

A Gender Assessment of POLICY Project Activities in Kenya



The POLICY Project

The Futures Group International
in collaboration with
Research Triangle Institute (RTI)
The Centre for Development and Population Activities (CEDPA)

September 1998

Prepared by:

Leah Njambi Wanjama, Consultant

Alan G. Johnston, POLICY Project, Kenya

Hanna Dagnachew, USAID/Nairobi,
Population and Health Office



**A Gender Assessment
of POLICY Project Activities
in Kenya**

September 1998

Executive Summary

The objective of this gender assessment was to assess how gender issues were being addressed in the implementation of the POLICY Project in Kenya and, more importantly, to brainstorm on how best to incorporate gender into present and future activities to enable the project to achieve better results.

The gender assessment team included the Kenya POLICY Project country manager, Alan Johnston; a POLICY Project consultant, gender specialist Leah Wanjama; and a gender specialist from the USAID/Kenya Office of Population and Health, Hanna Dagnachew. Final preparations for the assessment were made during the last week of January 1998, and the majority of the interviews took place during the first week of February 1998.

The gender assessment was a highly participatory exercise that involved a large spectrum of key informants from the government of Kenya (GOK), nongovernmental organizations (NGOs), and donors. The approach taken in the assessment included development of an interview guide, pilot interview sessions, and brainstorming sessions with key informants. The assessment was viewed as an integral part of the program design and planning of the future POLICY activities. Thus in each interview, in addition to specific gender questions, the discussions also included the design and planning of specific POLICY Project activities. This format allowed specific discussions of how gender could be incorporated within each activity being planned.

The gender assessment team found that the critical concern of the POLICY Project early on was to make better use of population and health data in the policy dialogue and policy formulation process. There was little focus on gender analysis in the initial planning stage although some gender-disaggregated data were made available and a number of women were involved in project-funded training activities.

It was found that in the implementation of the POLICY Project, there was initially an underlying assumption that those involved in family planning and HIV/AIDS/STD were gender sensitive by the mere fact that they were dealing with issues that were central to women's lives. This assumption was found to be inaccurate as most activities of the POLICY Project were found to be gender neutral. While the staff involved may have been dedicated to improving women's lives, the lack of specific focus on gender analysis led to a neglect of gender issues that could have improved the project activities.

Incorporation of gender into the POLICY Project can only happen if it is explicitly stated in the POLICY Project's policy, goals, and objectives. The same should be reflected in the workplans, and project staff and implementers must understand, appreciate, internalize, and implement activities in a gender-responsive manner. Further, for the project to have a gender impact in Kenya, relevant investments must be made in capacity building and necessary institutional arrangements must be put in place. The goal of the POLICY Project must articulate that the promotion of equality between men and women is an integral part of all the activities undertaken in the context of the POLICY Project.

Mainstreaming gender in the normal process of the POLICY Project should be the ultimate goal. This implies that gender would no longer be seen as an add-on activity. It would be an integral part of all the POLICY Project activities. To ensure that this happens in all POLICY Project activities, adequate mechanisms for monitoring and evaluation must be put in place, supported by gender-responsive process and impact indicators.

Guiding Principles on Incorporating Gender into POLICY Project Activities

- Mainstream gender in the POLICY Project by making relevant investment in capacity building and facilitate setting up of appropriate institutional arrangements such as adding specific components in gender and putting gender in the results framework, in gender-specific results indicators and in the scope of work for all technical assistance.
- Promote gender-responsive data analysis and presentations, policy advocacy, strategic planning, and research skills.
- Promote gender dialogue at the national level to create a supportive environment for gender-responsive policies.
- Create a critical mass of mid-level women with gender-responsive policy analysis and advocacy skills. This is a means of empowering women to stand up for their own rights.
- Facilitate specific and focused gender-responsive initiatives to enhance women's empowerment both in POLICY activities and in those of the collaborating agencies.

Examples of Specific Project Recommendations

- The assessment team found during the interviews that there had been no attempt to do a conscious gender analysis during family planning projections (FamPlan) and AIDS Impact Model (AIM) presentations. The key informants held that if this had been done, there would have been more depth of analysis of gender-relevant issues. This would have resulted in better presentations and more effective dialogue.
- One specific item involved the genders of presenters of AIM and FamPlan models. In AIM, 95 percent of the presentations were made by men. This may have influenced the type of questions asked by the audience. Similarly, for the FamPlan presentations, the majority of presentations were made by women, which may have influenced the type of discussions. One key suggestion made was to use co-presentations where male and female presenters facilitate jointly.
- The team felt that although it is important to continue supporting the government's policy-oriented institutions, it is also important to broaden the range of participants in the process of policy dialogue and policy formulation and implementation.
- The POLICY Project's targeting of senior policymakers for participation in the various skills development workshops can automatically have a negative affect on women's participation as only a few women are in senior positions. If participation of women is to be ensured,

innovative ways of ensuring that women are well represented must be found. One technique is quite direct: If institutions are asked to bring the same numbers of women and men, they do usually manage to find appropriate women to participate. An explicit attempt to broaden the range of participants in the policy dialogue process will facilitate the achievement of gender equity.

- Beyond the simple presentation of gender-disaggregated data, a more thorough analysis in greater detail from a gender perspective can reveal underlying structural constraints that hinder effective implementation of family planning (FP) and HIV/AIDS programs.
- Much of the discussion in the interviews focused on the importance of building the capacity of the District Inter-sectoral AIDS Committees (DIACs). Recommendations focused on the importance of The POLICY Project and the National AIDS and STDs Control Programme (NAS COP) identifying nontraditional collaborators to work with the already established DIACs. This would involve supporting partnerships including GOK, NGOs, churches, youth advocates, and the private sector. It is essential that the partnership be as broad-based as possible and gender-balanced if the districts are to develop an effective response to the many dimensions of the AIDS epidemic.

