HERAF Health Rights Advocacy Forum

POLICY BRIEF

A HEALTH RIGHTS ADVOCACY FORUM (HERAF) PUBLICATION

Briefing Paper for Kenya Civil Society Organizations (CSOs) on Integrating Gender into HIV and AIDS Programming

Background

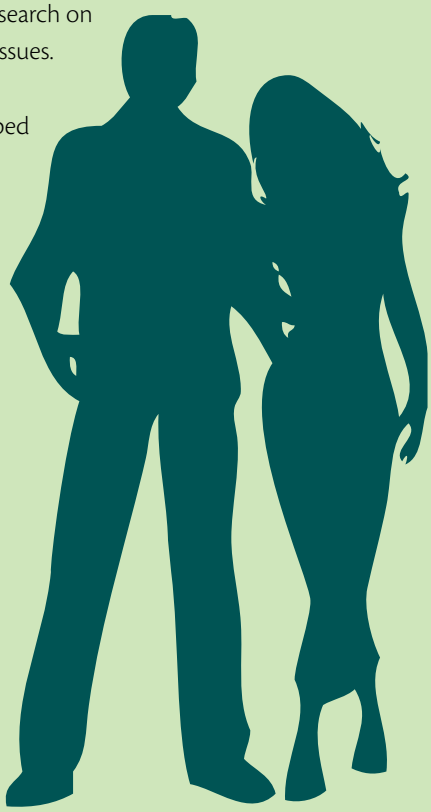
This briefing paper is developed after a desktop review and audit of HIV and AIDS policies in government and Civil Society Organizations implementing HIV and AIDS activities. The audit was undertaken after a baseline assessment on NGOs capacity in gender analysis as well as gender sensitive and transformative planning methods for CSOs working and programming in HIV and AIDs commissioned by the Health Rights Advocacy Forum (HERAF).

In this paper, Civil Society Organizations (CSOs) will be used to refer to all associations and networks that will include Community –Based Organizations (CBOs), Faith Based Organizations(FBOs), Community Development Associations, support groups of People Living with HIV and AIDS (PLWHA),Professional Bodies or Associations, Trade Unions and Federations .

CSOs in Kenya have been involved in the multi-sectoral implementation approach from the time the first case of HIV was discovered in Kenya in 1984. They have played a crucial role in HIV programming including mobilizing, supporting and empowering communities to respond effectively to HIV and AIDS. The government of Kenya has worked in partnership with CSOs in HIV and AIDS interventions that include prevention, treatment and care services. In short, civil society organisations have collaborated with the government and development partners in delivering on the 'Three Ones principles' i.e. **one Strategic plan, one National HIV and AIDS Coordinating Authority, and one Monitoring and Evaluation Framework mechanism proposed by UNAIDS.**

In implementing the multi- sectoral approach, CSOs representatives have been engaged at all levels of government implementation right from serving on the Board of the National AIDS Control Council (NACC), to other levels of planning and decision making like the Joint AIDS Programme Review Process (JAPR) , and sitting on the Global Fund Country Coordinating Mechanism (CCM). On the other hand, CSOs acting on their own initiatives are engaged on a wide range of programmatic activities that play a critical positive role in management of HIV and AIDS. These include; capacity building, providing treatment, care and support, involvement in policy development, design, implementation and research on numerous HIV related issues.

CSOs have also developed strong networks and partnerships to eliminate the spread of HIV and AIDS. Examples of such networks include, Kenya AIDS NGOs Consortium (KANCO), Kenya Consortium for AIDS, TB and Malaria (KECOFATUMA) and Health NGOS Network (HENNET).



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The Role of CSOs in Integrating Gender in HIV and AIDS in Programs

HIV and AIDS has become the world's most devastating epidemic particularly in developing countries. The first case of HIV and AIDS in Kenya was reported in 1984, and in 1999 Kenya declared HIV and AIDS a national disaster and created the National AIDS Control Council (NACC) to coordinate the multi-sectoral approach. The government has acknowledged that AIDS is a threat to everyone and has called on the concerted efforts of everyone, CSOs included, to work towards stopping the spread of and mitigating negative socio-economic impacts of HIV and AIDS. As such, CSOs have played and continue to play essential and significant roles in ensuring that the rapid spread and adverse impact of HIV and AIDS is contained.

