research study findings are further presented in detailed summary for each objective in the subsequent paragraphs.

Results revealed a disparity in views and opinions expressed by the target community members and CHVs with most of them registering neutrality on whether trainings led to community members being less susceptible to NCDs risk factors (Mean = 3.10). Such disparity was also evident when targeted community members were asked if the trainings on NCDs through awareness programmes were much needed, mean 2.80. However, key officials had a different thought expressing confidence that community trainings on NCDs offered comprehensive advice and information to community members recording a mean score of 2.00.

Spearman correlation coefficient show a strong positive correlation value $\rho=0.713$ with a p-value of 0.05 between community trainings as a factor and performance of NCD awareness programmes with regards to behavioral change. It was established that community trainings imparted vital information that in turn led to transformed behavior among targeted community members; an increase in community trainings had a positive similar effect on behavioral change.

Majority of community members were aware of the publicity campaigns carried out in relation NCD awareness programmes. The findings on the effectiveness of the publicity campaigns were nonetheless satisfactory with both groups expressing disappointment; targeted beneficiaries of the awareness programmes recorded a mean of 3.24 while the key officials implementing the awareness programmes mean was 3.25. Interestingly, both the two groups' views corresponded with 87.50% calling for the frequency of NCD publicity campaigns to be stepped up. Insignificant negative correlation ($\rho = -0.43$) between publicity campaign and performance of NCD awareness programmes. This implies that there is almost no relationship between publicity and the dependent variable Performance of NCD awareness programmes.

Results showed that funding dedicated to NCD awareness programmes was not adequate. According to the key officials in charge of implementing NCD programmes, they could use more funding to implement the programmes (Mean = 3.63) while at the same time also acknowledged that the poverty levels among the targeted community members slackened the fight against NCDs noting that most times funding was diverted to other needs. On the other hand, 65.59% of the targeted community members and CHVs denied having knowledge of persons who were receiving financial support aimed at managing or eradicating NCD related diseases. Insignificant positive correlation of $\rho = .030$.

Follow-up activities were perceived as beneficial and played a great role in improving and enhancing NCDs awareness levels among the community members. Fifty four per cent of the targeted community members interviewed felt that follow-up activities for NCD awareness programmes were not carried out as required calling for even more follow-up activities to be instituted. Key officials of the organizations' representing NCDs indicated lack of adequately skills among staff & understaffing as some of the challenges that hindered effective follow-up activities (Mean = 2.50).

A moderate degree of positive correlation ($\rho = 0.477$) was observed between the follow-up activities implementation and the performance of NCD awareness programmes. It can thus be argued that follow-up activities frequency and regularity is paramount in the overall success of NCD awareness programmes. Failure to effectively carry out follow-up activities will result in a decline on the performance of NCD awareness programmes.

5.3 Discussions

The findings of the research are discussed in detail.

5.3.1 Community training on the performance of Non-communicable diseases awareness programmes in Kibera sub-county

“Over the decades, various trainings have been carried out to health practitioners and the community at large to help mitigate on the effects of diseases and ailments. In Kenya, CHVs are main players in the development of primary healthcare since the 1980s, and proceed to play a crucial role in marshalling public taking care of their health and giving basic healthcare at community level” (Kenya National Strategies for NCDs 2015 – 2020, 2015).

Bernhardt (2004) describes “Public health awareness is wanting to enhance and preserve health difference at all levels of influence.” He further suggests that “if public health awareness programmes are well-thought, keenly planned, and sustained over time, they can raise change among individuals and people by raising advocacy, rising knowledge, designing attitudes, and changing attitude.”

Akin to our study findings, community trainings on NCDs offer comprehensive advice and information to community members confirming that indeed trainings play a substantial role in the fight against NCDs and NCD related ailments. Further, to realize sustainable impact NCD community trainings on health awareness must be designed and developed to remain consistent with the best available current evidence as shared between health stakeholders, targeted community members, providers and policy makers.

5.3.2 Publicity campaign on the performance of Non-communicable diseases awareness programmes in Kibera sub-county

respondent's in this research study acknowledge the importance of having publicity campaigns; this is singled out by 87.50% of their responses where they requested for frequency of NCD publicity campaigns to be stepped up. "Without mediations; deaths from NCD are expected to rise by 15% between 2010 and 2020. The highest rise is likely to occur in African, Eastern Mediterranean and Southeast Asians regions." World Health Organization (2012). Likewise, "NCD awareness programmes have placed more keen on the want for people to use healthy living that will lower the effect of the four shared risk factors on individuals and public and in turn lead to a lower burden of NCDs." Global Opportunity Report (2016), acknowledge that innovative approaches such as mHealth publicity approach in combating NCDs will become exceptional display to provide life-saving knowledge and services to all; a fact that our findings agree.

