



OFFICE OF THE PRESIDENT
NATIONAL AIDS CONTROL COUNCIL

Mainstreaming Gender in HIV Responses in Kenya

National Action Plan 2009/10 – 2012/13

Accelerated Country Action for Women, Girls, Gender Equality and HIV

Developed with Support from the Gender Technical sub – Committee (GTC)
in the national response to HIV – July 2011

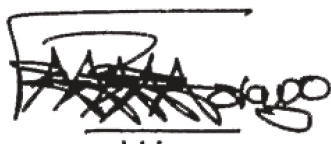
Preface

The complex challenges caused by HIV and AIDS call for an extraordinary response to the epidemic. Globally, years of engagement with the epidemic have shown that HIV and AIDS programmes that address gender inequality as a central goal maximize their overall effectiveness. However, gender disparities in programming outcomes in Kenya have remained pertinent as evidenced by recent studies including Kenya AIDS Indicator Survey (KAIS, 2007), Kenya Demographic Health Survey data (KDHS, 2003) and the Kenya Modes of Transmission Study (KMoT, 2008).

The Kenya National AIDS Control Council (NACC) recognizes the importance of gender integration in programmes. To this end, NACC established a Gender Technical subcommittee (GTC) in 2001 to ensure that gender dimensions of the HIV and AIDS epidemic are translated into practical tools in decision-making and that programming done promotes gender responsiveness within HIV and AIDS policy formulation and implementation in Kenya. With support from the GTC, the National AIDS Control Council has developed this National Gender Action Plan (GMS AP 2009/10 – 2012/13) as a national benchmark to facilitate mobilization of stakeholders in the determination and design of prioritized actions, targets and other initiatives to accelerate the response and as a guide for the coordination of the intersecting gender issues within KNASP 2009/10 – 2012/13. Moreover, the monitoring mechanism of the plan will support the gender sub-sector to review targets envisaged in the national strategic plan.

Conclusively, this Gender Action Plan is a deliberate effort towards the realization of the KNASP III approach that emphasize that 'Human rights, gender equality and responsiveness' issues must be addressed across all aspects of the strategic plan.

I wish, therefore, to personally extend my gratitude to all stakeholders who actively participated in the process of the development of this National Action Plan for Gender



Prof. Alloys S. S. Orago
DIRECTOR

Acknowledgements

The process of developing this National Action Plan for Mainstreaming Gender in HIV responses was highly participatory bringing together stakeholders from the public and private sectors, civil society organizations, academic and research institutions, organizations and networks of people living with HIV, gender experts, women and human rights movements, organizations of men addressing gender issues in HIV and development partners including UN agencies.

Special thanks go to United Nations and the Government of Kenya for both financial and technical support; and the National AIDS Control Council Director and NACC's Department of Coordination and Support for leadership and focused guidance to the process.

Special compliments go to the eight-member Taskforce who provided technical backstopping from conceptualization up to the finalization of the process. They include Pauline Irungu (GCM), Pascaline Kang'ethe (ActionAID), Dr. Margaret Meme (RH Specialist), Alice Kinyua (Ministry of Agriculture), Esther Gathiri Kimotho (UNAIDS), Renaldah Mjomba (VSO), Rukia Yassin (GIZ) and Eunice Odongi (UNFPA/NACC). Other co-opted members to the Taskforce who provided invaluable contributions include Kavutha Mutuvi (UNWOMEN), Rahab Mwaniki and Lucy Ghati (both of NEPHAK), Josphat Ireri (MOGCSD), Queen Katembu (URAIA), Alice Mwangangi (DRH) and Irene Obiero who provided technical assistance on costing the Action Plan.

Before finalizing the process, a team of experts which was coordinated by the chairperson of the Gender Technical sub-Committee (GTC), Ms Harriet Kongin, provided a 'peer-review' critique of the document. These included Dr. Nduku Kilonzo (LVCT), Angeline Siparo (TSF-East Africa), Ursula Sore-Bahati (UNWOMEN), Anne Gathumbi (OSIEA) and Ruth Masha (UNAIDS).

Special thanks to all the members of GTC and the entire staff at the National AIDS Control Council for their support to the process. I cannot forget to thank interview respondents and all regional organizations which provided very useful submissions before the document was finalized. A full list of individuals who participated in the process is provided in Annex 1.



Dr. Sobbie Mulindi

Deputy Director, Coordination and Support

Abbreviations

ACU	AIDS Control Unit
ADSA	Alcohol, drug and Substance Abuse
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
CACC	Constituency AIDS Control Committee
CBO	Community Based Organizations
CCM	Country Coordinating Mechanism
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CHHs	Child Headed Households
CHW	Community Health Worker
CLHIV	Child Living with HIV
CSO	Civil Society Organizations
CSW	Commission on the Status of Women
CT	Counseling and Testing
DDO	District Development Officer
DTC	District Technical Committee
ERS	Economic Recovery Strategy
FBO	Faith Based Organizations
FGD	Focused Group Discussions
FGM	Female Genital Mutilation
FHHs	Female Headed Households
FIDA	Federation of Women Lawyers
FO	Field Officer
FP	Focal Point
GBV	Gender Based Violence
GIPA	Greater Involvement of People living with HIV and AIDS
GTC	Gender Technical sub-Committee
GVRC	Gender Violence Recovery Center
HAPCA	HIV and AIDS Prevention and Control Act
HBC	Home Based Care
HCBC	Home and Community Based Care
HCW	Health Community Worker
HIV	Human Immuno-Deficiency Virus
HMIS	Health Monitoring Information System
HTC	HIV Testing and Counseling
HVPs	Highly vulnerable populations to HIV
ICC	Inter-Agency Coordinating Committee for HIV and AIDS
IDU	Injecting Drug Users
IEC	Information, Education and Communication
JAPR	Joint Annual HIV and AIDS Programme Review
KAIS	Kenya AIDS Indicator Survey
KANCO	Kenya AIDS NGO Consortium
KDHS	Kenya Demographic and Health Survey

KEWOPA	Kenya Women Parliamentarians Association
KNASP	Kenya National HIV and AIDS Strategic Plan
M & E	Monitoring & Evaluation
MARPs	Most at Risk Populations
MOGCSD	Ministry of Gender, Children and Social Development
MTEF	Medium Term Expenditure Framework
MYWO	Maendeleo Ya Wanawake Organization
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NCGD	National Commission on Gender and Development
NGO	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PCO	Proposal Coordinating Office
PEP	Pre-exposure Prophylaxis
PHDP	Positive Health, Dignity and Prevention
PITC	Provider Initiated Testing and Counseling
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPP	Public-Private Partnerships
PWD	Persons with Disabilities
RH	Reproductive Health
SGBV	Sexual gender-Based Violence
SMS	Short message Service
SOA	Sexual Offenses Act
SOP	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TOWA	Total War against HIV and AIDS
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
VSO	Voluntary Services Organization
WOFAK	Women Fighting AIDS in Kenya

Key Concepts and Terminologies

- **Gender:** refers to the socially constructed roles, responsibilities, behaviors and expectations associated with men and women. Gender roles vary depending on the place, time, socio-economic, political and cultural context.
- **Gender Audit:** the analysis and assessment of policies, programs and institutions based on whether they take into account the different impacts of their activities on women and men
- **Gender Budget:** refers to an analytical tool to disaggregate the government budget, and map out effects of expenditure and revenue policies on women, men, boys and girls.
- **Gender mainstreaming:** The process of integrating a gender equality perspective into the development process at all stages and levels (in analysis, planning, performance, personnel policy, monitoring and assessment,). Gender mainstreaming is a strategy for the achievement of gender equality.
- **Gender integration:** ensures gender equality. Both women and men specific concerns are taken into consideration in the design and implementation of structures, processes, programming and financing of HIV responses to ensure that both women and men benefit equally.
- **Empowerment:** The process of facilitating the ability of someone to control her/his own destiny.
- **Gender Analysis:** This diagnoses differences between men and women in conditions, needs, level of participation, access to resources and development, control of assets, decision-making powers etc. within the context of the prescribed gender roles.
- **Gender Planning:** The technical and political processes taken into account in each stage of a project or programme and analysis /procedures necessary to implement a policy which recognizes the different roles, and therefore, different needs of men and women in a given society. Monitoring and Evaluation are important aspects of planning process.
- **Gender Equality:** This is the absence of discrimination on the basis of a person's sex in opportunities, in the allocation of resources and benefits or in access to services.
- **Gender Equity:** This refers to fairness and justice in the distribution of benefits and responsibilities between women and men.
- **Gender Issues:** Specific consequence of the inequality of men and women
- **Gender responsiveness:** Putting actions/activities in place to address gender-based unfairness and discriminatory treatment to promote equity, empowerment and advancement of both men and women.
- **Gender based violence:** This is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.
- **Engender:** The process of ensuring that planning and programming is appreciative of and takes into account the female and male differences and concerns.
- **Gender Discrimination:** Prejudicial treatment, restriction or exclusion made on the basis of one's gender - man or woman, which has an effect of impairing or nullifying the recognition, enjoyment of human rights and fundamental freedoms.
- **Community:** A collection of household units brought together by common interests, and/or made up of at least 5,000 people (or 100 households) living in the same geographical area. A community would share, therefore, similar culture, social practices, beliefs and value systems.
- **Risky behaviors :** This is defined within the following categories: having sexual intercourse before the age of 15 years; having sexual intercourse with more than one partner in the last 12 months; Non use of a condom during the last intercourse; Non use of sterile injecting equipment with the injection; sex worker who does not consistently use a condom with their client
- **Vulnerability:** Vulnerability refers to the probability that an individual (or group) being in a situation or behaviour that exposes them to HIV.