Table of Contents

Section	Page
Executive Summary	ii
Acknowledgments.....	vi
Acronyms	vii
1. Background Information.....	1
1.1 General Background to USAID Assistance in Kenya	1
1.2 Background to the POLICY Project	1
1.3 Previous Policy Activities.....	2
1.4 The POLICY Project.....	3
1.5 Introduction to the Gender Assessment	4
1.6 The Objectives of the Assessment	5
1.7 Methodology and Process.....	5
2. Findings and Analysis of the Gender Assessment.....	6
2.1 Introduction: An Overview of the Gender Environment in Kenya.....	6
2.2 Analysis of the Findings of the Gender Assessment Team	9
2.3 Constraints to Having a Clear Gender Focus.....	11
3. Recommendations for Achieving Specific POLICY Project Results.....	12
3.1 “Improved FP and HIV/AIDS Information and Data for Decisionmaking”.....	12
3.2 “Public Sector and NGO Advocacy Capacity Improved”	13
3.3 “Public Sector and NGO Policy Analysis Capacity Improved”	13
3.4 “Public Sector and NGO Strategic Planning Capacity Improved”	14
4. Guiding Principles on Incorporating Gender into POLICY Project Activities	15
5. List of Contacts	16
6. References.....	18

Acknowledgments

The POLICY Project gender assessment team expresses appreciation to all of the respondents who participated so actively in the discussions and who contributed so many ideas during the assessment interviews.

We also thank the USAID/Kenya Office of Population and Health, which recognized the importance of this project-level gender assessment and which provided both staff time and logistical support for the assessment.

We also acknowledge the support and guidance we received from the Gender Working Group of the POLICY Project, which initiated this assessment activity and will be actively involved in disseminating the lessons learned from this assessment.

Acronyms

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
APHIA	AIDS, Population, and Health Integrated Assistance [USAID project]
CBD	Community-based distribution
CBO	Community-based organization
CPR	Contraceptive prevalence rate
CEDPA	Centre for Development and Population Activities
CS	Child survival
DFH	Division of Family Health (Ministry of Health), now the Division of Primary Health Care
DIAC	District Inter-sectoral AIDS Committee
DPHC	Division of Primary Health Care (Ministry of Health)
ICPD	International Conference on Population and Development
IEC	Information, education and communication
FamPlan	Family planning projections model
FP	Family planning
FPAK	Family Planning Association of Kenya
GOK	Government of Kenya
HIV	Human immunodeficiency virus
IR	Intermediate result
KDHS	Kenya Demographic and Health Survey
MCH	Maternal and child health
MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake Organisation
NASCOP	National AIDS and STDs Control Programme
NCPD	National Council for Population and Development
NGO	Nongovernmental organization
NIP	National Implementation Plan (for family planning)
RAPID	Resources for the Awareness of Population Impacts on Development [USAID project]
RH	Reproductive health
RTI	Research Triangle Institute
SIDA	Swedish International Development Agency
SO	Strategic objective
STD	Sexually transmitted disease
TFR	Total fertility rate
USAID	United States Agency for International Development

1. Background Information

1.1 General Background to USAID Assistance in Kenya

USAID has a 20-year history of providing assistance to the health and population sectors in Kenya. The primary focus of support has been population and family planning programs. Assistance in this area has included training, technical assistance, contraceptive supply and information, education, and communication (IEC). Together these have contributed directly to a dramatic increase in the modern-method contraceptive prevalence rate (CPR), from 9 percent to 27 percent of married women of reproductive age between 1979 and 1993 and a corresponding decrease in the total fertility rate (TFR) from 8.1 to 5.4 over the same period. The results of the 1998 Kenya Demographic and Health Survey (KDHS) are expected to demonstrate even further fertility decline and increased contraceptive use.

The USAID program also supports activities in HIV/AIDS prevention aimed at slowing the pace of the epidemic. HIV prevalence is estimated currently at 8.7 percent of adults and is projected to reach 10 percent by the year 2000. The Mission supports research activities, condom social marketing, and nongovernmental organization (NGO) capacity building. USAID also contributes to child survival through family planning interventions, programs to reduce HIV/AIDS transmission, increases in local-level resources for primary health care, and specific district-focused activities emphasizing malaria control and integrated management of childhood illness.

The health care system in Kenya faces numerous challenges: declining public sector and donor resource levels; a very large number of people just entering into their reproductive years; continued unacceptably high levels of infant, child, and maternal mortality which are expected to increase due to HIV/AIDS; and social, economic, and health impacts of the HIV/AIDS epidemic.

USAID/Kenya's strategy for addressing these challenges contains the following elements:

- Leveraging increases in non-USAID financial resources for family planning, HIV/AIDS, and child survival from other donors and the Government of Kenya (GOK), and through cost-sharing;
- Building the capacity of public and private sector health institutions to finance, plan and manage their activities, through decentralization, cost-sharing, and expansion of private insurance programs; and
- Increasing client use of integrated family planning, HIV/AIDS, and child survival services in public, private, and NGO sectors with program elements including condom social marketing, greater access to services, integration and streamlined programs.

1.2 Background to the POLICY Project

POLICY Project activities in Kenya are designed to help overcome key policy constraints which might limit or slow down the expansion of Kenya's family planning program or the implementation of the national AIDS control program; to develop institutional capabilities in the National

Council for Population and Development (NCPD), the Division of Primary Health Care (DPHC), the National AIDS and STDs Control Programme (NASCOP), and the major family planning and AIDS NGOs in advocacy skills to ensure priority attention and funding for family planning and AIDS prevention; and to contribute to the strategic planning and implementation planning process in Kenya.

The activities of the POLICY Project in Kenya are intended to support USAID/Kenya in the achievement of its strategic objective (SO 3) to “Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services.” In particular, the POLICY Project will support USAID’s Intermediate Result (IR) 3, “Increased customer use of integrated FP/HIV/AIDS/CS services” through USAID/Kenya’s sub-result 3.1, “Policies and program approaches for FP/HIV/AIDS/CS services improved through research analysis, monitoring and evaluation.”

To support these USAID/Kenya results, the POLICY Project/Kenya Strategic Objective is “Increased knowledge, understanding and support for improved strategic and operational policies.” A set of activities has been proposed which focuses on the POLICY Project elements of policy dialogue, participation, strategic planning, and research.