5.3.3 Financing on the performance of Non-communicable diseases awareness programmes in Kibera sub-county

"The costs of NCDs to the health system, work and people, are significant and growing. Governments, villages, and private industries are all effected by the high rate of premature mortality and deformity as well as of treatments and watching for those living with NCDs" (WHO, 2015). This has garner various people implementing NCD awareness programmes to seek for funding to meet the cost of these programs. Per our study findings, finances were not availed and when availed was not adequate to support most cases with the respondents noting that up till now they still knew or heard of several NCD affected individuals who were organizing for fundraisers to help meet costs for managing their ailments. Different organization's implementing NCDs awareness programmes in the community also called for more funding (Mean = 3.63) to support their activities. "Families with people infected from a chronic illness were seen to be three times most likely to incur expenses for health care than other families." Ruhweza et al. (2009). The research study findings thus relate to the study's existing body of knowledge.

5.3.4 Follow-up activities on the performance of Non-communicable diseases awareness programmes in Kibera sub-county

“Many events occur in people with modest elevations of many risks rather than with benefit elevation of a single risk factor. The want of the hour is to use a strategy which addresses the highness determinants through enabling individuals, to increase rights over their health and its dependents, thereby enhancing and sustaining life” (Pelletier, & Beaudin, 2008). In the same breadth, follow-up activities presented opposite responses from the two groups participating in this study registering mean score of 1.63 and 3.35; signifying a disjoint between the expectation of the key officials representing NCD related organizations and targeted community members. These findings hence contrast with those of Pelletier & Beaudin of enabling individual to have control over their wellbeing.

5.4 Conclusions

Drawing on the discussion and the summary of findings, this research study draws four conclusions. These conclusions are categorized into four areas in line with the study research questions. These include determining how community trainings influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County, determining how publicity campaigns influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County, determining how financing influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County, and determining how follow-up activities influence the performance of Non-Communicable diseases awareness programmes in Kibera Sub-County.

One, across Kibera sub-county there is a rather small percentage of targeted community members who believed that community trainings offered during NCD awareness programmes are effective in reducing NCDs cases and its related diseases. However, targeted community members appreciated NCD awareness programme emphasis on the

aspect of behavioural change as they noted most members reviewed their lifestyle choices. These results conclude that indeed it is important to emphasize on community trainings if NCDs trends are to be overturned. However, community training programs that are designed and implemented holistically in the community with specific messages for the various audiences proved more beneficial.

Two, the importance of having publicity campaigns as part of NCD awareness programmes cannot be underscored; this variable was most welcome across Kibera sub-county with most respondents demanding for the implementers to increase the frequency of this campaigns. This is occasioned by the fact that NCDs cases have continued to rise hitting both the low and high end groups of the society. The levels of poverty in Kibera sub-county amplify the greater burden that residents must deal with when taking care or assisting NCD patients. This study therefore concludes that key officials of organizations dealing with NCDs should adopt innovative and sustainable approaches in packaging of publicity campaigns.

The burden of non-communicable diseases on health systems, economies, educational systems, and taxpayers can be tremendous. Financing NCD awareness programmes presents a challenge to any government, its partners, and private sectors and to the community members at large; this study concludes even though the costs of NCDs are high, the costs of inaction will prove to be even higher. Investing in NCD prevention and control through awareness programmes is more than a cost, but will prove an imperative investment for the future.

Four, this study set out to determine how follow-up activities influence the performance of NCD awareness programmes in Kibera Sub-County. In line with this study finding, it can thus be concluded that follow-up activities are beneficial and play a role in improving and enhancing NCDs awareness levels and management of the related diseases.

5.5 Recommendations

Based on the foregoing summary of findings, discussions and conclusions, the following recommendations were made for this study.

1. It is important for NCD awareness programme designers and implementers to use a multi-stakeholder approach when designing community trainings. The trainings should also be culturally appropriate to the targeted beneficiaries as well as addressing the pertinent NCD related ailments that affect respective communities
2. Accordingly, publicity campaigns ought to be packaged with emphasis on the want to use healthy lifestyles while justifying the effect of reducing these four shared risk variables. Moreover, the frequency of holding these publicity campaigns should be stable and sustainable to enhance its effectiveness
3. NCD awareness programme implementers ought to institute better measures and systems to track the utilization of the current available funds; it is only after that, that they can request for more funding as our findings revealed finances did not reach most of targeted community members. A proper functional financial tracking system will be essential for monitoring the flow of funds, use of funds and even help determine areas for cost containment
4. Health institutions ought to synchronize the roles of different organizations implementing the awareness programme with respect to follow-up activities in order to deter replication of various programme components and also to encourage collaboration. In turn, leading to efficiency in implementation while also encouraging knowledge sharing

5.6 Suggestions for Further Research

This study suggests the following for more research;

1. It will be interesting for future researchers to carry out studies to link or identify the gap between NCD awareness programmes implementers strategy and the needs and expectations of the targeted community members
2. It is obvious that this research study only applies to NCD awareness programmes with respect to Kibera sub-county and thus begs the need to broaden future research scope to look at the performance of other health awareness programmes.