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Executive Summary

Preamble: It has been demonstrated that programmes on HIV and AIDS which address gender inequality as a central goal maximize their overall effectiveness. Harmful gender norms and practices increase HIV risk for particular populations and burden of the epidemic particularly for women and children. This National Action Plan for Gender Mainstreaming in HIV has been developed against this background and aligned to the KNASP 2009/10 – 2012/13. It is a deliberate effort of realizing the KNASP III approach that emphasize that ‘Human rights, gender equality and responsiveness’ issues must be addressed across all aspects of the strategic plan. The plan explores international and national practices to make recommendations and outline specific actions to address the outstanding gender gaps and issues in HIV that will accelerate progress towards Universal Access.

Objective and Purpose: The objective of this National Action Plan is to facilitate stakeholders to mainstream gender dimensions in the designs, plans, structures and processes of policies, financing mechanisms, programmes, monitoring, evaluation and research frameworks as they respond to the epidemic. The plan provides a framework for improved and accelerated response, coordination and monitoring of the intersecting gender issues within the national response to HIV during the period 2009/10 – 2012/13.

Methodology: The process of its development entailed literature reviews and consultations with multiple players from public and private sectors, academic and research institutions, civil society organizations including organizations and networks of people living with HIV, donor community and development partners both at national and decentralized levels. Technical backstopping was provided by the Gender Technical sub Committee on HIV. The final draft was reviewed and critiqued by a team of gender experts and senior management team at NACC before its launch.

Recommended Actions: The recommended actions respond to the needs of women girls and promotion of gender equality in HIV by accelerating uptake of services, information and knowledge. The actions are aimed at:

- Influencing on- going reforms, including implementation of the constitution.
- Advocacy for high level leadership and commitment through policy dialogues and sharing strategic information
- Integration of gender-sensitive initiatives in on-going HIV programmes
- Monitoring the gender implications of new directions and emerging evidence on prevention programmes
- Equitable access of essential commodities
- Integrating human rights and gender in curricula development
- Strengthening national reporting mechanism and tools on gender indicators and analysis.
- Providing strategic direction to targeted sectors for programming and reporting on gender
- Sustaining a national campaign for male engagement in national HIV responses
- Harnessing community leadership, structures and processes to promote gender sensitive social transformation
- Empowerment of HVPs to effectively respond to the causes and consequences of HIV
- Strengthening partnerships, networking, national accountability and coordination of gender and HIV

Chapter 1: Introduction

Gender mainstreaming is increasingly gaining importance as a significant building block for sustainable development. In 1999, UNAIDS published a technical paper entitled 'Taking Stock of Research and Programmes on Gender and HIV and AIDS' which demonstrated that although limited in scale, HIV programmes that address gender inequality as a central goal maximize their overall effectiveness. This National Action Plan for Gender Mainstreaming in HIV provides a platform to accelerate action and monitor response to the issues of women, girls and gender equality in the context of HIV in Kenya. The Plan's objectives including outcomes and outputs have been aligned to the six outcomes and the four pillars of KNASP III with a view of enhancing the focus towards addressing vulnerabilities and risks that are gender based. The outcomes will further facilitate stakeholders to focus and contribute to gendered responses.

1.1 Background Information

This Action Plan explores international and national processes and practices to determine gaps and draw recommendations which subsequently guide the outlined actions aimed at addressing the outstanding gender issues in HIV in Kenya.

INTERNATIONAL DIRECTION AND FOCUS

1.1.1 Millennium Development Goals (MDGs)

The MDGs set to be achieved by 2015, provide a framework for the entire international community to work together towards a common end. The following MDGs speak to the intersecting issues on gender and HIV (Table No. 1).

Table No. 1: Objectives of MDGs

MDGs	Objectives
Combat HIV and AIDS, malaria and other diseases	<ul style="list-style-type: none">• Have halted by 2015 and begun to reverse the spread of HIV and AIDS• Achieve, by 2010, universal access to treatment for HIV and AIDS• Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
Promote gender equality and empower women	<ul style="list-style-type: none">• Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015
Improve maternal health	<ul style="list-style-type: none">• Reduce by three quarters the maternal mortality ratio• Achieve universal access to reproductive health

Reduce child mortality	<ul style="list-style-type: none"> • Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> • Halve the proportion of people whose income is less than \$1 a day • Achieve productive employment and decent work for men, women and youths • Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Achieve universal primary education	<ul style="list-style-type: none"> • Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

1.1.2 2011 High Level Meeting, (UNGASS), New York

During the sixty-fifth session of the High Level Meeting held in New York from June 8 – 11, 2011, the General Assembly, adopted the following gender responsive Political Declarations which are aimed at intensifying efforts towards elimination of HIV and AIDS:

2011 HLM –Political Declarations (gender related)

No 19. ... Reduce the number of maternal, newborn and under-five child deaths...

No 21. ... women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the care giving burden, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, including for sexual and reproductive health, and all forms of discrimination and violence, including sexual violence and exploitation against them...

No 22. ... Promoting gender equality and the empowerment of women ...

No 41. Recognize that access to sexual and reproductive health ... continues to be essential for HIV responses...

No 53. Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection... including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection...

No 59. (j) Sensitizing and encouraging the active engagement of men and boys in promoting gender equality.
(l) Ensuring that women of child-bearing age have access to HIV prevention-related services ... and increasing the availability of and access to effective treatment for women living with HIV and infants.

No 60. Commit to ensure that financial resources for prevention are targeted to evidence-based prevention ... and to ensuring that particular attention is paid to women and girls, young people, orphans and vulnerable children, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities...;

No 77. ... create enabling legal, social and policy ... to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV.

No 81. ... meet the specific needs of women and girls, including those living with and affected by HIV... through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, ... sexual exploitation of women, girls and boys, violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.

No 82. ... strengthen national social and child protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers...

1.1.3. UNAIDS Agenda for Accelerated Country Action

The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, 2010–2014: (Operational Plan) for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV was developed in response to the pressing need to address the persistent gender inequalities and human rights violations that put women and girls at a greater risk of, and more vulnerable to, HIV and that threaten the gains that have been made in preventing HIV transmission and in increasing access to antiretroviral therapy. The UNAIDS Action Framework focuses action in three areas, espoused below:

UNAIDS Action Framework

- **ACTION 1:** Strengthen strategic guidance and support to national partners to 'know their epidemic and response' in order to effectively meet the needs of women and girls.
- **ACTION 2:** Assist countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of women and girls in the context of HIV.
- **ACTION 3:** Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV.

The Agenda for Accelerated Country Action reflects a number of principles, including participation, evidence-informed, tailored and ethical responses, partnership, the engagement of boys and men, leadership, multisectorality and accountability. The Agenda addresses the rights and needs of women and girls and highlights opportunities to work with networks of women living with HIV and diverse women's groups, while engaging men and boys who are working for gender equality.

Issue No.1: Knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls.

Issue No. 2: Translating political commitments into scaled-up action to address the rights and needs of women and girls in the context of HIV.

Issue No. 3: An enabling environment for the fulfillment of the human rights of women and girls and their empowerment, in the context of HIV.

1.1.4 Kenya Joint Assistance Strategy (KJAS), 2007-2012

The objective of the KJAS is to support the government's efforts to achieve the Millennium Development Goals (MDGs) and the targets that the government has set for itself in its national and sector development strategies by channeling resources increasingly through government and funding programs and services that fall in line with national strategic plans. Major characteristics of the KJAS strategy are its emphasis on results, gender equality, and good governance in all aspects of development.