1.3 Previous Policy Activities

The POLICY Project was preceded in Kenya by a range of policy-related activities that had been carried out by the Resources for the Awareness of Population Impacts on Development (RAPID III and RAPID IV) Projects and by other USAID Cooperating Agencies. Several of the POLICY Project activities that are proposed are continuations of initiatives begun under the earlier projects, while other POLICY Project activities reflect the project’s new emphasis on participation, strategic planning, and a more comprehensive approach to reproductive health. These previous activities are reviewed here because part of the gender assessment process was to look retrospectively at previous activities to see what lessons could be drawn from them and to suggest how a clearer gender-responsive approach might have improved them.

The main training and technical assistance activities that were carried out under RAPID IV and which form a basis for several of the continuing policy assistance activities under the POLICY Project include:

- 1. FamPlan Model and Family Planning Projections Analysis.** Family planning policy analysis training focused on a practical application of the FamPlan model to develop a set of national family planning projections to be used as the basis for family planning strategic planning. NCPD, the Division of Family Health (DFH) and the family planning NGOs jointly analyzed survey data and family planning service statistics and logistics data and developed a set of national family planning projections. The results were incorporated into an advocacy booklet entitled “Family Planning Projections Analysis: Kenya 1989-2020.”
- 2. Target-Cost Model and Financial Resource Requirements Analysis.** A second component of the policy analysis training focused on an application of the Target-Cost model and the

development of an advocacy booklet entitled "Family Planning Financial Resource Requirements (1993-2020)."

3. **Policy Advocacy Skills Training.** In addition to the policy analysis training, several workshops were held to build the policy advocacy skills of NCPD, DFH, and the major family planning NGOs. Computer graphics skills developed at these workshops have contributed to more focused and professional advocacy efforts by these organizations.
4. **AIDS Impact Model and Presentations.** In addressing concerns about the lack of policy support for AIDS control, RAPID IV staff worked with the National AIDS and STDs Control Programme and with NCPD to analyze HIV sentinel surveillance data, develop national estimates and include these estimates, HIV/AIDS projections, and other information about AIDS in an AIDS Impact Model (AIM) for Kenya. RAPID IV staff carried out three AIM presenter training workshops and provided support for a dissemination effort which has resulted in more than 500 presentations which have reached about 10,000 national and community leaders. The AIM booklet is now in a fourth edition and has become the principal advocacy tool for NASCOP.
5. **Technology Transfer.** In support of both the policy analysis training and the policy advocacy training, RAPID IV transferred computer and presentation equipment, and provided training in use of the equipment, to NCPD, NASCOP, the Family Planning Association of Kenya (FPAK), and Maendeleo Ya Wanawake Organisation (MYWO).

In addition to these training and technical assistance activities, RAPID IV provided on-going support to the USAID/Nairobi Population and Health Office in strategic planning for its population and health activities, facilitating discussions with collaborating groups in Kenya, and developing indicators to track progress on its results.

The RAPID IV analyses of family planning projections and family planning resource requirements have been widely discussed and adopted as the basis for the National Implementation Plan (NIP) for the national family planning program. The estimates are also being used in initial discussions of cost-sharing for family planning services in Kenya. The AIDS Impact Model presentations and booklet have become the principal resource for information on HIV/AIDS in Kenya. This has led to a broad leadership awareness of the seriousness of the epidemic, and in 1996 this translated into very large increases in the level of budget support for the National AIDS and STDs Control Programme and for multi-sectoral AIDS control efforts.

1.4 The POLICY Project

POLICY Project activities in Kenya began with a visit in June 1996 to assess priority policy needs in the areas of HIV/AIDS and population and family planning. Draft workplans were developed for both of these areas.

Although many policy-related activities were initiated during numerous technical assistance visits under the RAPID IV Project, the policy environment in Kenya and the need for policy assistance were very carefully reviewed by the USAID mission (in a collaborative process

including USAID/Washington staff and a broad cross-section of Kenyan professionals) during the design of USAID/Nairobi's population and health bilateral project, "AIDS, Population, and Health Integrated Assistance (APHIA) Project."

Among the policy needs that have been identified are:

- Establishment of an on-going strategic planning process to link the public, private, and NGO sectors in a coordinated effort to implement and regularly update the National Implementation Plan for expanding family planning in Kenya.
- Improved policy advocacy capacity with greater emphasis on participation of the NGOs in independent advocacy activities.
- Improved analytical capacity of NCPD, DPHC, and selected NGOs to update Kenya's family planning projections and financial resource requirements projections and to utilize this information in the strategic planning process.
- Although there is now broad leadership awareness of the status of the HIV/AIDS epidemic and a diverse set of public and NGO interventions and programs have been initiated, more policy attention is required to analyze the impact and cost-effectiveness of interventions and targeting strategies.

The opportunities for effective policy work are enhanced by:

- Existence of NGOs with good basic skills to perform policy advocacy work in family planning and reproductive health, HIV/AIDS prevention and care, and the integration of these services.
- A government institution (NCPD) devoted to advancing population and development issues, a Ministry of Health (MOH) unit (DPHC) to provide technical support for family planning, and a National AIDS and STDs Control Programme to coordinate HIV/AIDS assessments and interventions.

Among the major policy challenges are:

- Strong religious organizations and other conservative groups which oppose provision of family planning and family life education to young adults.

1.5 Introduction to the Gender Assessment

In an effort to promote the incorporation of gender into POLICY's Kenya country program, a team from the POLICY Project and USAID/Kenya conducted a gender assessment between January 26 and February 13, 1998 to see how gender issues were being addressed in the implementation of the POLICY Project and, more importantly, to brainstorm on how best to incorporate gender into the project to make it more effective. The emphasis of the assessment was therefore on future POLICY Project activities. It is the gender assessment team's belief that

by integrating gender, the project will achieve better results. The gender assessment team included Leah Njambi Wanjama, Alan G. Johnston, and Hanna Dagnachew.

1.6 The Objectives of the Assessment

The overall objective of the gender assessment was to improve the gender responsiveness of future programs. Specifically the assessment's objectives were:

- To assess whether the POLICY Project activities in Kenya had a clear gender focus;
- To brainstorm and make recommendations on how best the POLICY Project could specifically address gender needs and interests in its present and future activities to make them more effective;
- To brainstorm on new activities that the POLICY Project could undertake to better address gender issues; and
- To share information on how to strengthen and make gender-responsive the district-level response to HIV/AIDS, since this is one of the most important components of the project.

