

POLICY BRIEF

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Briefing Paper for Policy Makers on Integration of Gender in HIV and AIDS Policy making in Kenya

Background

This briefing paper is developed after an audit of the existing gender and HIV and AIDS policies in Kenya. It identifies the existing legislations and policies and how they have helped in prevention, treatment and care of HIV and AIDS. The briefing paper further discusses the existing policies and gaps and gives recommendations on the way forward to help policy makers as well as implementers in undertaking gender-sensitive and transformative planning and implementation of programmes.

Introduction

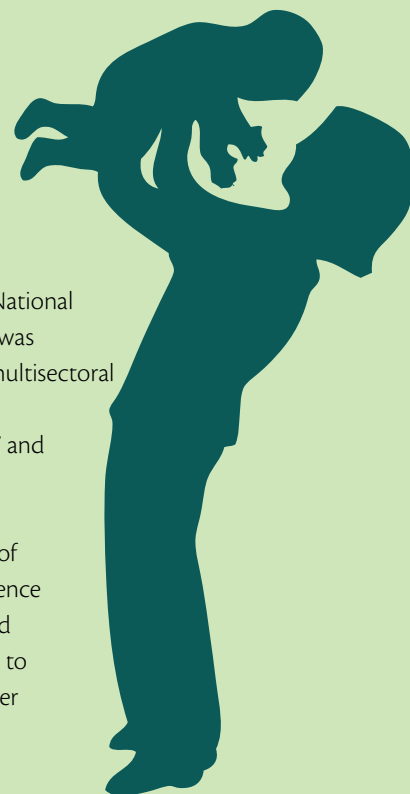
“Gender” refers to the social construction of roles and responsibilities of men and women that are assigned to them by a particular society. These include the personality traits, attitudes, feelings, beliefs, values, behaviours and activities that ascribe to men and women on a differential basis. The gender construction is not static. It changes over time and across cultures. It is learnt and can be unlearned. The definition of gender demands that the situation of men and women must be analyzed in relationship to each other and not in isolation. Gender roles guide male and female relationships in a given society and anybody who acts outside the set norms may face disapproval.

Gender equality is an issue that is at the fore front of all processes especially that of law and policy making. It is also at the heart of programming. Without paying attention to the gender issues, countries cannot effectively implement international, regional and national commitments. In order to address the issue of gender equality, one must comprehend the challenges caused by gender inequality which manifests itself in form of unequal gender –based power relations.

Gender equality refers to the equal treatment of women and men, boys and girls so that they can enjoy the benefits of development including equal access to and control of opportunities and resources.

HIV and AIDS pose unprecedented threats to human welfare and socio-economic development. Heterosexual transmission of HIV infection is affected by gender-based power relations and gender disparities exhibited in cultural norms and beliefs. HIV and AIDS is a huge developmental problem that affects the whole African continent.

The government of Kenya declared HIV and AIDS as a national disaster in 1999 and a lot of efforts have been made to undertake a multi-sectoral approach in interventions. To this end, the National AIDS Control Council (NACC) was established to coordinate the multisectoral approach. After several years of implementation of HIV and AIDS policies and programmes, it is notable that gender roles, responsibilities and behaviours of men and women strongly influence how people respond to HIV and AIDS epidemic and have access to treatment ,care and support after getting infected and affected.



Current statistics on Gender and HIV and AIDS in Kenya

The Kenya AIDS indicator survey (KAIS 2007) estimated that the average HIV prevalence among the general population aged 15-49 is at 7.4 %. The Kenya Demographic Health Survey (KDHS) survey of 2008-2009 estimated the same population at 6.3 %. Given the overlap in confidence, the difference between the two is not significant.

Research shows that women and men experience differences in the susceptibility to HIV infection, patterns of infection and access to support for prevention, treatment and care. The percentage of women infected is higher than men in most countries. According to WHO and UNAIDS global estimates, women comprise 60% of people living with HIV and AIDS. The Kenya Demographic Health Survey (KDHS 2008/2009) indicated that the HIV prevalence rate of women is higher than that of men. According to KAIS, women prevalence is at 8.4 % against men at 5.6%.