The gender dimensions of HIV and AIDS have also been analyzed in various reviews that the country has undertaken. Women have a prevalence rate almost two times higher than men. The Kenya AIDS Indicator Survey (KAIS) indicated that the prevalence rate of women was at 8.4 percent against 5.4 percent for men (KAIS 2007). The Kenya Demographic Health Survey (KDHS 2008-09) also indicated that the prevalence rate of women was at 8 % compared to 4.3 % for men. Young women (aged 15-24 years) have prevalence four times higher than young men in the same age group i.e. 5.6% against 1.4 % (KAIS 2007), and 4.5 % against 1.1 %(KDHS 2008-09). KAIS 2007 was the first study to include older adults aged 50 to 64 years. The survey estimated HIV prevalence rate in this age group at 5.0 %, which did not differ significantly by sex (women 5.2 % and men 4.7 %).

Gender Vulnerabilities in HIV and AIDS

HIV and AIDS affect and impact on men and women differently. The vulnerability of women is clearly visible due to their biological nature. The imbalance in power relations in most African communities creates unequal power in sexual interactions where the satisfaction of male gender supersedes that of the female gender. Women are supposed to be submissive and ignorant about sex and sexuality. On the other hand, men are supposed to be knowledgeable, take risks and have multiple partners. There is need for gender policies and interventions that focus on transforming the gender roles and relations between men and women.

The gender issues in HIV and AIDS are mainly influenced by socio-cultural, economic, biological and legal factors. A focus on the relations, roles and responsibilities between men and women will serve to reduce and mitigate the impact of HIV and AIDS. Studies undertaken indicate that HIV and AIDS disproportionately affects women and adolescent girls due to biological, social, cultural and economic issues that render women more vulnerable than men. Feminization of HIV and AIDS coupled with the gender inequalities continue to render women quite vulnerable.

NACC working together with civil society organisations formulated its first strategic plan; the Kenya National HIV and AIDS Strategic Plan (KNASP I) 2000-2005. In 2001, a review of the KNASP I indicated an omission of the gender dimensions of the epidemic. To this end, NACC established a Gender and HIV and AIDS Technical Sub- Committee in April 2001 to address the issues. The Technical Committee is still in operation to date and comprises a broad section of members that are drawn from the Government of Kenya, multi-lateral organizations, NGOs/ CSOs, PLWHA's, Faith Based Organizations, policy groups and the donor community. The team has a strong representation of CSOs working in the HIV and AIDS sector.

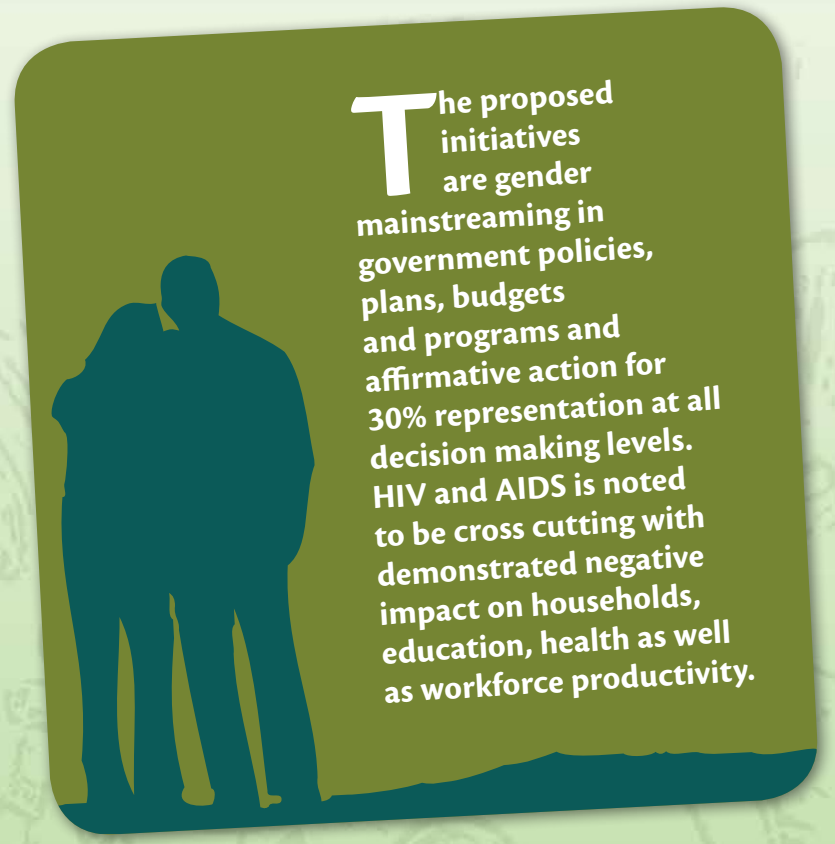
A review of KNASP I led to the development and launch of the "Mainstreaming Gender into Kenya National HIV and AIDS Strategic plan 2000-2005" document in 2002. The gender Technical Committee considered engendering the KNASP 1 as the best and strategic way of mainstreaming gender into HIV and AIDS response in Kenya.