1.7 Methodology and Process

The gender assessment exercise was done as an integral part of the program design and planning of future POLICY activities in Kenya. Thus in each interview, in addition to specific gender questions, the discussions also included the design and planning of specific POLICY activities. This format allowed specific discussions of how gender could be incorporated within each activity being planned. A number of activities were undertaken simultaneously as the gender assessment was carried out. These activities included planning for support to District Inter-sectoral AIDS Committees (DIACs), Family Planning User and Resource Requirement Projections, Research, and KDHS analysis.

This assessment was a highly participatory brainstorming exercise that involved a large spectrum of key informants. The approach taken in the assessment included:

- Review of the literature on gender analysis, reports on gender analysis in Kenya, and project documents;
- A team-building exercise based on sharing of the team members' personal perspectives on gender issues;
- Development of an interview guide;
- Testing of the interview guide in two pilot interview sessions;
- Development of the list of informants to be interviewed;

- Letters requesting interviews and follow-up scheduling of interviews by telephone and in person;
- Interviews with key informants including GOK, NGOs, and donor personnel;
- Team discussion of the lessons learned and recommendations; and
- Write-up of the assessment report.

The interviews with key informants were usually conducted by the team as a group and were guided by the questionnaire. It was made clear to the informants that the interviews had two objectives: to assess gender approaches and to contribute to the planning of project activities. Usually we began with the interview guide and then spent at least half of each interview discussing project planning, although the two discussions were always integrated. Team members alternated in asking specific questions from the interview guide.

The above approach allowed for uninhibited discussions on the current and future POLICY Project activities and useful information was shared on how the future POLICY Project could be made gender-responsive. During these deliberations it was clear that a gender perspective is an important component of discussions, design and planning meetings of the POLICY Project. The discussions and brainstorming sessions were guided by the questions that appear in the text box below.

The assessment team visited five GOK ministries and held discussions with seven key informants; visited six local and international NGOs and met fifteen key informants; and met with three donor organizations and held discussions with five key informants. The list of contacts is included in Section 5.

The documents reviewed included: Kenya POLICY Project Workplan, workshop reports, a USAID gender assessment report (Fleuret, 1997), Parliamentary Sessional Papers on AIDS in Kenya and Population Policy, AIDS in Kenya (AIDS Impact Model—AIM) materials, and general literature on gender analysis, including many of the reports of the USAID/Global/HPN Gender Working Group.

This review of RAPID IV and POLICY Project documents aimed at assessing the degree of gender-responsiveness of the documents. This information was then used in guiding the interview with staff of each of the agencies. Key documents reviewed are listed in Section 6.

2. Findings and Analysis of Gender Assessment

2.1 Introduction: An Overview of the Gender Environment in Kenya

Before we embark on the analysis of the findings of the gender assessment team, it is important to highlight the gender environment in Kenya to provide a context for the analysis.

Gender Assessment

Questions to Guide the Interviews

1. (Question to gauge general level of gender awareness)

How does your organisation approach or address gender issues?

Follow-up:

Do you have an explicit policy document on gender?

(If no policy, ask) What are the constraints and opportunities related to the development of a gender policy?

Is there a person in your organisation specifically mandated to look at gender issues?

Do you have an explicit gender activity in your workplan?

What are the gender analysis skills, knowledge and attitudes of staff in implementing gender policy?

2. There are several approaches to gender issues. One approach focuses on increasing women's involvement in development activities. Another approach looks at differentials between men and women in various indicators and at how this gender analysis can be used to suggest ways of improving the effectiveness of projects and programs. How would you describe the emphasis or approach of your programs?

The gender assessment team identifies the particular POLICY Project activities being assessed, then asks the following questions:

3. Does the POLICY Project overall design have a clear gender focus?

Was a gender approach taken during the design/planning phase or were views and expectations of men and women regarding the project sought?

4. How has this activity or will this activity specifically address gender needs and interests?

5. Are women participating as managers, leaders, facilitators, or participants?

How could greater participation by women be incorporated into the design of the activity?

Follow-up:

Who is your target audience for activities (policy dialogue or advocacy)?

Are you taking any specific steps to make sure that your approach is audience specific?

6. Does any data collection or data analysis in this activity address gender-specific concerns? How could you make better use of gender analysis of the data to improve the policy analysis, policy advocacy or strategic planning activities?

7. Does the capacity building activity (in policy analysis skills, policy advocacy skills, or strategic planning skills) address gender issues? How could the activity be changed to better address gender issues?

Follow-up:

How does the activity benefit men and women?

How will they use their improved capacity—How will they be empowered to use their improved skills?

What lessons have you learned in working with women and men?

8. What other activities could you be doing with the POLICY Project to better address gender issues?

In Kenya, as in many countries, there is a differentiation between certain roles, responsibilities, work, rights, and obligations for males and females. This differentiation varies in degree from community to community and by socio-economic status, but in general this differentiation abounds.

Although aspects of such differentiation change over time, they do not do so easily. These differentials are deeply imbedded and are often supported by social systems and religious precepts, and thus tend to be seen as right and unquestionable. Proposals to change them often meet with strong rejection and sometimes even violence.

The differences between male and female roles in Kenya are quite remarkable, regardless of social status. In all cases, women rank second to men. Their social relationship to men is that of superior/subordinate. Women's economic standing is worse than that of men. Men in the majority of cases have total control of family resources. This gives them economic power. As a result, poverty is more profound in women-headed households than in men-headed households.

Most Kenyan communities are patriarchal, characterized by male domination and control and female subordination. This is maintained and reinforced by the social system including the Constitution, which does not outlaw gender discrimination and which gives precedence to male-biased customary law. Traditional gender roles are supported and maintained even among the educated and affluent. Socialization plays a major part in maintaining gender roles and prescriptions.