In order to strengthen networking and linkages among processes and structures of relevant KJAS partners towards advancing gender equality, a Gender Sector Coordination Group (GSCG) with membership from development partners, Department of Gender and other relevant government agencies and institutions, CSO and private sector representatives exist. The overall objective of the GSCG is to coordinate the support for Gender equality to the gov-

ernment of Kenya and non-state actors, aligned in support of the government's Vision 2030, its medium-term implementation plan, the National Policy on Gender and development and other agreed development priorities.

NATIONAL SITUATION AND DIRECTION

The Government of Kenya established the National AIDS Control Council in 1999 to coordinate a multi-sector national response to HIV and AIDS. The NACC provides policy and strategic framework, mobilizes resources and coordinates stakeholders in the implementation, monitoring, evaluation and review of the national response. Kenya is currently implementing the third strategic Plan [Kenya National AIDS Strategic Plan (KNASP) 2009/10 – 2012/13] with the vision

'An HIV-free Society in Kenya'.

1.1.5 Kenya National AIDS Strategic Plan (KNASP) 2009/10 – 2012/13

The AIDS strategy targets to achieve the following four impact results by 2013:

- Number of new infections reduced by at least 50%.
- AIDS-related mortality reduced by 25%.
- Reduction in HIV-related morbidity
- Reduced socio-economic impact of HIV at household and community level.

The Strategic Plan is organized according to four implementation Pillars:

- Pillar 1: Health Sector HIV Service Delivery
- Pillar 2: Sectoral Mainstreaming of HIV and AIDS
- Pillar 3: Community-based HIV Programmes
- Pillar 4: Governance and Strategic Information

The Strategic Plan outlines and aims to achieve the following six outcomes:

- Outcome 1: Reduced risky behaviour among the general, infected, most-at-risk and vulnerable populations
- Outcome 2: Proportion of eligible PLHIV on care and treatment increased and sustained
- Outcome 3: Health systems deliver comprehensive HIV services
- Outcome 4: HIV mainstreamed in sector-specific policies and sector strategies
- Outcome 5: Communities and PLHIV networks respond to HIV within their local context
- Outcome 6: KNASP III stakeholders aligned and held accountable for results

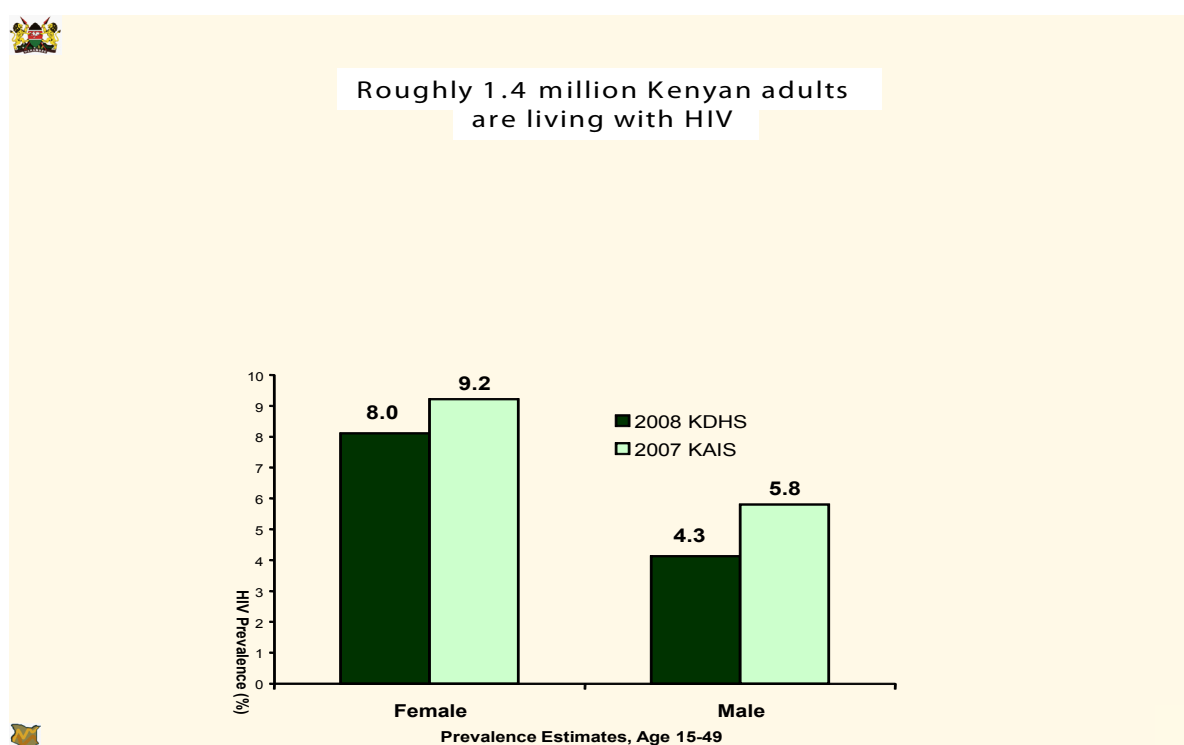
KNASP 2009/10 – 2012/13 has clear vision, goals and targets. Its development was necessitated by two important new sources of information 1) Kenya AIDS Indicator Survey (KAIS) and 2) Modes of HIV Transmission Study (K-MoHT).

This evidence was further strengthened by findings stemming from the review of the second KNASP. Thus KNASP 2009/10 – 20012/13 is underpinned by the best available epidemiological and other evidence.

HIV Prevalence

According to Kenya AIDS Indicator Survey (KAIS 2007) the national HIV prevalence is 7.1% among Kenyan adults aged 15-64 and 7.4% among those between 15-49 years of age, with a higher burden of disease in the rural areas where 70% of HIV infected Kenyans reside. This means that about 1.4 million adults are living with HIV. According to this report women are more likely to be infected (8.4%) than men (5.4%). In agreement with this trend, results from the 2008-09 KDHS indicate that 6.3 percent of Kenyan adults age 15-49 are infected with HIV; women at 8.0 percent and men at 4.3 percent (Figure No 1). Among generalized epidemics worldwide, Kenya registers one of the highest disparities in HIV prevalence between males and females; female-to-male prevalence ratio is 1.9 to 1 and this is higher than that found in most population-based studies in Africa (KDHS 2008/09).

Figure No 1: Prevalence Estimates



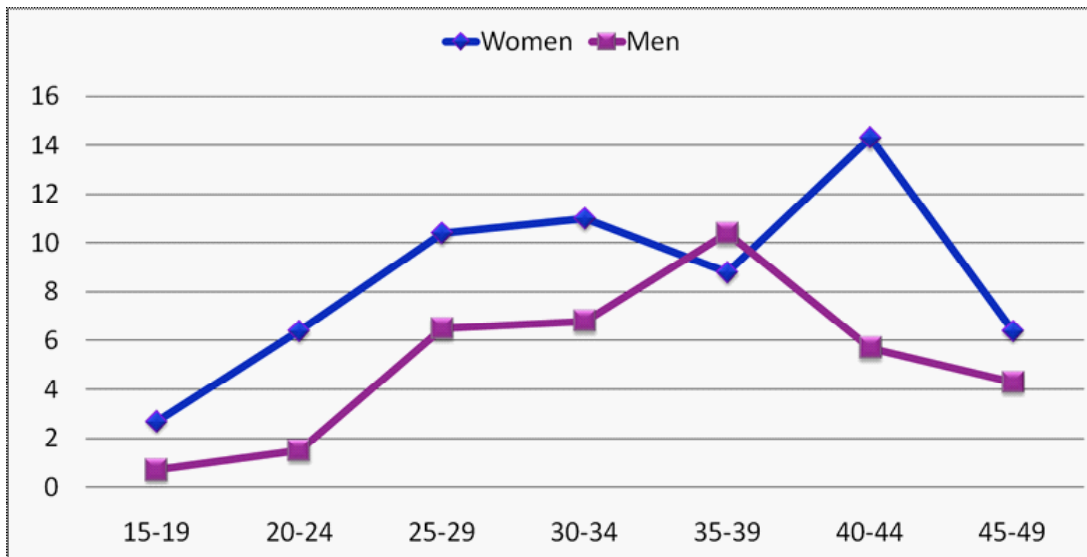
1.1.6 The Epidemic as it affects Men and Women in Kenya

An overview of KDHS 2008/09 reveals the following disparities in HIV prevalence (Figure No 2).