The "Mainstreaming Gender into the KNASP I" document is still relevant to date. It defines gender and other gender related terms. It further looks at the impact of HIV and AIDS with a gender lens, defines gender mainstreaming with practical implementation steps in line with the priority areas identified in **KNASP 1** that include: prevention and advocacy; treatment and support; mitigation of social and economic impact; monitoring

and evaluation and research and management and coordination. The mainstreaming document was aligned to the KNASP I and continues to be used today as a reference point in integrating gender into HIV and AIDS programs.

Integrating gender into HIV and AIDS an Elusive Agenda

Integrating gender into HIV and AIDS programme has remained an elusive agenda for most CSOs in Kenya. A desktop review of government policies indicates that there is no National Gender Policy in HIV and AIDS though HIV is acknowledged as a threat to development in the country. Kenya has made attempts to mainstream HIV and AIDS into all development programs and policies.



For example, the **HIV and AIDS Sessional Paper No. 4 of 1997** was approved by parliament and it acknowledged HIV and AIDS as a developmental problem while providing a framework to guide all partners in the national response to the challenges of HIV. One of its recommendations was the creation of NACC to coordinate the multi-sectoral approach. Unfortunately the Sessional paper did not consider the gender dimension of HIV and AIDS.

The **Poverty Reduction Strategic Plan (PRSP)** in 2004 defined the gender dimensions of poverty to include the unequal power relations within the household arising from gender disparities, powerlessness related to weak property rights and the inability to enforce legal rights, while still having the incapacity to access social services and the inequitable gender division of labour. It determined that the impact of poverty on women in Kenya is higher compared to men. The PRSP also failed to have a strong gender integration modality to address the poverty differences between men and women and as a result, the feminization of poverty has remained a reality. The PRSP uses the AIDS prevalence rate as a key socio-economic indicator of poverty assessment.

The Economic Recovery Strategy 2002-2007 (ERS) saw the economy grow by more than 6% resulting in reduction of poverty levels from 56% in 2002 to 46% in 2006. The **Vision 2030** is the long term government development blue print and aims to see Kenya become a "globally competitive and prosperous country with a high quality of life." The vision is anchored on three pillars namely; **economic, social and political pillar**.

Under the social pillar, the vision identifies gender, youth and vulnerable groups as the targets with gender among the guiding principles that Kenya shall treat its men and women equally.

However the vision only identified the vulnerable groups to include widows and widowers, orphans and children at risk, persons with disabilities, underage mothers, the poor of the poorest, internally displaced persons and the elderly. Sexual minorities were not identified as a vulnerable group. The proposed initiatives are gender mainstreaming in government policies, plans, budgets and programs and affirmative action for 30% representation at all decision making levels. HIV and AIDS is noted to be cross cutting with demonstrated negative impact on households, education, health as well as workforce productivity.

The **National Gender and Development Policy 2000** notes that women are at greater risk than men to contract HIV due to illiteracy, cultural emphasis on reproduction, economic deprivation, submissiveness and biological factors making them more susceptible to heterosexual transmission. It also takes cognizance of the burden of care disproportionately shouldered by women more than men, through taking care of family members with HIV related illnesses. However, it fails to provide concrete gender transformative strategies on programming with the aim of combating the spread of HIV and AIDS.

The legal framework as covered by the constitution of Kenya 2010 has an elaborate and progressive bill of rights. However, the constitution failed to protect discrimination based on sexual orientation. A lot of advocacy needs to be organized to get the backing of religious leaders and other stakeholders to understand and make known why it is necessary to protect the sexual minorities.