Patriarchal ideology governs sexual behavior. Men have control of female sexuality in many ways (which is closely linked to the reasons they pay dowry). Double standards permit male sexual freedom and uphold female monogamy, hence institutionalizing male power and female subordination. The majority of women cannot negotiate timing and circumstances of sex, and often are subjected to violence. Women traditionally have not had a major say in determining the number of children they would like to have, or in negotiating safer sex. All these factors impact directly on family planning and HIV/AIDS/STDs.

One response to the Cairo International Conference on Population and Development (ICPD) Programme of Action in Kenya has been a broadening of the former emphasis on maternal and child health (MCH) and family planning (FP) to what is now referred to as reproductive health (RH). This is a more gender-neutral term that therefore offers the opportunity for fuller involvement of men as well as women in RH activities and programs.

General Highlights of USAID/Kenya's Analysis of the Impact of Health and Population Programs on Kenyan Women's Lives

- The government has recognized women's special needs, proposing, for example, the HIV and Population Sessional Papers and implementation of other policies.
- Through media, community outreach workers, and other sources most Kenyan women know about contraception.
- Women have better access to family planning services, which enable them to realize their FP desires.

- Increasingly, family planning services are of better quality; women wait a shorter time for them and are more likely to see a skilled, more empathetic provider.
- Ongoing research on female-controlled contraceptives allows women to reduce their risk of HIV/AIDS infection as well as unwanted pregnancy.
- Women lead longer and healthier lives than women of their mothers' generation.
- Children, for whom society still gives women special responsibilities, are less likely to become sick or die than in the previous generation.
- Adolescent girls have better opportunities as well, marrying later and having fewer children.
- The health and family planning sector employs a large number of women, in nursing and related fields and as community outreach workers, providing them with incomes, prestige, and information, all "empowering" attributes.

2.2 Analysis of the Findings of the Gender Assessment Team

Interviews with the POLICY Project implementers indicated that there was no specific gender focus in their activities. They held that in the initial stage, collection and utilization of data on population to reveal the status of family planning and HIV/AIDS was the critical concern. It was envisioned that these updated data would facilitate the policy dialogue and formulation process. The POLICY Project staff and implementing agencies did not consider gender issues as a priority at that time, as most of them reported, although some effort was given to ensuring that women were involved in project-funded training activities. There was a difference noted with gender composition of those trained in HIV/AIDS analysis and dissemination and those trained in family planning analysis and advocacy. More than 75% of the participants in HIV/AIDS training were males, while in family planning training, there was 50-50 balance of males and females.

It is important to point out that at this initial stage, some gender-disaggregated data were made available. However, there was no detailed analysis of the gender concerns and implications of that data.

Most key informants indicated that it is now time to deal more specifically with gender issues since the initial urgent need, that of making data available, has been achieved. They felt that gender is an important concern and some regretted that there was no clear gender dialogue going on nationwide, not just in POLICY Project activities but also in society as a whole.

Retrospectively, it was found that in the implementation of the POLICY Project, there was initially an underlying assumption that those involved in the family planning and HIV/AIDS/STD activities were gender-sensitive by the mere fact that they were dealing with issues that were central to women's lives. The discussions revealed that this assumption was not accurate as most of the activities of the POLICY Project were found to be gender neutral. While the staff and implementers involved may have been dedicated to improving women's lives, the lack of a specific focus on gender analysis led to a neglect of gender issues that could have improved the project activities, and to a neglect of gender-responsive results framework indicators.

Although gender-disaggregated data were utilized, there was little evidence of deliberate gender analysis. Further, in the Kenya workplan, which outlines POLICY Project activities, gender is not explicitly addressed up front. Neither is it mentioned as a cross-cutting issue that needs to be undertaken in all the activities. If gender analysis is to be given serious attention, an explicit statement on gender as a cross-cutting issue in all activities is required.

As the gender assessment team found during the interviews, there was no attempt to do a conscious gender analysis during FamPlan and AIM presentations. The key informants held that if this had been done, there would have been more depth of analysis of gender-relevant issues. This would have resulted in better presentations and more effective dialogue.

One aspect of the interviews involved assessing the participation of both men and women as leaders and presenters. One specific item involved the genders of presenters of AIM and FamPlan models. In AIM, 95 percent of the presentations were made by men. This may have influenced the type of questions asked by the audience. Similarly, for the FamPlan presentations, the majority of presentations were made by women, which may have influenced the type of discussions. **One key suggestion made was to use co-presentations, where male and female presenters facilitate jointly.** One FPAK study indicated that paired community-based distributors added credibility. The FPAK study also showed that mixed male and female groups proved most effective for passing reproductive health messages.

It appears that there was an implicit focus on gender, as some gender-specific activities were implemented. But there was no deliberate effort made to deal with deeper gender concerns that family planning and HIV/AIDS lend themselves to.

Further, it came out clearly that most institutions visited had no specific gender policy or special gender focus. They, however, were addressing gender-related activities by the nature of their work in reproductive health. In the interviews it was found that a number of institutions had initiated specific gender initiatives, such as FPAK's involvement of men in family planning which hitherto had focused on women, and the suggestion of making their constitution gender-balanced at the policy level; NCPD allocating a specific officer the responsibility of dealing with gender issues; Maendeleo Ya Wanawake undertaking sensitization of policymakers on the need to address gender; and the MOH/Swedish International Development Agency (SIDA) project's establishment of a position of gender coordinator. In each of these organizations the specific gender initiative will need to be fully integrated into the complete program of the organization if the initiative is to succeed in improving program effectiveness.

It was observed by some key informants that some of the POLICY Project activities were being implemented by nondynamic public sector partners; these activities could have been greatly strengthened by including more nontraditional (private sector, NGO, and community-based) partners. This could affect the impact that the POLICY Project could have. It was felt that although it is important to continue supporting the government's policy-oriented institutions, it is also important to broaden the range of participants in the process of policy dialogue and policy formulation and implementation.

2.3 Constraints to Having a Clear Gender Focus

One of the items that the gender assessment team discussed with the key informants was what would hinder institutions from adopting a clearer gender focus. One constraint that a number of institutions faced was the inadequate vision and mission of the institution. It was held that most mission statements would need to be restated to emphasize gender responsiveness.