- In, **female-to-male HIV Prevalence** among females (8.0%) is almost double that of males (4.3%). This is much higher than that found in most population-based studies in Africa. These differences in prevalence persist in all provinces, with women bearing a higher burden of the HIV epidemic.
- **HIV prevalence among youth aged 15 – 24** years is alarming. Young women in this age group are four times more likely to be HIV positive than men (**4.5% and 1.1%, respectively**).
- **In urban populations** prevalence among women is three times more than men (approximately 10% compared to 4%).

- HIV prevalence is significantly higher among women who are **separated/divorced and widowed** compared to other adults. HIV prevalence is by far the highest among women who are widowed, in Nyanza Province, for instance, approximately one in every two widows is infected.
- Contrary to previous beliefs that marriage is a safety net against HIV infection, almost half new HIV infections in Kenya occur within **union/regular heterosexual partnerships**.

Figure No.2: HIV prevalence among men and women by age

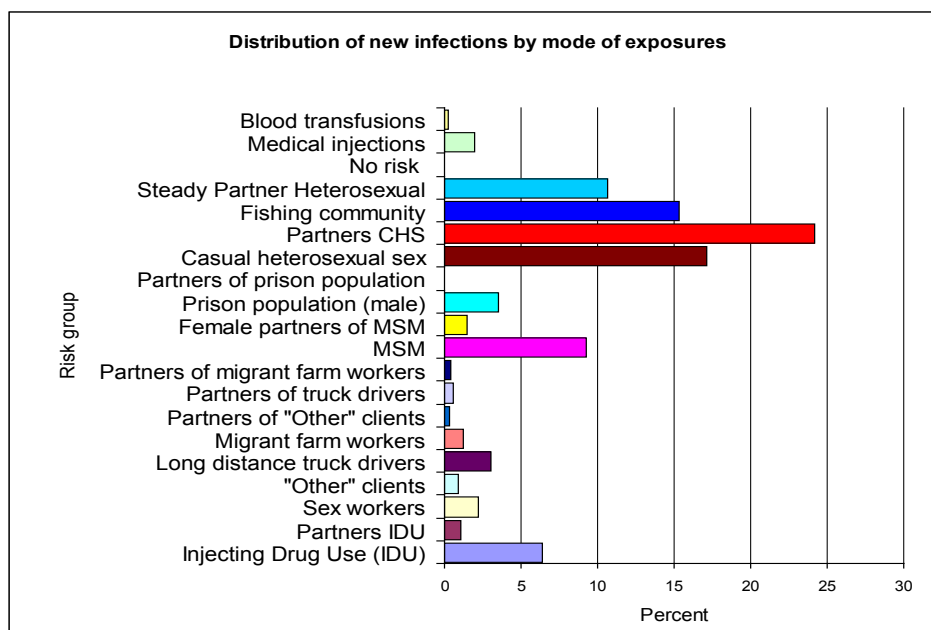


1.1.7 Sources of New HIV infections

A review of the most recent HIV epidemiology data shows that heterosexual transmission remains the most prominent mode of transmission in all areas of the country. There is now evidence that men having sex with men (MSM) and prison populations contribute 15% of new infections, and injecting drug use contribute 6.3% of new cases (Figure No. 3).

Figure 3: Distribution of new infections by mode of exposure

The National Incidence Model 2008



1.1.8 National responses to Gender and HIV in Kenya

The development of the strategic AIDS plan and the establishment of the Gender Technical sub-Committee (GTC, 2001) by the National AIDS Control Council provide an opportunity to strengthen gender and human rights in the perspectives of NACC coordination mechanism. GTC bears the responsibility of ensuring that gender dimensions of the HIV and AIDS epidemic do not just remain at intellectual level, but instead are translated into practical tools in decision-making and that programming is done to promote gender responsiveness within HIV responses in Kenya. The GTC comprises an active membership of approximately forty-five representatives of government departments and institutions, the UN agencies coordinated by UNAIDS and development partners; academic and research institutions; private organizations, the civil society including faith-based organizations; and networks and organizations of people living with HIV. Coordinated efforts of the GTC that have contributed towards determining gender gaps and issues and informed prioritization of actions of the national HIV planning and prioritization processes and AIDS Strategic include: Mainstreaming Gender into Kenya National HIV and AIDS Strategic Plan 2000 – 2005 report; the gender analysis of the Strategic review report of 2008/09, the Gender Audit report (2008) and the 2010 Kenya Women HIV Prevention Symposium report (Table No. 2).

GTC Initiative	Objective focus / Aims /Recommendations
Mainstreaming Gender into Kenya National HIV and AIDS Strategic Plan; 2000 – 2005 report	<ul style="list-style-type: none"> • Outlines the factors and determinants of vulnerability by women, boys, girls and men to HIV and AIDS, identifies gaps in programming and proposes specific intervention strategies to address the disparities.
Gender Analysis of the Strategic Review Report of 2008/9	<ul style="list-style-type: none"> • The Kenya National AIDS Strategy should focus on the rights based approach, including gender as a strategic priority. • The AIDS Strategy must analyze and respond to situational inequities, including social, cultural, economic, and political and gender inequality including gender-related dynamics of urban and rural areas and the different geographical, socio-economic inequities increasing vulnerability among certain population's sub-groups. • The AIDS Strategy should demonstrate the following principles: Rights Based Approach ; Rigorous analysis; Evidence-based planning; Prioritization; Results-based M&E; Participatory and consultative engagement; Financing, resource estimation, budgets and costing; and gender mainstreaming among others. • Planners urgently need to not only understand the various links between HIV and human rights, but also internalize these. In addition, planners should also internalize and use the Rights Based Approach
Gender Audit (2008)	<ul style="list-style-type: none"> • Audit reviewed and analyzed the national HIV and AIDS response from a gender-sensitive standpoint with special attention inclined to the structures and processes through which programmes and interventions are prioritized, planned, monitored, evaluated and resourced. The following recommendations were drawn after the audit:

	<ul style="list-style-type: none"> • Given the financial and human resource constraints, an enabling environment and appropriate institutional frameworks are crucial for HIV and AIDS-related activities are effectively co-coordinated to address gender inequalities. Thus the following factors are imperative: • Legal and policy framework that supports advancement of gender equality and equity. • Political and administrative will and commitment among the highest level at NACC Secretariat to gender equality and equity. • Capacity building for all stakeholders and implementers working in the area of HIV and AIDS on gender concepts, gender-responsive planning, analysis and programming and the application of gender sensitive indicators for monitoring and evaluation. • Women and gender expertise represented at the highest decision making organs. • Adequate human and financial resources for gender integration
The 2010 First Kenya Women HIV Prevention Symposium	<ul style="list-style-type: none"> • Aimed at an in-depth exploration of the HIV prevention needs for women. The Symposium objectives were: (1) to explore HIV prevention needs for women; (2) to identify priorities for women’s HIV prevention in current response (based on the Kenya National HIV and AIDS Strategic Plan III priorities); (3) and to identify research gaps to fill to better inform HIV-prevention interventions. The symposium recommended the need to fast track the implementation and monitoring of HIV-prevention policies and guidelines to track their impact. • Identified and prioritized the following for prevention research agenda for women: translation of policy and research into practice; community based research: formative, community-based, social, behavioral and operational research; exploration of gender issues/ dynamics that impact on sexual relations; disclosure among couples; alignment of current research to KNASP III indices and resource tracking. • Prevention priorities: political commitment; meaningful participation by women living with HIV; capacity building and relevance to KNASP III; prioritize gender issues as recommended by KNASP III and factor in opportunities provided by the new constitution; strengthening coordination and linkages; reconstitute, strengthen the GTC and align it with KNASP III; program development; prevention, diagnosis, treatment, and care programs; services that are responsive to women and equitable resource allocation.

1.1.9 Political Commitment on Gender and HIV

Kenya has signed and ratified and reckons some of the international instruments and reinforcement mechanisms and the country is also in the process of actualizing legal and policy frameworks and national machinery that provide a supportive environment to actualize gender responses. However, there remain gaps in policies and programmes systems, structures, coordination financing, monitoring and evaluation, research which must be addressed.