According to the same survey, young women of age 15-24 are 4 times more likely to be infected than men (6.1% compared to 1.5%). This is one of the striking features of the Kenyan HIV epidemic.

The biological, physiological and socio-economical vulnerabilities of women to the infection are greater than for men. It is also important to note that although women are more vulnerable to HIV infection than men, recent studies and research have shown that men who have sex with men, whether homosexual, bisexual or heterosexual are also at risk. This is based on the fact that most MSMs engage in unprotected anal sex which is more risky. The high risk of HIV transmission is because anal sex is more traumatic than vaginal sex, sometimes resulting in abrasions and cuts that reduce the body's barrier to HIV infection. Anal sex is also characterised by lack or misuse of inappropriate lubricants (e.g. Vaseline, oil) which may worsen trauma or damage condoms leading to HIV infection.

Gender inequality is a serious obstacle to sustainable socio-economic development. The feminization of HIV and AIDS calls for an integration approach that stresses on the specific needs for both men and women regardless of sexuality in programming interventions. HIV and AIDS interventions that address gender based inequalities and risks, can contribute to a sustainable response to the epidemic. Male participation will also play a key role in ensuring that men become part of the solution. Focusing on the roles of men and women will help reduce their own risks, that of their partners and the family and community at large, while recognition that violence against women and HIV and AIDS are mutually reinforcing, application of the multi-pronged approach, promoting human rights and acknowledging gender differentiation could serve to combat HIV and AIDS.

Why Policy Makers should incorporate Gender in HIV Policies, Planning and Programming

The HIV and AIDS epidemic is fuelled and exacerbated by gender inequality. Globally today, women are disproportionately infected and affected by HIV and AIDS.

The UNAIDS epidemic update of 2010, shows that Sub-Saharan Africa still bears an inordinate share of the global HIV burden with shocking data indicating that 13 women become infected for every 10 men infected. Globally, 76% of the world people infected live in Sub-Saharan Africa.

Although gender relationships, practices and HIV epidemics differ around the world, power imbalances, harmful social gender norms, gender based violence and marginalization clearly increase the vulnerability of men and women to HIV infection. In Kenya, the consequence of gender inequalities is seen in terms of low socio-economic and political status, unequal access to education, regional imbalances in development in various regions and also between rural and urban areas and violence.

These contribute to the greater biological vulnerability of women and girls. The biological make-up of women enhances their vulnerability to HIV infection and inter-links with gender-related vulnerabilities to escalate their risk to infection, burden of care, access to care and treatment services. Most often due to power relations, women and girls have little capacity to negotiate safer sex, to access the services they need, and to utilize existing opportunities that could lead to their empowerment and change in economic status so that they are not dependent on men.

On the other hand, due to stigma and prejudice regarding male sexuality, men are less likely to seek medical care, legal or psychosocial support thus increasing danger to HIV infection. Men are also at risk of getting infected with HIV as a result of their serial monogamy sexual behaviour that is accepted within



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our society, and increased incidences of men who are having unprotected sex with men. In addition, the lack of willingness by society to accept and acknowledge the presence of homosexuality due to the fact that it is 'unafrikan' has greatly contributed to them having heterosexual relationships with women so as to be seen as conforming to society, while increasingly placing both their homosexual and heterosexual partners at risk of HIV infection. There has also been a lack of will among community members and their leaders to boost the practice of effective male circumcision which has been proved by research to be a deterrent in reducing HIV infection.

It is evident that effective integration of gender has not taken place at various levels including: planning and decision making processes and structures, financing and reporting mechanisms within the national response by all stakeholders including government, and implementing and development partners across the national and sub-national levels in Kenya.

Human Rights and Gender Equality are critical to effective HIV response.

The Kenya government has made significant advances in expanding HIV prevention, treatment, care and support services in the recent past. The country has adopted a human rights-based approach to programming towards HIV and AIDS. This aims at creating a conducive environment where People Living with HIV and AIDS have an enabling environment to live with dignity. The rights based approach recognizes and pays attention to the most marginalized within the societies empowering them through social participation, promoting inclusion and raising rights awareness.