As indicated above, Maendeleo Ya Wanawake and the Family Planning Association of Kenya had realized that shortfall and had started sensitizing their volunteer policymakers on the importance of focusing on gender issues. FPAK reported having made suggestions of a 50-50 gender representation at the policy level in their constitution.

The second major constraint was lack of awareness and appreciation of gender as an important variable in the implementation of the projects. There were a lot of misconceptions among policymakers about gender definitions and issues. This was also apparent with many of the key informants.

The reluctance and resistance of those in positions of power to address gender concerns is a problem. In most institutions, men are dominant in decisionmaking positions. It appears that there is an implicit assumption that “gender” is synonymous with “women.” One of the key informants reported that gender is also equated with the Beijing conference, and thus is limited to being a women’s issue. This assumption came out clearly in one government agency where it was explained by one informant that the agency does not need to address gender as there is a Women’s Bureau that deals with that responsibility.

Drawing from the above, it appears that people who are implementing the POLICY Project activities can be a major impediment to the integration of gender concerns within the activities if they do not have appropriate gender awareness and analysis skills. If the POLICY Project wants to have greater impact in the policy arena in Kenya, it must require deliberate gender integration.

In the Kenyan context, there is an undercurrent of resistance to women’s empowerment. This could be attributed to men’s fears and misconceptions of what empowerment is all about. Most men perceive power as a finite commodity which diminishes when shared. This could be blamed on the patriarchal structures that have socialized men to see themselves as the main custodians of power. Empowerment is thus threatening to those in positions of authority.

The POLICY Project’s target on senior policymakers for participation in the various skills development workshops can automatically have a negative effect on women’s participation as only a few women are in senior positions. If participation of women is to be ensured, innovative ways of ensuring that women are well represented must be found. One technique is quite direct: If institutions are asked to bring the same numbers of women and men, they do usually manage to find appropriate women to participate. NGOs with a specific focus on women can be included in the target audience. Participants from school boards, parent-teacher associations, and estate committees where women tend to be active can contribute to a better gender balance of participants. An explicit attempt to broaden the range of participants in the policy dialogue process will facilitate the achievement of gender equity.

In conclusion, it is important to point out that integrating gender into the POLICY Project can only happen if it is explicitly stated in the project's goals and objectives. This should be reflected in the workplans, and project implementers must understand, appreciate, internalize, and implement activities in a gender-responsive manner. Further, for the project to have a gender impact in Kenya, relevant investments must be made in capacity building and in putting in place appropriate institutional arrangements. The goal of the POLICY Project must articulate promotion of equity between women and men as an integral part of all the activities.

Mainstreaming gender in the normal process of the POLICY Project should be the ultimate goal. This implies that gender would no longer be seen as an add-on activity. It would be an integral part of all POLICY Project activities. To ensure that this happens in all POLICY Project activities, adequate mechanisms for monitoring and evaluation must be put in place, supported by gender-responsive process and impact indicators. This would ensure gender mainstreaming in all stages of the development process.

3. Recommendations for Achieving Specific POLICY Project Results

3.1 “Improved FP and HIV/AIDS Information and Data for Decisionmaking”

The guiding assumption of this IR is “if you pay attention to gender issues in data and information analysis, you are likely to achieve better results.” Gender-responsive data analysis can enhance the linkage of the information with the policy dialogue process. This leads to the formulation of gender-responsive policies.

Beyond the simple presentation of gender-disaggregated data, a more thorough analysis in greater detail from a gender perspective can reveal underlying structural constraints that hinder effective implementation of FP and HIV/AIDS programs.

In this regard, it is recommended that:

- All information be gender-disaggregated and a thorough gender analysis be done to highlight gender issues;
- Policy presentations go beyond numbers and analyze gender issues qualitatively—including the implications of gender disparities—and give a human face to the numbers by documenting individual experiences;
- Data and information be packaged in such a way that it appeals to those receiving it and challenges them to do something about the situation. The data should be gender and culture appropriate;
- Presentations of data be co-facilitated by gender-responsive women and men. This will enable analysis of data from women's and men's perspectives; and

- Surveys of male attitudes and female attitudes be utilized to improve project design and implementation.

3.2 “Public Sector and NGO Advocacy Capacity Improved”

Advocacy is crucial for the formulation of policy and cannot be left to a few top policymakers. Participation should be broadened and made gender-responsive to include advocates at the ground level. As new groups are incorporated into policy dialogue, a deliberate effort should be made to focus on gender balance.

It is therefore recommended that:

- The target group for skills training in advocacy be broadened to include gender-balanced district-level participants;
- A deliberate effort be made to balance the participation in skills development by gender;
- The advocacy training and skills development be gender-responsive. Every attempt should be made to find active, vocal facilitators and presenters of each sex;
- Those targeted for training and skills development for information presentation be expanded from high-level policymakers to include mid-level and especially younger women. This can be especially effective as a means of empowering those who do not have a strong vested interest in current systems and policies;
- More focus on male and youth involvement in policy dialogue be encouraged;
- Advocacy efforts involve spouses of policymakers who have their own constituencies and their own personal influence with journalists and other community groups; and
- More specific focus be put on religious leaders and religious groups. While most religious leaders are men, efforts can be made to involve leaders from the “family wing” who tend to be women.

3.3 “Public Sector and NGO Policy Analysis Capacity Improved”

Once the policy is in place, it will need to be analyzed and implemented. This will involve translation of policy into practice. To do this, all the stakeholders need to be made aware of the policy and equipped with skills to translate policy into practice. Aggressive marketing of policy is also necessary at this level. If this is to be achieved, a shift has to be made from working with the traditional public sector partners to more nontraditional partners. As noted earlier, it was observed by some key informants that some of the POLICY Project activities were being implemented by nondynamic public sector partners; these activities could have been greatly strengthened by including more nontraditional (private sector, NGO, and community-based) partners in the process of analyzing policy issues.

It is recommended that:

- More attention be paid to gender analysis to improve articulation and implementation of policy;
- Support be extended to nontraditional partners to analyze policy issues and advocate and disseminate policy information. The POLICY Project needs to think innovatively about how dynamic private sector and NGO groups can be brought into the policy analysis and how links can be made with the traditional public sector institutions; and
- Policy analysis skills be made gender-responsive.