1.2 Relevance of the National Action Plan for Gender Mainstreaming in HIV

KNASP 2009/10 – 2012/13 takes cognizance of the significant progress registered in Kenya in addressing gender disparities in HIV. However, the strategic plan acknowledges that the disparities are still high and that Kenya remains a deeply unequal nation in terms of gender norms, roles and relations. Given the low technical capacity on gender analysis and planning observed among stakeholders, it is necessary to deliver this framework as a basis for stakeholders to refer to in drawing up actions and interventions on gender and HIV. Thus, this plan will facilitate the gender sub-sector to mobilize and coordinate resources, monitor and review specific targets envisaged in the national AIDS response towards women empowerment, gender equity and gender equality in the context of HIV. The plan is a deliberate effort of realizing the approach of KNASP 2009/10 – 2012/13 that emphasizes that ‘Human rights, gender equality and responsiveness’ issues must be addressed across all aspects of the strategic plan.

Significant progress has been made in Kenya to address gender disparities and inequality through specific strategies and programmes and gender equity is a key area in Vision 2030. However, ensuring HIV-related dimensions of gender inequalities are prioritized will be critical for the achievement of Universal Access goals. KNASP 2009/10 – 2012/13 Page 9

1.3 Overall Objective of the National Action Plan for Gender Mainstreaming

The objective of this National Action Plan for Gender Mainstreaming is to facilitate stakeholders to mainstream gender dimensions in the designs, plans, structures and processes of policies, financing mechanisms, programmes, monitoring, evaluation and research frameworks. Its purpose is to provide a framework for improved and accelerated response and coordination of the intersecting gender issues within the national response to HIV during the period 2009/10 – 2012/13.

1.3.1 Specific Objectives include:

- Facilitate the implementation of programmes and services that reduce the risks of women, girls and other vulnerable and marginalized populations to HIV infection and impacts
- Catalyze and influence prioritization and resource allocation towards gender integration and specific needs of women and girls
- Provide strategic guidance and support to communities to identify their risks and vulnerabilities and respond appropriately
- Generate gender-related information, coordinate and provide strategic direction to guide the national processes and programmes for an effective response to the epidemic

Chapter 2: Methodology and Approaches Used

The development of this Plan was undertaken between February and August 2011 and entailed the following broad processes:

- Literature review;
- Key informant interview;
- Consultations with key persons involved in the development of KNASP 2009/10 – 2012/13 as well as gender experts from public sector and other multiple players (civil society organizations, private sector and donors).
- Validation of the draft report through consultative meetings with selected representative regional forums
- Peer reviews including a small team of gender professionals and senior management at NACC;
- High-level representation from both national and sub national level at the formal launch

2.1 Literature Review

A critical analysis of relevant international frameworks and national policies and strategies, plans, demographic health surveys, national service provision assessments and other documents was undertaken. Listed below are the prioritized key references:

- KNASP 2009/10 – 2012/13
- Gender Audit Report
- Agenda for Accelerated Action for Women, Girls Gender Equality and HIV
- KNASP 2005/06 – 2009/10 review report
- National Gender and Development Policy (January, 2004)
- Mainstreaming Gender into KNASP 2000 – 2005
- National M & E Plan for HIV and AIDS
- 2010 Kenya Women HIV Prevention Symposium Report

2.2 The Approach

Consultations amongst an eight-member Taskforce provided the foundation of the process. Four brainstorming workshops with the members of the Gender Technical sub-Committee (GTC) were held to backstop the process and oversee the assignment. To incorporate outstanding sub-national issues and perspectives, two meetings with sixty participants were conducted in Western and North Rift regions. The services of a technical assistant was sought both to support the interview process and to undertake costing of the final draft of the action plan.

Therefore, the Action Plan was developed and framed in consultation with implementing staff in the government, private sector and civil society including people living with HIV and the UN system. The document will form the basis for mid-term and end-term reviews of gender and HIV responses in Kenya.

Chapter 3: Implementation Framework

3.1 Recommended Areas of Focus

Drawing from the fore-going information, the areas below have been delineated for prioritized response for accelerated uptake of services, information and knowledge by highly vulnerable populations (HVPs) towards reduction of HIV infections and its effects:

- Engaging and influencing national legislative and constitutional reforms
- Securing high level leadership and commitment
- Monitoring implications of emerging evidence
- Integration of human rights and gender dimensions in training curricula and HIV programmes
- Inclusion of gender indicators and analysis in national reporting framework.
- Providing strategic direction and information to targeted sectors
- Harnessing community leadership and male involvement in structures and
- Empowerment of highly vulnerable populations to counter the causes and consequences of HIV
- Strengthening partnerships and information sharing,
- Enhanced national accountability and
- Strengthening coordination of gender and HIV

3.2 Categories of Highly Vulnerable Populations (HVPs)

Basing on national situational analyses, the following categories of people have been identified as highly vulnerable populations (HVPs) and outlined for prioritized targeting in the implementation of the national response for HIV vulnerabilities:

1. **PLHIV particularly WLHIV**

The 'feminization' of the epidemic is apparent, with prevalence among women (8.8% for 15-49 and 8.4% for 15-64 age groups) significantly higher than among men (5.5% for 15-49 and 5.4% for 15-64 age groups). While prevention programmes among young people have contributed in delaying sexual debut and increasing risk perception, for young women who are already sexually active, prevention programmes have generally failed to make a difference (KAIS, 2007).

2. **Widows and single mothers**

HIV prevalence is significantly higher among women who are separated/divorced and widowed compared to other adults. HIV prevalence is by far the highest among women who are widowed, in Nyanza Province, for instance, approximately one in every two widows is infected (KAIS 2007). Widowed and divorced women have a higher HIV prevalence (17 and 21% respectively).

3. **Adolescent girls (unemployed, domestic workers, those with less than high school**

education, cultures that condone harmful GBV practices e.g. early and forced marriage) HIV care and support and related services which are aimed at lessening the effects of the HIV epidemic are not widely available especially to women and adolescent girls whose mobility is socially constrained particularly in rural areas

where majority of women reside (approximately 80%). Young women of age 15-24 are 4 times more likely to be infected than men (6.1% compared to 1.5%). Besides, young women who engage in sex worker due to various reasons are at higher risk of HIV infection and with their clients contribute 14% of all new infections in Kenya.

4. Discordant couples (men and women)

Discordance levels are estimated at 344,000 HIV-discordant couples nationwide. Among married/cohabiting couples, 9.7% had at least one HIV-infected partner. Overall, KAIS, 2007 states that 57.5% of women and 56.4% of men reported having had unprotected sex with at least one partner of HIV-discordant or unknown HIV status in the 12 months prior to the survey.

5. Men and women in polygamous arrangements

Polygamous unions have a higher HIV prevalence (11%) pre-disposing the multiple women to increased HIV risk.

6. Women and girls in emergency and humanitarian concerns

Evidence from rapid assessments of humanitarian situations (IDPs, slums, refugees) where women and children are the majority reveal increased cases of sexual assault and exploitation, transactional sex, divorce and separation, forced and early marriages; compromises healthcare services including Anti-retroviral (ARV) and Post-exposure prophylaxis (PEP) drugs are not readily available in camps.

7. People with disabilities

Information on HIV prevention and life skills is not is deficient among women and children particularly in rural areas due to lower literacy levels and distance to service delivery points. The situation is worse among people with disabilities who total 1.3 million.

8. Older persons – men and women

In many communities, 50-60% of orphans and vulnerable children (OVC) are left under the care of older persons, mainly older women. Due to the large numbers of orphans, elderly women, mostly widows, are getting more involved in care – giving for OVCs and PLHIV than men. Data from Kenya OVCs cash transfer programme coordinated by the Ministry of Home Affairs indicates that 40% of orphans are being cared for by older carers, mainly women who are over 50 years of age.

9. Men and women in steady/married relationships

Almost half new HIV infections in Kenya (44%) occur within union/regular heterosexual partnerships. The highest HIV incidence (44%) is a result of casual heterosexual relationships thought to include unprotected sex among multiple concurrent heterosexual partners (20%) that impact on HIV discordance in couples (45%) with women accounting for 3 of every 5 infections.

10. Women living in nomadic/hard-to-reach and Muslim communities

11. Orphaned boys and girls particularly female double orphans

An estimated 12 % of all Kenyan children – 2.4 million – are orphans. By 2010, the number of orphans is expected to grow to more than 2.5 million. It is estimated that HIV alone has killed one or both parents of 700,000 children.

12. Breastfeeding mothers/infants living below the poverty line

13. Male street children and partners

This population does not easily access information on available HIV services

14. Resource poor female-headed house holds

Female headed households stand at 40 per cent (urban 29%; rural areas 36%).

3.3 Vision, Mission, Principles and Strategies

This action plan has a clearly defined vision and mission with guiding principles, implementation strategies, outcomes, outputs and actions to guide implementation and form the basis of coordination and monitoring

3.3.1 The Vision

This Action Plan is expected to facilitate all efforts in the context of HIV to work towards the attainment of 'Gender equality in the national response to HIV'.