However, in Kenya some populations still remain at risk and greater attention needs to be paid to these categories. These include the sex workers, Men having sex with Men and persons with disabilities. There is need to direct resources to these vulnerable categories through appropriate gender sensitive policies and programmes.

Audit of existing Legal and Policy Frameworks in Kenya to address Gender and HIV and AIDS

i. Legal Framework

Kenya is a signatory to various international and regional human rights treaties that promote gender equality and the rights of both the infected and affected. Key among these are, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) that have general provisions on gender equality. The Convention on Elimination of all forms of discrimination against Women (CEDAW) and the African Charter on Human and People's Rights of the Rights of Women (Maputo Protocol), specifically protect the rights of women and prohibits

discrimination against women. At the regional level, Kenya signed on the Abuja declaration of 2001, to commit 15% of the government budget to health. Kenya is among countries that have not fulfilled the Abuja declaration.

The human rights dimensions of the HIV and AIDS epidemic span the full range of civil, political, economic, social and cultural rights, and include discrimination of people living with HIV and AIDS, factors that increase vulnerability to HIV infection and factors that limit responses to the HIV epidemic, such as lack of policies to guide implementation.

At the domestic level, Kenya has made advancement through the recently enacted Constitution of Kenya 2010, the Sexual Offences Act, the Children's Act and the HIV and AIDS Prevention and Control Act 2006, Counter Trafficking in Persons Act and the Penal Code Act among other legislations.

❖ **The Constitution of Kenya:** The Kenyan Constitution 2010 acknowledges that the general rules of international law shall form part of the law in Kenya and that any treaty or convention ratified by Kenya shall form part of the law in Kenya (Article 2(5) and (6)). The National values and principles of governance binding all State organs, State officers, Public officers and all persons whenever they, among other things, make and implement public policy decisions include human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized (Article 10(2) (b)). The marginalized groups are defined to include people who have been disadvantaged because of laws or practices and have been discriminated in accordance with Article 27(4) of the constitution. Among grounds upon which one should not be discriminated include race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth. This list is not exhaustive.

In article 27, the principle of equality and non-discrimination is promoted, and women and men are guaranteed equal rights to opportunities in political, economic, cultural and social spheres (27(3)). The expansive Bill of Rights in the constitution promotes various rights that are drawn from the international treaties including the right to health that includes the right to health care services and reproductive health care Article 43(1) (a).

❖ **The HIV Prevention and Control Act 2006:** The purpose of the prevention and control Act is to create public awareness on causes, modes of transmission, consequences and means of prevention and control of HIV and AIDS. It protects the rights of the infected and affected and outlaws discrimination in all its forms against persons living with HIV and AIDS, or those perceived or suspected to have HIV

and AIDS. Part VIII of the Act (Articles 31-38) prohibits discrimination of whatever form at the workplace and the public service, in learning institutions, restriction on travel and habitation, exclusion from credit and insurance services and in health institutions. The law promotes safe practices aimed at limiting the transmission of HIV and AIDS including criminalization of deliberate infection (Article 240).

- ❖ **The Sexual offences Act 2006:** Deals with sexual offences affecting men and women. It makes provisions for definition, prevention and protection of all persons from harm and unlawful sexual acts.

The law prohibits various forms of sexual violence offences committed against men and women. These include rape, attempted rape, sexual assault, indecent acts, defilement gang rapes, sexual harassment, child pornography, child prostitution, child sex tourism, exploitation of prostitution, incest, deliberate transmission of HIV and AIDS including other life threatening sexual transmitted diseases, and cultural and religious offences.

- ❖ **Counter-Trafficking in Persons Act 2010:** It aims to prevent, suppress and punish Trafficking in persons especially women and children, and it provides for various offences aimed at eliminating sexual exploitation that includes practice of slavery, forcefully using a human being in armed conflict, forced labour, child labour and forced marriages. Acts that promote child trafficking are also prohibited.