The **Sexual Offences Act, 2006** and the **HIV and AIDS Prevention and Control Act, 2006** criminalize deliberate infection of HIV. This makes the infected persons go under and fear to disclose their status. The Children's Act prohibits FGM/C which is a harmful cultural practice while the new counter-trafficking in persons Act aims to prevent and punish trafficking in children. On the other hand, the Penal Code Act criminalizes same sex relations. The **legal framework** thus fails to address the HIV situation positively. The use of law is likely to drive the epidemic under. There is need to continue advocacy to have the law amended accordingly.

Integrating Gender and HIV and AIDS into Organisational Policies (An Audit of CSOs Integration of Gender into HIV and AIDS Programs

CSOs continue to work closely with NACC in implementing HIV and AIDS intervention programs. NACC has the mandate to coordinate and supervise HIV and AIDS activities; mobilize resources for prevention and control of HIV and AIDS; develop policy, strategy and guidelines relevant to prevention and control of HIV and AIDS; develop sector specific HIV and AIDS programs; develop national information for HIV and AIDS control; collaborate with local and international agencies working in AIDS control; develop mechanism and guidelines to help implementing agencies on selection of HIV and AIDS interventions.

NB: Apart from the "mainstreaming Gender into KNASP I" launched and published in 2002, NACC has not developed a gender integration framework to improve the gender responsive of programs.

In 2000, the Kenya AIDS NGO Consortium (KANCO) developed an information package on Gender and HIV and AIDS. The package is a very useful resource used by KANCO members and non-members as well. It gives the basic information on HIV and AIDS, defines gender and in a very brief way looks at dimensions of gender and HIV and AIDS, gender vulnerabilities, influence of gender on PLWHA, gender related impact of HIV and AIDS, gender mainstreaming in HIV and AIDS and looks at the vulnerabilities of men, women and the youth separately and finally proposes various responses to HIV and AIDS that are gender sensitive.

Some CSOs have developed Code of Conduct on HIV and AIDS in the work place but which remain gender blind. For example, a review of the Federation of Kenya Employers (FKE) code of conduct on HIV and AIDS in the workplace reveals that workers are treated as homogenous and no attempts are made to define the dimensions in employment experienced by men and women because of their vulnerabilities. It also does not state if there are any vulnerabilities experienced by sexual minorities.

The FKE workplace policy is therefore gender insensitive but has very good plans for workplace conduct on HIV and AIDS.

The **African Medical and Research Foundation (AMREF)** seems to be ahead of most organizations programming in health for it has developed a gender policy and guidelines published in 2008. The rationale of the policy is that AMREF is committed to gender equality and sees their role of being implementers as presenting them with duties, and the community they serve as rights holders who have a right to claim their rights from AMREF. AMREF states that they are committed to the gender mainstreaming approach. The policy examines the critical concerns in health and community empowerment, the role of men in health, and AMREF commitment. It proposes strategies of building the institutional capacity to mainstream gender into their work with clear guidelines and indicators.

Why Integrate Gender into HIV and AIDS Programming?

a) It will help in building the Capacities of CSO to carry out Gender sensitive and transformative HIV and AIDS programming

This is based on the results of a Baseline Assessment on NGO Capacity to undertake Gender Analysis/Gender Sensitive and Gender Transformative planning methods in HIV and AIDS Programming that was undertaken by the Health rights Advocacy Forum (HERAF) in December 2010 with assistance from the German BACKUP Initiative (GIZ).The baseline assessment took a detailed look at NGOs capacity in gender analysis as well as gender sensitive and transformative planning and implementation methods in HIV and AIDS programming.

The NGOs were randomly selected. The assessment made generalized findings summarized below:

1. **The "gendered" organisation:** Most of the organizations interviewed had a relatively gender-balanced staff distribution at the management levels. Generally, more men are employed in decision making/ leadership positions as compared to women. The gender-expertise of the staff members in general is low (although there are some few organisations with a high level of theoretical and practical expertise). Training on gender-issues mostly takes place as "on-the job training". Not many NGO staff members have participated in specialized gender-trainings and they expressed a lot of interest in gender trainings.

   In addition, none of the organizations have explicit (written) gender mainstreaming policies to guide implementation of interventions and activities. None of the organizations had a Human Resource policy on positive gender action. They expressed interest in being assisted to develop HR policies and undertake training on this.