3.3.2 The Mission

The Mission of the Gender Programme in the national HIV responses is to 'mobilize and sustain efforts of stakeholders towards identifying, prioritizing and responding to the evidence-based HIV needs of women and girls, boys and men and its impacts on the communities in Kenya. This action plan, therefore, facilitates stakeholder efforts to work towards ensuring gender equity principles are observed in all national initiatives in the context of HIV.

3.4 Guiding Principles

3.4.1 Evidence – based

As outlined in KNASP 2009/10 – 2012/13 on which this document is pegged, the National Action Plan for Gender Mainstreaming in HIV is guided by evidence in HIV context in Kenya and it further acknowledges the importance of generating more evidence to bridge any gaps where needed.

3.4.2 Participatory

The plan envisions community buy-in, involvement, and leadership in implementation to change gender norms. It also envisions the meaningful participation of women and girls. The plan is responsive to women and girls of all ages, statuses including those who are marginalized: women and girls in humanitarian conditions; those living with HIV; sex workers; and those with disabilities. The plan also takes cognizance of the meaningful engagement of men and boys as support partners, change agents and implementers of programmes in sexual and reproductive health matters and care giving responsibilities.

3.4.3 Partnership Building and Networking

Technical and financial resources must be mobilized and harmonized in order to make accelerated progress. Thus both local and international organizations must pull in the same direction for this realization. The development of this plan has already benefitted from this

principle and it is anticipated that dedicated resources and strengthened institutional capacities will be synergized and sustained throughout the implementation period of this plan.

3.4.4 Human-rights-based approach.

Discrimination and violations of human rights influence both the spread of HIV and women's access to care and treatment. Consequently, the HIV response must be based on and infused with a full respect for human rights for all and greater gender equality. This Action Plan revolves on the need to invest and be accountable for protecting and promoting the rights of women and girls and to focus on their needs in all different types of epidemics.

3.5 Implementation strategies

The gender action plan is designed to illustrate a diversity of programmatic approaches are need to mitigate women's and men's vulnerability to HIV infection. The plan proposes to achieve envisaged results and outcomes by implementing the following strategies:

- Capacity building for institutions and individuals to understand and promote relevant human rights and access HIV information and services, mobilize funds, design and implement programmes
- Sustained Lobbying and Advocacy for strong leadership commitment and a supportive environment
- Partnership and networking
- Profiling gender through effective media strategy
- Generation, analysis and utilization of evidence to inform and scale-up of programmes
- Coordination, Monitoring and Evaluation and research
- Resource Mobilization
- Incorporation of gender and HIV in sectoral policies and programmes including appropriate monitoring and evaluation indicators

3.6 Outcomes and Outputs for the Action Plan

This section gives details of the structure of the implementation matrix outlining the outcomes, outputs and activities aligned to the four pillars and the six outcomes of the Strategic AIDS Plan.

3.6.1 Outcomes for the Gender mainstreaming Action Plan

Outcome 1: Gender equality promoted in reducing risky behaviour among the general , the infected, most-at-risk and vulnerable population.

Outcome 2: Gender equality promoted for increased and sustained care and treatment for eligible PLHIV.

Outcome 3: Health systems deliver gender responsive comprehensive HIV services.

Outcome 4: Gender mainstreamed in HIV sector-specific policies and sector strategies.

Outcome 5: Communities and PLHIV networks are gender sensitive and responsive as they address HIV within their local context.

Outcome 6: Stakeholders in the national response to HIV and AIDS align and held accountable for gender responsive results.

IMPLEMENTATION MATRIX

3.7 Pillar 1: Health Sector HIV Service Delivery

Expected Outcome I Gender equality promoted in reducing risky behaviour among the general ¹ , the infected, most-at-risk and vulnerable populations	Outcome I Indicators: Percentage of men/boys and women/girls among the general population, the infected, the MARPs or MVPs who engaged in risky behaviour ² (disaggregated by age and sex and location)		
Expected Output 1.1 Gender gaps in key interventions aimed at reducing risky behaviour identified and advanced	Output Indicator • Number of key HIV risk behaviour interventions that have been interrogated to influence the redress to gender gaps		
Main Activities	Specific Activities and Targets	Time frame	Lead Agency and Key Actors
1.1.1 Identify gender related gaps in national risk reduction program to inform programming	<p>1.1.1.1 Undertake study on the gender dynamics of VMMC</p> <p>1.1.1.2 Disseminate and sensitize community leaders/structures in relevant communities on recommendations through constituency-based forums of 30paxns each</p> <p>1.1.1.3 Facilitate the inclusion of VMMC recommendations in the CfP towards accessing grants for CBOs to implement proposed action plans</p> <p>1.1.1.4 Lobby and advocate for adoption and prioritization of recommendations during Joint AIDS programme review, national conferences and meetings</p>	<p>2012 2012/13</p> <p>2013</p> <p>Continuous</p>	<p>NACC, NASCOP, CDC GTC/NACC UN-JP KNCHR NGEC MoGCSD CSOs, DPS</p>

¹ General population refers to men, women, boys and girls.

² Risky behaviors : having sexual intercourse before the age of 15 years; having sexual intercourse with more than one partner in the last 12 months; Non use of a condom during the last intercourse; Non use of sterile injecting equipment with the injection; sex worker did not use a condom with their most recent client

Main Activities	Specific Activities and Targets	Time frame	Lead Agency and Key Actors
1.1.2 Monitor and review the gender implications of new directions and emerging evidence and programmes	<p>1.1.2.1 Conduct analysis of emerging prevention strategies (treatment, self testing, Prep/PEP) to determine their compliance and sensitivity to the concerns and needs of various ages of both sexes among HVPs</p> <p>1.1.2.2 Disseminate observations and recommendations during programme reviews, national conferences and meetings</p>	2012 2013	<p>GIZ Liverpool VCT, GTC/NACC GCM KNCHR NGEC Min Gender, DPS</p>
1.1.3 Engage KEMSA to influence condom procurement and distribution to reach youth particularly young women, sex workers and discordant couples	<p>1.1.3.1 Determine demand for female and male condoms in both urban and rural areas among various ages and Key Populations</p> <p>1.1.3.2 Hold ½ day briefings with at least 50 KEMSA and other relevant decision makers on condom procurement and distribution to lobby and influence the processes</p>	July 2012 December 2012	<p>NASCOP NACC/GTC KEMSA KNCHR NGEC Min Gender, DPS</p>
Expected Output 1.2 Increased access and uptake of counseling and testing services by men, women & adolescent girls, PWDs and other identified highly vulnerable populations	Output Indicators		<ul style="list-style-type: none"> Number of women, men, girls and boys including the disabled, accessing counseling and testing services through strengthened referral and integrated systems
Main Activities	Specific Activities	Time frame	Lead Agency and Key Actors
1.2.1 Accelerate GBV, Alcohol and TB integration in HTC and HIV programme	1.2.1.1 Develop and produce 500 copies each of the 3 policy briefs on the implications of GBV, Alcohol and TB integration in HTC and HIV prevention programmes	Dec 2012	<p>GIZ NACC/GTC NASCOP</p>
	1.2.1.2 Present policy briefs to at least 100 health sector workers during national HIV conferences, research forums and reviews for advocacy and lobbying	2013	<p>MOHs UNAIDS UN -JP</p>
	1.2.1.3 Support provision of TB diagnosis and treatment for all women in antenatal programmes	Continuous	<p>KNCHR NGEC</p>
	1.2.1.4 Monitor and report on the actions undertaken to accelerate the integration	Continuous	<p>MoGCSD CSOs, DPS</p>