- ❖ **Children's Act 2001:** Makes provisions for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children. The Act gives effect to the principles in the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. It prohibits any child from being discriminated on any ground including sex, religion, creed, custom, language and other status among others. All the children, boys and girls, are entitled to enjoy the right to education, religious education, and protection from child labour and from harmful cultural practices like FGM/C.

The Kenya constitution 2010, guarantees children the right to name and nationality, free and compulsory education, basic shelter and nutrition, shelter and health care. Children are to be protected from harmful cultural practices and all forms of violence and the best interest of the child will prevail (Article 53).

- ❖ **The Penal Act chapter 63 of the laws of Kenya:** creates offences against morality and includes penalties for defilement of idiots and imbeciles, detention of females for immoral purposes, criminalization of male persons living on earnings of prostitution or soliciting and women living on earnings of prostitution or aiding, abetting and compelling

a person from prostitution (Articles 146, 153, 154,155 of the penal code). The Penal code also criminalizes what is called unnatural offences and indecent practices between males (article 162, 163 and 165). Unnatural offence includes having carnal knowledge of a male against the order of nature and indecent practices between males either in public or private. This section has been used to discourage homosexuality and it treats heterosexuality as the natural way of intercourse. Homosexuality thus is an offence punishable under law in Kenya.

Among other pending bills that are geared towards gender integration in HIV programming include; the Prohibition of Female Genital Mutilation Bill 2010 that has been introduced by a private member's motion and it seeks to prohibit the practice of FGM to safeguard against violations of person's mental or physical integrity through the practice of FGM. Others are the three gender Bills namely; the Marriage Bill 2011 that promotes marriage relationship in a contractual manner, provides for different marriage and grounds for divorce, the Matrimonial Property Bill that provides guidelines for managing property in an existing marriage and after divorce, and the Marriage Bill that seeks to harmonize and consolidate various forms of intended marriage.

ii. Policy Framework

The Audit revealed that there is no national policy on gender and HIV and AIDS in Kenya. The National AIDS Control Council that is a national body charged with the responsibility of coordinating HIV and AIDS activities identified the need to integrate gender into HIV and AIDS programmes outright from inception. In 2001, NACC established a Gender Technical Sub-Committee to ensure that gender dimensions of the epidemic are captured into policies and programmes. The Committee is charged with responsibility of ensuring availability of practical tools in decision making and promoting gender responsiveness with HIV and AIDS policy and formulation in Kenya.

To this end NACC, through the Gender Technical Sub-committee developed the tool "Mainstreaming Gender into Kenya National HIV/AIDS Strategic Plan 2000-2005" in November 2002. This tool has been found very useful and relevant as it contains strategies of mainstreaming gender into HIV and AIDS programming. The tool continues to be used beyond 2005.

By July 2009, with support of UNFPA and through the Gender Technical Working group, NACC had completed and published the first Gender Audit of the Kenya National HIV and AIDS Response. The purpose of the NACC Gender Audit was to understand the extent to which gender is integrated in structures and processes of Kenya National Strategic Plan Framework.

NACC intends to use the findings to provide evidence for policy briefs targeted at HIV and AIDS policy makers and programme managers, researchers and implementers and development partners, and to inform development of guidelines for integration of gender into national HIV response.

The Ministry of Gender, Children and Social development published its HIV and AIDS Policy in 2009. Its purpose is to guide the ministry to help address HIV and AIDS at the workplace to mitigate its impacts. It serves as a workplace policy and it prohibits discrimination and stigma.

❖ **National Gender and Development Policy 2000:**

The policy was developed to reflect the government's commitment to the concerns of women and to serve as an overall framework guiding all different sectors and agencies to mainstream gender in their development programmes and policies. The machinery that has been responsible for gender mainstreaming in the Ministry of Gender, Children and Social Development is the National Commission on Gender and Development.

The Ministry of Gender, Children and Social Development has established Gender focal persons in all government ministries and departments with the mandate of mainstreaming gender into programmes, plans and policies of ministries.