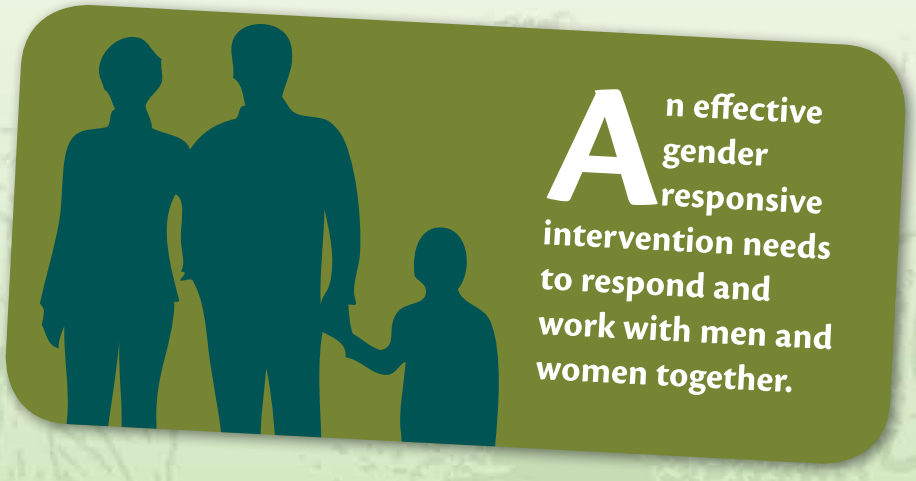
All organizations have also submitted proposals seeking funding for undertaking gender related programming in the last 12 months.

2. **Basis gender concepts:** All organisations were conversant with the definition "sex" versus "gender", but most of them gave only reference to binary "gender"-concepts. There is almost no consciousness about gender-concepts which go beyond the male-female divide. Other genders like trans-gender, inter-sex, homosexuals are not considered in the definitions provided by the CSOs.

3. **Gender Analysis:** Some organisations have never come across the term "gender analysis", while others were conversant with it, and even fewer organisations conducted it. None among those interviewed had an overview on gender analysis tools of frameworks; could define "Gender-Sensitive" versus "Gender –transformative" planning methods and responses to HIV and AIDS and none had used gender-sensitive and transformative planning methods in programming.

4. **Gender and HIV and AIDS Linkages:** The organisations are well informed about gender and HIV and AIDS linkages in the frameworks within their specific mandates, but very few organisations have information on gender and HIV and AIDS linkages which go beyond their specific mandates.

5. **Training needs as identified by CSOs:** Gender training in general, training on the development of gender sensitive human resource policies , development of a gender mainstreaming policy at the organizational level, training on the use of gender-sensitive indicators, gender analysis, how to collect and record gender sensitive data (gender disaggregated data), training on proposal writing; rights based approach to gender programming, gender budgeting, evidence based programming, gender mainstreaming in programs, overview on gender-donors and their areas of funding /requirements, gender-sensitive project management and training on gender-concepts beyond binary concepts.



b) It will ensure understanding and application of Gender transformative programming

Gender means the social construction of roles and responsibilities of men and women in a given society defined over a period of time and can change over time as well.

The United Nations Economic and Social Council defined **gender mainstreaming** in 1997 as "a strategy for making women as well as men's concerns and experiences an integral dimension of the design and implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres so that women can benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality."

Gender mainstreaming is based on the recognition that gender inequality operates at all levels of society and therefore needs to be addressed to bring women in the mainstream. It aims to ensure that women and men benefit equitably from all that society has to offer and are equally empowered to put into effect its governance and decisions.

Gender norms and unequal power relations contribute to women's risk and vulnerabilities. It also increases men's risk to HIV infection. An effective gender responsive intervention needs to respond and work with men and women together.