3.4 “Public Sector and NGO Strategic Planning Capacity Improved”

The impact of AIDS is felt most severely at the family and community level. Thus, it is at the community and district level that the AIDS response needs to be strengthened. It was noted that at the district level there were many structures and committees that were not functioning very effectively. Some can be revitalized by bringing in new partners to strengthen the AIDS response. Hence, it was felt that only rarely would new structures need to be set up; rather, the focus should be on strengthening the existing infrastructure.

Recommendations are

- Have the POLICY Project identify nontraditional collaborators to work with the already established DIACs. Support partnerships including GOK, NGOs, churches, youth advocates and private sector. Let the partnership be as broad-based as possible and gender balanced. Identify women community leaders and women from the churches and community-based organizations (CBOs) that support women’s empowerment;
- Put a special program in place to empower silent women at the district level with information. Let these groups be empowered to drive the policy;
- Equip DIACs with gender-responsive skills and data to advocate for preventive HIV/AIDS strategies;
- Ensure that the DIACs have sufficient human and financial resources to make a strong start;
- Pilot different organizational models and approaches at different districts to assess what works best;
- Put in place mechanisms that will promote positive competition between districts. District mentors were suggested as one of the mechanisms;
- Equip the districts with gender-responsive advocacy, lobbying and policy analysis skills. Ensure gender balance in participation;

- Give women participating in the DIACs a special induction course that will focus on their roles and responsibilities in those committees, lobbying skills, ways to present issues, and development of self-confidence and self-esteem;
- Carry out prior assessments to investigate the current status and to indicate what will bring commitment and ownership at the district; and
- Ensure that all these recommendations are outlined in the Terms of Reference for DIACs.

4. Guiding Principles on Incorporating Gender into POLICY Project Activities

- Mainstream gender in the POLICY Project by making relevant investments in capacity building. Facilitate setting up of appropriate institutional arrangements such as adding a specific component in gender and putting gender in the results framework, in gender-specific results indicators, and in the scope of work for all project technical assistance.
- Create gender awareness among partners and lead them to understand and appreciate gender as an integral part of their activities.
- Emphasize on a gender analysis approach to all POLICY Project activities; a conscious effort is required to integrate gender into the project, but this effort has to address specific issues and needs in order to be effective.
- In the areas of data and information and policy advocacy, target wives of politicians, district managers, and women politicians. These are in a position to reach a wider audience using their own and their husbands' channels.
- Target women and men from the media and bring them on board with the right information; this will result in positive coverage of the issues of family planning and HIV/AIDS.
- Promote gender-responsive data analysis, policy advocacy, strategic planning, and research skills.
- Apply a holistic gender approach consciously to all activities.
- Promote gender dialogue at the national level to create a supportive environment for gender-responsive policies. Gender appreciation needs to be marketed aggressively. Left on its own, it will progress at a slow pace.
- Encourage co-presentation of FamPlan and AIM models and other presentations to facilitate gender-responsive perspectives being analyzed.

- Put in place a monitoring and evaluation framework together with gender-sensitive indicators for the POLICY Project results at district and national levels; these indicators must focus not only on the full involvement of both men and women in project activities but also on process indicators which measure the extent to which gender analysis is used.
- Create a critical mass of mid-level women with gender-responsive advocacy skills as one means of empowering women to stand up for their own rights. Support specific and focused initiatives to enhance women's empowerment both in POLICY activities and those of the Cooperating Agencies.

5. List of Contacts

1. Pathfinder International

International House, Mama Ngina Street, P. O. Box 48147, Nairobi, Kenya. Tel. 224154, 222490; Fax 214890

Mr Nelson A. Keyonzo	Country Representative
Francesca E. Farmer	Senior Regional Technical Advisor for Institutional Development
Ms Pamela S. A. Onduso	Program Officer

2. Maendeleo Ya Wanawake Organisation (MYWO)

Maendeleo House, P. O. Box 44412, Nairobi, Kenya. Tel. 222095, 221136; Fax 225390

Ms Margaret Waithaka	Program Manager, MCH
Ms Dorcas A. Amolo	Research Officer
Ms Joyce Ikia	Deputy Program Manager, MCH and Gender
Mr Peter Ochuka	Data Analyst

3. Kenya AIDS NGO Consortium (KANCO)

Chaka Road off Argwin's Kodhek, P. O. Box 69866, Nairobi, Kenya. Tel. 717664; Fax 714837

Mr Allan Ragi	Coordinator, KANCO
---------------	--------------------

4. Family Planning Association of Kenya (FPAK)

P. O. Box 30581, Nairobi, Kenya. Tel. 604296/7, 603923/7

Mr G. Mzenge	Director
Dr Achwal	Program Manager
Ms Grace Amurle	Acting Finance and Administration Manager

5. Family Health International (FHI)

Chancery House, 2nd Floor, Valley Road, P. O. Box 38835, Nairobi, Kenya. Tel. 713913/4;
Fax 726130

Ms Janet Hayman
Ms Maureen Kuyoh

Resident Advisor, Kenya Country Office
Program Coordinator, FHI Population Office

6. National Council for Population and Development (NCPD)

The Chancery Towers, Valley Road, P. O. Box 48994, Nairobi, Kenya. Tel. 711600/1; Fax
710281

Mr Peter Thumbi
Ms Margaret Mukabana

Head Policy and Planning Division
Assistant Director / Gender

7. Johns Hopkins University, Population Communication Services

Amboseli Road, off Gitanga Road, P. O. Box 53727, Nairobi, Kenya. Tel. 569437, 569478;
Fax 569478

Mr Dan Odallo
Dr Emily Obwaka

Resident Advisor
Program Officer

8. National AIDS and STDs Control Programme (NASCOP)—Ministry of Health

Kenyatta National Hospital, P. O. Box 19361, Nairobi, Kenya. Tel. 729502/27/49; Fax
729504