The National Gender Policy identified Health and Population as a critical area of concern among other focus areas of intervention. It notes that life expectancy is declining due to HIV and AIDS pandemic and identifies widow inheritance as a key driver to the spread of HIV among women. The policy calls on the government to enhance HIV and AIDS awareness programmes with special emphasis to the vulnerability of women. The policy 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.

❖ **The Kenya Vision 2030:** the Vision 2030 is a vehicle for accelerating transformation of Kenya into a rapidly industrializing middle-income nation by 2030. Its vision is "a globally Competitive and Prosperous Kenya." The Vision is the government's blue print in development to be implemented through five-year medium-term rolling plans, the first being 2008-2012.

Under the Social Pillar, the vision identified health care delivery as very important. The vision hopes to provide equitable and affordable health care at the highest affordable standard to the citizens. The Vision notes that preventable diseases such as HIV and AIDS, malaria, Tuberculosis continue to burden citizens with life expectancy declining. Among key strategies for improving health care are revitalization of health infrastructure, strengthening health service delivery and developing equitable financing mechanisms. The social pillar also identifies Gender, youth and vulnerable groups as a flagship area of intervention.

The Vision mainstreams gender equity in all aspects of society. It hopes to redress the marginalization of women by making fundamental changes in opportunity, empowerment, capabilities and vulnerabilities, noting that women have been disempowered at household, community and national levels.

Women are also underrepresented in social and political leadership. The Vision recognizes that many Kenyan women are exposed to vulnerabilities from civil and domestic violence, economic shocks and environmental hazards. It acknowledges the efforts and progress made in addressing gender disparities but admits that a lot needs to be done. The vision undertakes to put in place specific policy measures to correct the glaring gender gaps in access and control of resources, economic opportunities and in power and political voices.

Among the proposed interventions are; providing financial assistance to women to raise their income; increasing the number of women in parliament, protecting women from unnecessary deaths caused from reproductive health for example providing family planning services, increasing availability of skilled birth attendants among others.



The Kenya constitution 2010, guarantees children the right to name and nationality, free and compulsory education, basic shelter and nutrition, shelter and health care.

The **two initiatives** to be pursued by the government in realization of gender equality are: Gender Mainstreaming in Government policies, plans, budgets and programmes and Affirmative action for 30% representation of women at all decision making levels.

- ❖ **Work Place HIV and AIDS Policies:** At the government ministerial levels, through the efforts of NACC, AIDS Control Units (ACUs) were established with the mandate to mainstream HIV and AIDS programming into overall goals of the specific ministry of government agency.

The government through the Ministry of State for Public Service -the Directorate of Personnel Management (DPM) was able to develop the Public Sector workplace policy on HIV and AIDS in April 2005. The purpose was to harmonize various human resource issues to mitigate the challenges caused by HIV and AIDS in the workplace. The policy emphasizes the need of HIV and AIDS activities to be mainstreamed into core activities of all public sector organization. It identified HIV as the greatest challenge to development. The policy is against any form of discrimination and declares zero tolerance for sexual harassment, abuse and exploitation.

Application of the gender policy is responsive to different impacts for girls and boys, and women and men. To achieve these, there is need to ensure adequate allocation of resources for HIV programming. Ministries have developed workplace policies that guide employee/employer relationship at their work place. For example, the Ministry of Education launched its Education Sector Policy on HIV and AIDs to act as a guideline for effective prevention, care and support within the ministry. In May 2010, the Public sector Workplace policy was revised to align it to the Vision 2030, take cognizance of laws that had passed since 2005 and to align it to performance contracting and the NACC Strategic plan (KNASP 11).

- ❖ **Ministry's Specific Gender and HIV policies:** The audit reveals that NACC does not have an institutional HIV and AIDS gender policy and so are many other ministries and government agencies. It is only the Ministry of Education that has a gender policy in education that was published in 2007. The Ministry has also developed an HIV and AIDS Education policy.

The Ministry of Education Gender Policy in Education recognizes that education plays a key role in addressing issues of gender equality and equity in Kenya and the issues affect individual, families, communities and society as a whole. The Ministry of Education developed the policy in collaboration with partners to address critical issues related to gender and education. The purpose of the policy is to provide a roadmap to the ministry and stakeholders to achieve gender parity.