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APPENDICES

Appendix I: Letter of Introduction

UNIVERSITY OF NAIROBI

P.O. BOX 30197 – 00100,

NAIROBI.

KENYA.

Dear Respondent,

RE: RESEARCH PROJECT – MASTER OF ARTS IN PROJECT PLANNING & MANAGEMENT

I am carrying out a research study on the ‘Factors influencing the performance of Non-Communicable Diseases Awareness Programmes in Kibera Sub-County’. This study is a requirement for the partial fulfillment of the Master of Arts in Project Planning & Management at the University of Nairobi.

This survey seeks to identify the factors influencing the performance of Non-Communicable Diseases research seeks and as such, you have been selected to participate in this study. Your participation is entirely voluntary. Kindly spare some time to complete the attached questionnaire.

The responses gathered or obtained as a result of this study will be solely used for academic purposes and hence confidentiality will be valued.

Your participation in this study is appreciated.

Yours sincerely,

Edith Wachira

Appendix II: Questionnaire

For: MoH Division of NCDs, NGOs & Stakeholder Officials representing NCDs

SECTION I: GENERAL INFORMATION

Please tick or mark the appropriate category details

1. Gender: Male () Female ()

2. Highest level of Education successfully completed:

Primary () Secondary () College/Tertiary () University ()

Other (Specify): _____

3. Organization/Institution: _____

4. Position: _____

5. Years of Experience: <1yr () 1yr-3yrs () 3yrs-6yrs () >6yrs()

SECTION II: COMMUNITY TRAININGS AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

6. How many community trainings have you carried out in the last 2 years?

7. How often does your organization/institution carry out training activities to Community Members in relation to NCD awareness?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

8. What modes of training do you regularly use?

One on one trainings () Group sessions () E- Learning () other ()

Below are a number of statements regarding perspectives to trainings and the performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|--|----------------|-------|---------|----------|-------------------|
| 9 | Trainings on NCDs has enabled more community members to be well equipped & knowledgeable on NCDs | | | | | |
| 10 | Owing to trainings on NCDs comprehensive advice and information is given to community members | | | | | |
| 11 | Owing to trainings on NCDs there are less reports on the number of NCD cases in the community | | | | | |

12. Are there any suggestions or comments you would like to add or make on trainings with regards to NCD awareness programmes?

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SECTION III: PUBLICITY CAMPAIGN AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

13. How often does your organization/institution carry out publicity activities among community members to promote NCD awareness programmes?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

14. Which publicity modes does your organization/institution use to promote NCD awareness programmes?

Word of mouth () Posters () Flyers () Brochures () Seminars () Road shows ()
Banners () Social gatherings () others ()

15. How long does your organization/institution carry out publicity activities among community members to promote NCD awareness programmes?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

Below are a number of statements regarding perspectives to publicity and the performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|--|----------------|-------|---------|----------|-------------------|
| 16 | Publicity activities aimed at creating awareness towards NCDs and its risk factors are effective | | | | | |
| 17 | Publicity modes effected to relay NCD information have been are effective | | | | | |
| 18 | Publicity modes of relaying information should be increased | | | | | |
| | Publicity frequency of relaying information should be increased | | | | | |

19. Are there any suggestions or comments you would like to add or make on publicity activities with regards to NCD awareness programmes?

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SECTION IV: FINANCES AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

20. How often does your organization/institution carry out funding to CHWs, NCD related Organizations or Community Members to promote NCD awareness programmes?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

Below are a number of statements regarding perspectives to finances and the performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|--|----------------|-------|---------|----------|-------------------|
| 21 | The funding we receive/give to support NCDs awareness programs is adequate | | | | | |
| 22 | The poverty levels among community members slacken fight against NCDs (funding is diverted to other needs) | | | | | |

23. Are there any suggestions or comments you would like to add or make on funding/financing with regards to NCD awareness programmes?

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SECTION V: FOLLOW-UP ACTIVITIES AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

24. How many follow-ups have you had in the last 2 years.....

25. How often does your organization/institution carry out follow-up activities to either CHWs or Community Members in relation to NCD awareness?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

Below are a number of statements regarding perspectives to follow-up and performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|--|----------------|-------|---------|----------|-------------------|
| 26 | NCD follow-up activities greatly impact on rise of NCD cases | | | | | |
| 27 | NCDs follow-up activities are carried out as often appropriately | | | | | |
| 28 | Our organization/institution is NOT adequately skilled & staffed to enable us carry out follow-up activities | | | | | |

29. Are there any suggestions or comments you would like to add or make on follow-up activities with regards to NCD awareness programmes?