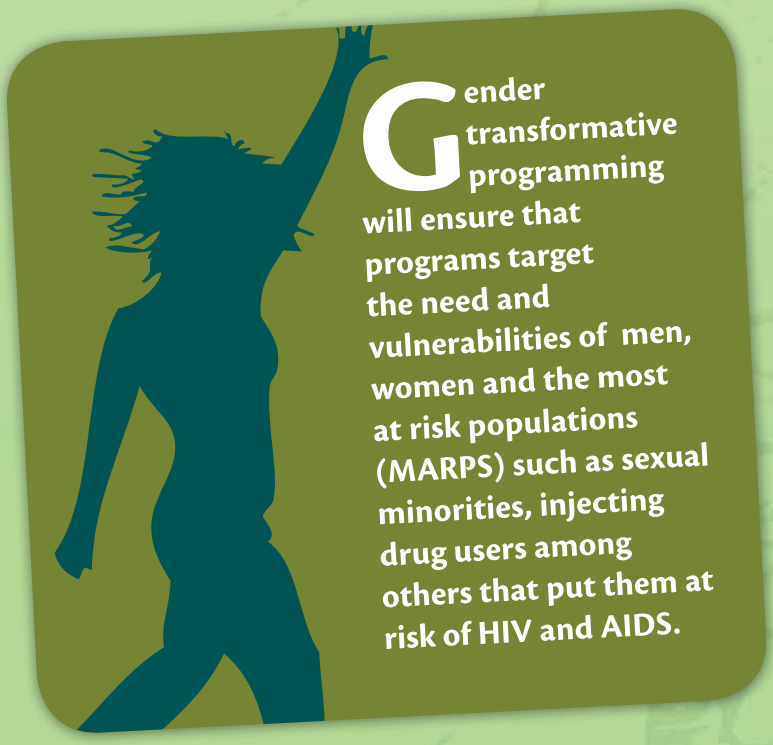
Gender transformative programming requires the addressing of boy and girl child needs and a change in their socialization There has been an increased call for gender transformative HIV and AIDS responses. According to UNAIDS, gender transformative programming seeks to go beyond gender specific aspects of HIV and AIDS. It wishes to change existing structures, institutions and gender relations into those based on equality. WHO concurs that gender transformative approaches go a step further in creating conditions whereby women and men can examine the damaging aspects of gender norms and experiences with new behaviours to create more equitable roles and relationships, in addition to recognising gender differences.

For **the German BACKUP Initiative (GIZ)project, gender transformative programming** aims at redefining women and men's gender roles and relations by transforming unequal gender relations to promote shared power, control of resources, decision making and support for women's empowerment. GIZ holds that programs that are **gender sensitive** are those attempting to redress inequalities by addressing gender norms, roles and access to resources and that they should respond to specific risks and vulnerabilities of women and girls as well as men and boys and the marginalized groups as well.

Under the marginalized categories, programs address sexual minorities that include men having sex with men (MSM), transsexual, transgender and intersex and sex workers- people whose sexual orientation is considered to be out of the "normal" –thus heterosexual sexual practice is considered the "normal". These categories of people are also disproportionately affected by HIV and AIDS. Though with limited data, the UNAIDS Epidemic update 2009 does indicate that there is growing evidence on increase of MSM, with Mombasa having a prevalence rate of 43 %. This calls for urgent action especially in access to health services.

To revolutionize HIV and AIDS programming, the German BACKUP Initiative project introduced support for programs with special support to HIV programming **promoting gender responsive policies and transformative approaches** that target men, women, boys and girls and the marginalized including include the sexual minorities like MSMs, transgender among others.

Decriminalization of homosexuality and Key populations: Homosexuality is an offence in the Kenyan penal code referred to as the offence of sodomy. The criminalization of the same sex relationship makes interventions in HIV and AIDS prevention, care and treatment difficult since majority of this population fear arrests, stigma and discrimination and thus opt to remain underground. They fail to access prevention, care and treatment information including support and services at health facilities. The NACC KNASP III identifies them as a target category and notes that it will work with the most at risk groups and seek innovative ways to reduce HIV transmission.



Conclusions

- Gender is not shorthand for women. It is the social construction of roles and responsibilities for men and women. In addressing gender vulnerabilities in HIV and AIDS programming, it is imperative to consider the vulnerabilities of men and women, boys and girls and that of the sexual minorities that include MSM, lesbians, transgender, and bisexual among others.

- In gender programming, there is tendency to address women issues since they are disproportionately affected and have historically been excluded and marginalized. Efforts have to be made to redress the imbalance by focusing more on the social relationship between men and women as opposed to exclusively programming for women.

- For sustainable development programming in HIV and AIDS, there must be deliberate efforts to focus on the need of men and women, boys and girls with special attention to the needs of the sexual minorities.

Recommendations for CSOs on integrating Gender into HIV and AID Programs

1. **Gender Analysis in Programming:** CSOs are encouraged to use gender analysis as a tool that uses sex and gender disaggregated data while analyzing the roles and responsibilities of men and women, and which provides a framework for analyzing and developing policies, programs and legislations to address the negative impact of HIV on men and women, and also develops interventions targeting women, men, boys and girls. This participatory analysis will identify and give voice to the most marginalized gender during interventions.