Main Activities	Specific Activities and Targets	Time frame	Lead Agency and Key Actors
<p>1.2.2 Integrate cervical cancer screening and referral in HIV prevention, treatment and STI control programmes</p>	<p>1.2.2.1 Consolidate data on cervical cancer and HIV and package this in policy brief targeting decision-makers in health sector and campaign messages for general public</p> <p>1.2.2.2 Translate campaign messages into five vernacular languages</p> <p>1.2.2.3 Disseminate information to at least 100 decision makers in health sector in national forums,</p> <p>1.2.2.4 Lobby and Advocate for the integration of screening of cervical cancer in HIV prevention and STI control in national conferences and meetings</p> <p>1.2.2.5 Select one month for intensified campaigns and dissemination of information sharing on control and management of cervical cancer - using TV and radio, Internet-social networks and emails, cell-phone, press media, leaflets, banners on main highways,</p> <p>1.2.2.6 Build capacity of CBOs, FBOs, to mobilize and hold village talks with groups of women and girls on the importance of cervical cancer and HIV and availability of services for visual inspection</p>	<p>June 2012</p> <p>December 2012 December 2012</p> <p>June 2013</p> <p>September 2012</p> <p>Jul 2011– Jun 2013</p>	<p>GIZ NACC/GTC NASCOP MOHs UNAIDS UNAIDS UN -JP KNCHR NGEC MoGCSD CSOs ,DPS</p>
<p>1.2.3 Support uptake of counseling and testing services by PWDs and other identified highly vulnerable populations</p>	<p>1.2.3.1 Advocate for the revision of 711 Form to capture data disaggregated by sex and age and type of disability</p> <p>1.2.3.2 Consolidate information on PWDs and to access CT services and the strengthening of referral mechanisms at service delivery points.</p> <p>1.2.3.3 Share information during national HIV meetings</p>	<p>Continuous</p> <p>June 2012</p> <p>Jul 2011- Jun 2013</p>	<p>NACC/GTC NASCOP Liverpool VCT MOHs UNAIDS UN -JP, KNCHR NGEC, MoGCSD CSOs ,DPS</p>

Expected Output 1.3 Gender sensitive and rights based policy frameworks and guidelines responsive to the needs of the general, the infected, PWDs, most at risk and highly vulnerable populations promoted		Output Indicators • Gender responsive and rights- based policies and guidelines promoted.	
Main Activities	Specific Activities	Time frame	Lead Agency and Key Actors
1.3.1 Targeted and on-going communication and information sharing activities on gender sensitive Policy frameworks and guidelines that are responsive to the needs of the general, the infected, PWDs, most at risk and vulnerable populations	<p>1.3.1.1 Facilitate the review and analysis of the policies and guidelines and identify gender gaps and opportunities for the infected, PWDs, most risk and highly vulnerable populations.</p> <p>1.3.1.2 Disseminate the findings and recommendations at all national and at regional levels as well national review processes</p>	<p>2011 - 2012</p> <p>2013</p>	<p>NACC NCPWD UNAIDS UN -JP, VSO, KEWOPA KNCHR NGEC MoGCSD CSOs, DPS</p>
1.3.2 Support and influence curricula developments of learning institutions to integrate human rights and gender	<p>1.3.2.1 Support three selected training institutions (Public Universities, MTC, referral hospitals) to review and analyze their curricula towards integration of human rights and gender in the context of HIV</p> <p>1.3.2.2 Hold annual dialogue meetings with the institutions targeting 30 paxns – drawing on recommendations of the review</p> <p>1.3.2.3 Continuously advocate for the incorporation of human rights and gender issues in HIV policies and guidelines during national HIV meetings and conferences</p>	<p>2011- July 2012</p> <p>Jul 2012-Jun2013</p> <p>Continuous</p>	<p>GIZ NACC/GTC Min Higher Education, S&T UNAIDS UN -JP KNCHR NGEC MoGCSD CSOs, DPS</p>

Expected Outcome III Health systems deliver gender responsive comprehensive HIV services		Outcome III Indicator: Health Management Information Systems analyze and report on gender disparities	
Expected Output 1.4 Health Management information systems informed on gender in HIV responsiveness		Output Indicator • No. of audits conducted to inform the Health Management information system on gender responsiveness	
Main Activities	Specific Activities	Time frame	Lead Agency and Key Actors
1.4.1 Strengthen national reporting mechanism and tools to include gender indicators and analysis.	<p>1.4.1.1 Facilitate data audit and analysis on gender during JAPR, midterm review and end-term review to inform subsequent programming.</p> <p>1.4.1.2 Prioritize recommendations aligning to the pillars and make presentations during JAPR</p>	<p>Nov 2011; Jun 2012; Jul 2013</p> <p>August 2012</p>	<p>GIZ</p> <p>NACC/GTC</p> <p>NASCOP,</p> <p>MoHs</p> <p>Min Higher Education,</p> <p>S&T</p> <p>UNAIDS</p> <p>UN -JP</p> <p>KNCHR</p> <p>NGEC</p> <p>MoGCSD</p> <p>CSOs,DPS</p>

3.8 Pillar 2: Sectoral Mainstreaming of HIV

Expected Outcome I Gender and HIV mainstreamed in sector-specific policies and sectoral strategies	Outcome I Indicator: Percentage of ministries with HIV budget lines reporting on gender aspects of HIV programme implementation		
Expected Output 2.1 Recommendations for Sector specific policies and strategies incorporating HIV and gender drawn and disseminated	Output Indicator • No. of sectors whose policies and strategies have been analyzed and recommendations developed and shared	Time frame	
Main Activities	Specific Activities	Lead Agency and Key Actors	
<p>2.1.1 Develop targeted and comprehensive policy briefs and disseminate them for an integrated gender and HIV that speaks to the core functions of the departments and institutions in the key sectors¹¹</p>	<p>2.1.1.1 Undertake desk reviews and analysis of existing HIV and AIDS (that have integrated gender) as sectoral policies and strategies and identify key programming recommendations on gender responsiveness and HIV mainstreaming for specific functions in the key sectors</p> <p>2.1.1.2 Disseminate findings and sector specific recommendations to key sectoral permanent secretaries, decision-makers at national and regional forums</p>	<p>By Jun 2012</p>	<p>NACC, Sector Ministries, PS MSSP NACC,DPS</p>
		<p>By Dec 2012</p>	

Expected Output 2.2 Organizational and institutional capacity strengthened to address gender inequalities and HIV response in sector specific programs		Output Indicator • No. of sector-specific organizations with established and operational Gender and HIV mainstreaming structures and programmes operationalized (disaggregated by sector)	Lead Agency and Key Actors
Main Activities	Specific Activities	Time frame	Lead Agency and Key Actors
<p>2.2.1 Devolution committee of the Constitution of Kenya engaged in order to consolidate gains on gender and HIV Manifestos</p>	<p>2.2.1.1 Develop a policy brief on the gender and HIV gains in the Constitution of Kenya</p> <p>2.2.1.2 Disseminate the policy brief to politicians for inclusion in their individual manifestos at regional level</p>	<p>By Jun 2012</p> <p>Jul 2012-Jun 2013</p>	<p>NACC/GTC Sector ministries UNAIDS, UN -JP KNCHR, NGECC MoGCSD CSOs, DPS</p>
Expected Output 2.3 Organizational capacity strengthened to address gender inequalities in HIV programmes		Output Indicator • No. of ministries whose gender units and ACUs are conducting collaborative planning, programming and monitoring of the implementation of HIV and Gender	Lead Agency and Key Actors
Main Activities	Specific Activities	Time frame	Lead Agency and Key Actors
<p>2.3.1 Strengthen collaboration of ACUs and gender focal points in the key sectors for joint planning, programming and budgeting.</p>	<p>2.3.1.1 Facilitate joint meetings between key sectors ACUs and gender focal points on mainstreaming gender in HIV and AIDS</p> <p>2.3.1.2 Collate ACU and gender focal points reports and provide strategic direction for consolidated planning programming, and budgeting</p>	<p>Continuous</p> <p>June and Dec-end 2011, 2012, 2013</p>	<p>NACC/GTC Sectoral ministries, DPS</p>

3.9 Pillar 3: Community-Based HIV Programmes

Expected Outcome I Gender equality promoted in reducing risky behavior among the general ³ , the infected, most-at-risk and vulnerable population		Outcome I Indicator: Percentage of men/boys and women/girls among the general population, the infected, the MARPs or MVPs who engaged in risky behaviour ⁴ (disaggregated by age and sex and location)	
Expected Output 3.1 Enhanced positive masculinity and male engagement in comprehensive HIV and AIDS prevention, care, treatment and support services.		Output Indicator • Percentage of men and boys involved in prevention, care, treatment and support services	
Main Activities	Specific Activities and targets	Time frame	Lead Agency and Key Actors
3.1.1 Mobilize and coordinate responses towards a sustained national campaign for male engagement in HIV prevention, care, treatment and support services, particularly PMTCT, HTC, ARVs, HCBC	<p>3.1.1.1 Define levels of male engagement in HIV prevention, care, treatment and support programmes</p> <p>3.1.1.2 Hold one day non-residential regional meetings with 30 community leaders per region to identify and document appropriate technologies that engage men in care-giving roles</p> <p>3.1.1.3 Develop national communication strategy for the promotion of male engagement in HIV Launch and disseminate communication strategy for the promotion of male engagement in HIV at national and regional levels</p> <ul style="list-style-type: none"> -Leverage on CACC forums to identify and document 1 person per constituency as male champions and male role models in the engagement in HIV and men -Build capacity of 210 identified persons to engage and affect boys <p>3.1.1.4 Facilitate CBOs to develop funding proposals on the promotion of the development of appropriate technologies that involve men in care-giving roles and workload easing devices for women and girls</p>	<p>June 2012</p> <p>July-Dec 2012</p> <p>July-Dec 2012</p> <p>Jul 12- Jun2013</p>	<p>NACC/GTC</p> <p>NASCOP</p> <p>NEPHAK</p> <p>Ministry of Planning (DDOs)</p> <p>Min Higher Education, S&T</p> <p>UNAIDS</p> <p>UN -JP</p> <p>NEPHAK</p> <p>KNCHR</p> <p>NGEC</p> <p>MoGCSD</p> <p>CSOs, DPS</p>

³ General population refers to men, women, boys and girls.