Dr Godfrey M. Baltazar

Epidemiologist

9. USAID Mission to Kenya, Office of Population and Health

P. O. Box 30261, Nairobi, Kenya. Tel. 751613; Fax 749590

Ms Emma Njuguna
Mr Timothy Takoma

NGO Sustainability Specialist
Monitoring and Evaluation Specialist

10. UNICEF—Kenya Country Office

P. O. Box 44145, Nairobi, Kenya

Ms Rachel Odede

Project Officer, HIV/AIDS

11. APHIA Finance and Sustainability Project

Ministry of Health, Afya House, P. O. Box 30016, Nairobi, Kenya. Tel. 717077

Mr Ian Sliney

Chief of Party

12. Department for International Development (DFID)

Bruce House, P.O. Box 30465, Nairobi, Kenya. Tel. 212172, 211584; Fax 336907

Ceri Thompson

Acting Field Manager

13. Division of Primary Health Care, Ministry of Health

P. O. Box 43319, Nairobi, Kenya. Tel. 726812 / 725105; Fax 716814, 721057

Dr Achola Ominde

Family Planning Program Manager

Ms Blanche K.M. Tumbo

Gender and Health Coordinator

Ms Rose Mosongo

SIDA/MOH Reproductive Health

Project Coordinator

6. References

Kenya POLICY Project Documents, Reports, Workshop Reports and Graphics Presentations Reviewed:

Kenya POLICY Project Workplan (Draft), October 15, 1997.

HIV Incidence in Kenya, by John Stover and Alan Johnston, The POLICY Project, January 1998.

The Epidemiological Imperative for Integration of HIV/AIDS/STD Services with Family Planning, The POLICY Project, Policy Brief, November 1996.

Technical Update on HIV/AIDS. Kenya AIDS NGOs Consortium. Nairobi, Kenya. (Powerpoint presentation and transparencies), February 1997.

A Note on Condom Use in Kenya, 1996. Alan Johnston, The POLICY Project, Research Note, February 8, 1997.

AIDS in Kenya: Background, Projections, Impact, Interventions, 4th Edition, July 1997. (Powerpoint presentation)

POLICY Project and Pathfinder International. *Proceedings of the Integration Working Group (IWG) Planning Retreat, November 5th, 1996, Mayfair Court Hotel, Nairobi, Kenya.*

Kenya AIDS NGOs Consortium. *Workshop Report: Technical Update on HIV/AIDS*. Workshop held February 5th-6th, 1997, KCB Training Centre, Karen, Nairobi, Kenya.

National Council for Population and Development, Division of Family Health, Ministry of Health, and the POLICY Project. *Workshop Report: Kenya Family Planning Projections Update 1997. Report of a Workshop to Form a Working Group to Revise and Update Kenya's Family Planning Projections, January 26th to 31st, 1997, Nairobi, Kenya.*

HIV/AIDS and Adolescents: Policy Advocacy Workshop. Kenya AIDS NGOs Consortium, National AIDS and STDs Control Programme, The POLICY Project. May 14-15, 1997, Pan Afrique Hotel, Nairobi, Kenya.

Kenya RAPID IV Project Documents, Reports, Workshop Reports and Graphics Presentations Reviewed:

AIDS in Kenya: Background, Projections, Impact and Interventions. National AIDS and STDs Control Programme and National Council for Population and Development, December 1993.

Family Planning Projections Analysis: Kenya 1989 to 2020. National Council for Population and Development, Nairobi, Kenya, June 1995.

Kenya Family Planning Financial Resource Requirements, 1993-2010: Technical Notes and Summary. National Council for Population and Development, Nairobi, Kenya, June 1995.

Policy Advocacy and Graphics Presentation Training: Experiences and Lessons Learned from RAPID IV Training Programs Conducted in Nairobi, Kenya and Dhaka, Bangladesh. Margaret K. Pendzich, RAPID IV, September 1995.

The HIV Sentinel Surveillance System in Kenya: Methodology, Results and Uses. Tom Mboya Okeyo and Godfrey M. Baltazar (poster session at the XI International Conference on AIDS, Vancouver, July 7-12, 1996).

Building Support for HIV/AIDS Prevention in Kenya: The AIM Approach. Tom Mboya Okeyo, Godfrey M. Baltazar, John Stover and Alan Johnston (poster session at the XI International Conference on AIDS, Vancouver, July 7-12, 1996).

Other References:

Dagnachew, H., et al. *An Overview of Adolescent Reproductive Health in Kenya*, USAID/Kenya, 1997.

Fleuret, Anne, and Hannah Baldwin. *Democracy and Governance Gender Analysis*, USAID/Kenya, February 12, 1997.

Fleuret, Anne, Hanna Dagnachew, and Tanya Stevenson. *Gender Analysis, USAID/Kenya SO 3: Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated health services*, 1997.

Forsythe, Steven, Bill Rau, et al. *AIDS in Kenya: Socioeconomic Impact and Policy Implications*, Family Health International/AIDSCAP, June 1996.

Government of Kenya. Sessional Paper No. 1 of 1997 on National Population Policy for Sustainable Development. (This has not yet been approved by Parliament.)

Government of Kenya. Sessional Paper No. 4 of 1997 on AIDS in Kenya. (This was adopted by Parliament in September 1997.)

Kiragu, Jane. "HIV Prevention and Women's Rights: Working for One Means Working for Both," *AIDScriptions*, November 1995.

Mathu, Eunice. "AIDS Prevention: Women Need Empowerment," *Parents Magazine*, No. 89, November 1993, pp. 27-29.

Pfannenschmidt, Susan, Arlene McKay, and Erin McNeill. *Through a Gender Lens: Resources for Population, Health and Nutrition Projects*, Family Health International for The Gender Working Group, Population, Health and Nutrition Center, USAID, October 1977.

Riley, Nancy E. "Gender, Power and Population Change," *Population Bulletin*, May 1997.

"Understanding Culture is the Key to HIV/AIDS Prevention," *AIDScriptions*, November 1996.

USAID/Kenya. *AIDS, Population and Health Integrated Assistance (APHIA) Project Paper*, Nairobi, Kenya, 1995.

USAID/Kenya. *Coping with Change: USAID/Kenya's Strategic Plan 1996-2000*. Nairobi, Kenya, 1996.