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**SECTION VI: PERFORMANCE OF NON-COMMUNICABLE DISEASES
AWARENESS PROGRAMMES**

30. How would you rate the performance of the various NCD programme in the community? Good () Bad ()

31. Do you consider the current NCDs awareness programmes implemented in the community to be important? Yes () No ()

Please briefly describe your answer

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32. In your own opinion, would you say the current NCD awareness programmes are effective in reducing the rise of NCD cases? Yes () No ()

Please describe your answer

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33. Any closing or additional remarks on how NCD awareness programmes can be made more effective or useful?

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For: CHWs & Targeted NCDs Programmes Community Members

SECTION I: GENERAL INFORMATION

Please tick or mark the appropriate category details

1. Gender: Male () Female ()

2. Highest level of Education successfully completed:

Primary () Secondary () College/Tertiary () University ()

Other (Specify): _____

3. Marital Status:

Single () Married () Divorced () Widow/Widower ()

4. What option below best describes your current occupation:

Informal () Formal/Skilled () Not Employed () Student () Housewife/husband ()

Other (Specify): _____

5. Current Location: _____

6. Are you currently ailing or have recovered from any related NCDs before? Yes ()

No ()

SECTION II: TRAININGS AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

7. How many times have you been trained in the last 2 years?

8. How often are you trained in relation to NCD awareness?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

9. What modes of training are regularly used?

One on one trainings () Group sessions () E- Learning () other ()

Below are a number of statements regarding perspectives to trainings and performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|---|----------------|-------|---------|----------|-------------------|
| 10 | Trainings on NCDs through NCDs awareness programmes implemented in the community are important/much needed | | | | | |
| 11 | Trainings on NCDs are carried out as often as required | | | | | |
| 12 | Owing to trainings on NCDs, community members are now less susceptible to NCD risk factors | | | | | |
| 13 | Trainings on NCDs awareness has encouraged community members to adopt behavior change e.g. less alcohol & tobacco use, healthy diets & improved physical activities | | | | | |

14. Are there any suggestions or comments you would like to add or make on trainings with regards to NCD awareness programmes?

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SECTION III: PUBLICITY AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

15. How often are NCD awareness programmes publicized in the community?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

16. Which publicity modes are used to promote NCD awareness programmes in the community?

Word of mouth () Posters () Flyers () Brochures () Seminars () Road shows ()
 Banners () Social gatherings () others ()

17. How long are the publicity activities promoting NCD awareness programmes carry out in community?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

Below are a number of statements regarding perspectives to publicity and performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|---|----------------|-------|---------|----------|-------------------|
| 18 | Community members are aware of the publicity activities implemented towards | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| | NCDs awareness | | | | | |
| 19 | Publicity activities undertaken by MoH & its affiliates are extremely effective in mitigating the rising cases of NCDs | | | | | |

20. Are there any suggestions or comments you would like to add or make on publicity activities with regards to NCD awareness programmes?

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SECTION IV: FINANCES AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

Below are a number of statements regarding perspectives to finances and the performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|---|----------------|-------|---------|----------|-------------------|
| 21 | MoH & its affiliates on NCD awareness programmes have availed finances to help reduce NCDs risk factors & cases | | | | | |
| 22 | I know of Community Member(s) who have received financial help/subsidies to assist & manage NCDs related cases | | | | | |

SECTION V: FOLLOW-UP AND PERFORMANCE OF NON-COMMUNICABLE DISEASES AWARENESS PROGRAMMES

23. Are follow-up activities on NCDs awareness programmes carried out in the community? Yes () No ()

24. How many follow-ups have you had in the last 2 years.....

25. How often follow-up activities are carry out in the Community?

Weekly () Monthly () Quarterly () Semi-Annually () Yearly () Never ()

Below are a number of statements regarding perspectives to follow-up and the performance of NCDs awareness programmes; Please react to each indicating to what extent you agree or disagree with the statement;

| No | Perspective | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----|--|----------------|-------|---------|----------|-------------------|
| 26 | MoH & its affiliates on NCD awareness programmes carry out follow-up activities as often as required | | | | | |
| 27 | Follow-up activities has improved & enhanced NCDs awareness among community members | | | | | |

28. Are there any suggestions or comments you would like to add or make on follow-up activities with regards to NCD awareness programmes?

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**SECTION VI: PERFORMANCE OF NON-COMMUNICABLE DISEASES
AWARENESS PROGRAMMES**

29. Please indicate the source or wherever you heard of NCDs awareness programmes being implemented in your community?

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30. Do you consider NCDs awareness programmes implemented in the community to be important? Yes () No ()

Please briefly describe your answer

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31. Any closing or additional remarks on how NCD awareness programmes can improve or be more useful?

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