One of the critical issues identified by Ministry of Education is HIV and AIDS in education. The policy noted the vulnerability of women and young girls stating that in the education sector, HIV and AIDS pandemic has impact on the access, retention and completion of school by boys and girls, but with the latter bearing the brunt of dropping out of school to take care of the sick. The policy noted that HIV was threatening to undermine the gains made in education by increasing the dropout rate, and increasing the number of illiterate children providing child labour.

The gender policy in education's objective is to continue implementing the HIV and AIDS Education policy, to implement modalities to mitigate the negative impacts of HIV and AIDS to the females at individual and institutional level, and to enhance the potential strengths of education sector to undertake preventive education. Various strategies are proposed which are already being implemented. These include; providing boys, girls, men and women with knowledge and skills on HIV and AIDS, teaching gender issues in HIV and AIDS and reproductive health, building the teachers' capacities to teach HIV and AIDS and life skill education, empowering girls and women to protect themselves from sexual and gender based violence, and conducting gender responsive research among others.

CONCLUSIONS

Summary of critical issues in Gender and HIV and AIDS in Kenya

1. HIV and AIDS have devastating effects on men and women, girls and boys but women bear the brunt of it. HIV and AIDS are also exacerbated by high levels of poverty among women. Women and girls also experience higher stigma and discrimination and societal blame and rejection once status is known as compared to men. The high economic dependence of women and girls on men put them at high risk of contracting HIV.
2. Men, women, girls and boys are all exposed to HIV risks but women and girls are most vulnerable. The high proportions of PLWHA in Kenya are women and girls, and they experience challenges in accessing prevention, treatment and care and support due to gender insensitive and intransformative approaches in HIV programming.
3. Gender –based power relations are exhibited in cultural practices and beliefs like Female Genital Mutilation and Cutting (FGM/C), early/child/forced marriages and widow inheritance that is targeted to women and girls. These retrogressive gender inequities in customary law practices enhance women's vulnerability to HIV and AIDS.
4. Due to power relations at family, community and society levels in decision making, women are unable to negotiate safer sex. Women in marriage and outside marriage experience sexual and

- gender based violence that is a proven driver for HIV transmission.
5. Women in marriage relationships are at higher risk of contracting HIV because of the engagement in multiple partnerships by both men and women, but with higher risk on men who predominantly expose themselves to risky sexual behaviour to prove their masculinity.
 6. Unequal gender relations and biased gender norms within society sometimes prevent women from accessing information and seeking treatment promptly. The female condom is still widely unavailable in Kenya.
 7. HIV and AIDS programming in Kenya though recognizing the pivotal role played by gender in programming has not paid adequate attention to meaningful interaction and focus to the critical areas as stated above.
 8. The vulnerabilities of the Lesbians and gays category especially men having sex with men has not been effectively addressed with the continued stigmatization, blame, denial and the criminalization through the penal code (Act) that drives this category underground yet with high vulnerability of transmission of HIV.
 9. Men are the custodians of decision making in all spheres, political, social and economical. There is need to involve more women in decision making at policy level in order to ensure that decisions made are informed and determined by women's perspectives and viewpoints of any policy or action.
 10. Kenya heavily relies on development partners financing HIV and AIDS activities. There is need to generate more local resources to support HIV and AIDS activities to support sustainability of the interventions.

RECOMMENDATIONS TO POLICY MAKERS

- 1. Understand and incorporate Gender Dimensions of HIV and AIDS:** The policy makers and implementers should strive to understand the gender dimensions of HIV and AIDS and develop gender responsive policies and programmes for effective interventions. These will accelerate the achievement of the Millennium Development Goals. It will also seek to empower men and women to transform gender relations in addressing HIV and AIDS concerns. Policies should further identify and target the vulnerable groups and key populations like Men having Sex with Men (MSM) including male prisoners, male and female sex workers, Injecting drug users, LGBTI persons and truck drivers.



There is need to involve more women in decision making at policy level in order to ensure that decisions made are informed and determined by women's perspectives and viewpoints of any policy or action.