2. **Adoption of gender mainstreaming and gender transformative programming in HIV and AIDS:** The world over has recognized the role played by gender in fueling the spread and increasing burden of the epidemic. The adoption of gender mainstreaming and gender transformative programming will address the risks and vulnerabilities of women as well as men, but also target the vulnerabilities of other marginalized groups such as sexual minorities as a result of the their sexual orientation and identities like MSM, transgender and lesbians among others.

3. **Programming for Sexual minorities:** This will require transformative programming that re-defines women as well as men's roles and relations, encouraging responsibility on the part of each gender to take responsibility of their vulnerabilities.

CSOs will need to have concerted efforts in advocacy and lobbying to improve the legal and social environment for sexual minorities to access services in spite of their sexual orientation.

4. **Focus on programs that promote sexual and reproductive health rights:** The CSOs review on gender sensitive programming reveals that very few organizations are involved in programming in sexual and reproductive health. Gender transformative programming will ensure that programs target the needs and vulnerabilities of men, women and the most at risk populations (MARPS) such as sexual minorities, injecting drug users among others, that put them at risk of HIV and AIDS. Programs should mitigate the impact of these categories at the family as well as community levels.

5. **Development of gender and HIV and AIDS policies:** The gender dimensions of HIV and AIDS have been identified through the mainstreaming gender into the KNASP I process and other reviews that have followed over the years. **There is need to move beyond the gender mainstreaming strategy to gender transformative programming**. This move will require a lot of advocacy and lobbying by civil society. Indeed, they should advocate and lobby for NACC to develop a National policy on gender and HIV and AIDS.

   At individual organizational level, CSOs should also develop gender policies to guide programming that is gender sensitive. The policies to be developed should meet the needs of the entire population including sexual minorities. There must be a deliberate shift from only considering gender HIV vulnerabilities from the heterosexual transmission, to vulnerabilities posed as a result of homosexual transmission.

6. **Programming using gender transformative strategies:** Since the outcome of the gender transformative processes is to transform programming, CSOs must develop strategies and programmes that will ensure the transformation. These include training in gender capacity building, media campaigns and focus on the vulnerable groups like sex workers, MSM and IDUs in the HIV and AIDS interventions.

7. **Develop specific interventions for vulnerable groups on behaviour change:** there is need for interventions that are supportive of men and women who are infected (PLWHA), men and women sex workers, and other identified marginalized groups such as MSMs and IDUs. The target here is to transform behaviour change because there is evidence that women and girls, just like men are engaged in risky sexual behaviours such as having multiple sexual partners. In addition, there is need to target men who are MSMs but who are involved in heterosexual relationships as well which places them and their partner's at higher risk of getting infected and affected by HIV and AIDS.

8. **Target transformation of harmful cultural practices impacting negatively for men and women in compliance with article 44 of the Kenya Constitution:** HIV is fuelled through known harmful cultural practices that affect men and women differently. Gender sensitive and transformative programs will seek to work with the cultural structures, community leaders or religious leaders to transform the risky practices that expose women as well as men to HIV transmission. CSOs can do this through support of Community –Based skills development training. Programs could also target women and empower them with more information, education, skills and improve livelihood through economic activities such as the income generating activities.

9. **Focus on addressing gender dimensions in Health service provision:** Programs need to educate men and women on their sexual and reproductive health and why it is important for them to access services timely for any infection or symptoms, while emphasizing on the fact that women are more susceptible to HIV infection because of their biological reproductive tract.

Men, especially MSMs are equally at risk especially due to having unprotected anal sex. In addition, there should also be promotion of female protective measures such as availability and access to the female condom. There is hope that if there is a breakthrough in Microbicides research, women will be able to protect themselves without a struggle and threat of disempowerment which prevents them from negotiating safe sex.

10. **Legal Protection**: The Kenya constitution 2010 has a very progressive Bill of Rights that promotes the rights of all and is very conducive for promotion of gender equality. CSOs could build the capacity of communities by undertaking civic education based on the constitution and other existing legal frameworks, and seeking on building knowledge on gender transformative programming in HIV and AIDS programming using the constitution as an entry point. The constitution provides for equal rights between men and women in marriage and even after dissolution of the marriage.

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