2. National Policy on Gender and HIV and AIDS 2000:

Kenya requires a National Policy on Gender and HIV and AIDS that provides concrete gender transformative strategies on programming with the aim of combating the spread of HIV and AIDS. The National AIDS Control Council should take leadership in its development through a participatory approach. This is in recognition that men and women have unequal access to information on HIV and AIDS, and that transmission of HIV is driven by sexual relations. Unequal gender relations in the wake of HIV and AIDS place both men and women at risk of contracting HIV. Because of the subordinate position of women, they are unable to negotiate safer sex. Male dominance places men at greater risk of engaging in unprotected sex and risky sexual behaviour with probability of having multiple partners that will increase their susceptibility to HIV.

3. Fulfillment of International Commitments and Obligations:

The government of Kenya is signatory to various international and regional treaties that give obligations on the government to protect, promote and fulfill human rights. These are coupled with other commitments entered into by States calling on States to put in place legal or other administrative frameworks for implementation. As outlined in the background, the government should be able to provide these commitments undertaken in the CEDAW, ICCPR, ICESCR, the Maputo Protocol, International Conference on Population (ICPD Cairo 1994), the Beijing Declaration and Platform of Action (1995), the UN Millennium Development Goals (2000) and the Abuja Declaration of 2001 on financing of health. Kenya should make steps progressively towards allocating 15 % of the total budget to health.

4. **Implementing the Kenya Constitution 2010:** In order to effectively implement the Kenya Constitution 2010, there is need for policy makers and implementers to understand and seek to increase the participation of women in decision making at all levels in order to meet the affirmative action of one-third of all elected or appointed posts in government being occupied by women in achieving gender equality. The provision of the bill of rights aims to protect men and women, girls and boys from all prejudices that cause inequality that fuel the spread of HIV. In line with the constitution the government should outlaw cultural practices that are retrogressive and harmful which mainly affect women.
5. **Integrate Gender and HIV and AIDS in Government Performance contracting Evaluation:** The government practice of performance contracting should include gender and HIV and AIDS programming responsive indicators as a means of evaluating policy maker's performance. For example, the ministry of health will be evaluated on programmes designed and implemented to increase access to prevention education aimed at increase in knowledge and skills building.
6. **Promote Human Rights-Based Approach to Interventions:** Policy makers and implementers could consider using a human rights based approach to programming in HIV and AIDS interventions. The policies should aim to allow participation of men and women without discrimination and seek to include the marginalized and people living in rural communities. The government has the obligation to promote human rights of all citizens including the right to health and sexual and reproductive health care. There is need for the policy makers to design and implement policy mechanisms that allow gender access to information, care and treatment. The HIV and AIDS programmes should address and strengthen the need to understand the vulnerabilities of women, men, girls and boys. The gender integration approach is recommended for programming since it will take into account the roles, responsibilities and relations of men and women.
7. **Sex-Disaggregated Data:** For sustainable HIV and AIDS programming, policy makers must promote the use of sex-disaggregated data and gender analysis in any policy intervention.
8. **Legal Reform:** There are gaps identified in the legal framework of management of HIV and AIDS related relations. The government is called upon to enact legislation that will address the gender inequalities and address the underlying factors in gender relations that fuel the spread of HIV and AIDS. There is need to review the criminalization of HIV infection in both the Sexual Offences Act and the HIV and AIDS Prevention and Control Act 2006 since it works against the female gender. There should also consideration by policy makers to decriminalize sodomy to remove the stigma surrounding these relations. Sexual and gender-based violence must be profiled and punished as a crime.
9. **Change Strategy in Sexual and Reproductive Health Intervention:** The government must consider change of strategy in sexual and reproductive health programming by integrating the services into normal health care facilities to target men using the facilities. These should be achieved through review of existing policies in sexual and reproductive health to include HIV and AIDS related services for men and women and youth friendly services for girls and boys.
10. **The government should target transformation of harmful cultural practices impacting negatively for men and women to comply with article 44 of the 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 improved economic activities such as the income generating activities.