⁴ **Risky behaviors** : having sexual intercourse before the age of 15 years; having sexual intercourse with more than one partner in the last 12 months; Non use of a condom during the last intercourse; Non use of sterile injecting equipment with the injection; sex worker did not use a condom with their most recent client

	<p>infected and affected households</p> <p>3.1.1.5 Develop IEC materials to promote positive masculinity and deconstruction of harmful cultural and gender norms to promote men as support partners, change agents and involvement in programme implementation over a period of 2 years campaigns (using electronic and print media).</p>	Jul12- Jun2013	
<p>Expected Output 3.2 Community leadership structures identified and sensitized to catalyze, promote and sustain positive social transformation programs based on evidence generated on risks and vulnerabilities</p>		<p>Output Indicator</p> <ul style="list-style-type: none"> Number of community structures supported to catalyze, promote and sustain positive social transformation programs (disaggregated by type of structure and location, target vulnerability) 	
<p>Main Activities</p>	<p>Specific Activities and targets</p>	<p>Time frame</p>	<p>Lead Agency and Key Actors</p>
<p>3.2.1 Utilize community structures and leaders to promote gender sensitive social transformation towards reduction of HIV risks and vulnerabilities</p>	<p>3.2.1.1 Utilize CACC forums to identify community leadership structures and opinion leaders</p> <p>3.2.1.2 Customize sensitization materials on social transformation</p> <p>3.2.1.3 Conduct 1 workshop per region to build capacity of 2 ToTs from community leaders in each of the 47 Counties on social transformation to facilitate community dialogue in FGDs, village barazas and ceremonies</p> <p>3.2.1.4 Train the RFAs to be able to identify and build capacity of CSOs on gender issues in HIV</p> <p>3.2.1.5 Identify and support media celebrities and role models to champion the cause for women and girls in HIV</p>	<p>Dec 2011</p> <p>June 2012</p> <p>Dec 2012</p> <p>Dec2011 –Jun2013</p>	<p>NACC/GTC</p> <p>NASCOP</p> <p>MOGSD</p> <p>Ministry of Planning (DDOs)</p> <p>UNAIDS, UN -JP</p> <p>NEPHAK, KNCHR</p> <p>NGEC</p> <p>CSOs ,DPS</p>
<p>3.2.2 Build the capacity of HVGs (particularly WLHVs) to demand and access and appropriate information, knowledge and services to empower themselves towards effective response to the causes and consequences of HIV</p>	<p>3.2.2.1 Facilitate 1&1/2 day workshops of 80 resource persons from networks/organizations of WLHIV and women rights movements on gender and HIV including Constitutional and CEDAW rights of women and PLHIV, access to devolved funds, gender-responsive budgeting, organizational development, leadership and life skills)</p> <p>3.2.2.2 Plan and coordinate biennial workshops for WLHIV</p> <p>3.2.2.3 Advocate for the development and trials of new HIV prevention technologies particularly for women</p>	<p>2012-2013</p> <p>Oct –Nov 2011</p> <p>Continuous</p>	<p>NACC/GTC</p> <p>NASCOP</p> <p>MOGSD</p> <p>NEPHAK</p> <p>UNAIDS</p> <p>KNCHR</p> <p>NGEC</p> <p>CSOs ,DPS</p>

Main Activities	Specific Activities and targets	Time frame	Lead Agency and Key Actors
<p>3.2.3 Strengthen and influence Community Health Strategy to respond to gender and HIV</p>	<p>3.2.3.1 Conduct meeting to review the community health strategy 3.2.3.2 Develop prioritized recommendations based on review 3.2.3.3 Continuously advocate for the incorporation of the recommendations during national HIV meetings and conferences</p>	<p>Dec 2012 Dec 2012 Dec12-Jun2013</p>	<p>NACC/GTC NASCOP MOGSD NEPHAK Ministry of Planning (DDOs) Min Higher Education, S&T UNAIDS KNCHR NGEC Min Gender CSOs</p>

Expected Outcome III: Communities and PLHIV networks are gender sensitive and responsive as they address HIV within their local context		Outcome I Indicator: Percentage of communities that implement activities to respond to HIV within their local context	
Expected Output 3.3 Reduced HIV related stigma		Output Indicator • Percentage of people in the community with accepting attitudes towards people infected and affected by HIV	
Main Activities	Specific Activities and targets	Time frame	Lead Agency and Key Actors
3.3.1 Utilize findings of Stigma Index to promote community level programmes on stigma-reduction	<p>3.3.1.1 Develop and validate sensitization materials on HIV stigma reduction</p> <p>3.3.1.2 Train 2 resource persons from each region belonging to organizations and networks of PLHIV and other CBOs on stigma reduction in order to promote the development of local context specific stigma reduction activities in communities</p> <p>3.3.1.3 Facilitate organizations and networks of PLHIV and CBOs to access financial support to implement action plans on reducing stigma and discrimination</p>	<p>Dec 2012</p> <p>Dec 2012 – Jun 2013</p> <p>Dec 2012 – Jun 2013</p>	<p>NACC/GTC NASCOP UNAIDS UN -JP NEPHAK KNCHR NGEC MoGCSD CSOs</p>
Expected Output 3.4 Best practices documented and shared		Output Indicator • No of best practices on gender and HIV documented	
Main Activities	Specific Activities and targets	Time frame	Lead Agency and Key Actors
3.4.1 Document and share achievements, challenges, best practices and lessons learned on gender and HIV responses to promote replication in the community	<p>3.4.1.1 Develop and disseminate guidelines on how to determine gender sensitive and gender responsive technologies</p> <p>3.4.1.2 Conduct annual review and analysis on submissions for best practices during JAPR</p> <p>3.4.1.3 Make presentations of best practices and prioritized recommendations of during national meetings</p> <p>3.4.1.4 Annually award best performers</p>	<p>Dec 2012 – Jun 2013</p> <p>June 2013</p> <p>June 2013</p> <p>June 2013</p>	<p>NACC/GTC UNAIDS NGEC</p>

3.10 Pillar 4: Governance and Strategic Information

Expected Outcome I: Stakeholders in the national response to HIV and AIDS aligned and accountable for gender responsive results		Outcome Indicator: Percentage of gender results reflected in KNASP III achieved	
Output 4.1 High level leadership and commitment on gender and HIV engaged		Output Indicators: • Frequency and number of high level advocacy forums	
Main Activity	Specific Activities and targets	Time frame	Lead Agency and Key Actors
4.1.1 Lobby for high level leadership and commitment on gender and HIV	<p>4.1.1.1 Coordinate a satellite discussion on promoting gender equality for women and girls in the response to HIV and AIDS during HLM with a focus on good practices and promoting gender issues in the national declaration</p> <p>4.1.1.2 Lobby and advocate for the meaningful inclusion and involvement of WLHIV and key affected groups in government delegations to high level meetings.</p> <p>4.1.1.3 Support funding mobilization processes to integrate gender dimensions in TOWA proposal development and other HIV funding mechanisms</p>	<p>June 2013</p> <p>Continuous</p> <p>Continuous</p>	<p>NACC/GTC, UN-JP, MOGSD NEPHAK KNCHR NGEC, DPS</p>
Output 4.2 Political Commitment translated and Scaled-Up into Action and protection of the rights of Women and Girls in HIV		Output Indicators: • Number of recommendations on gender and HIV made to influence national reforms agenda	
Main Activity	Specific Activities and targets	Time frame	Lead Agency and Key Actors
4.2.1 Influence reforms and other on – going national processes to respond to the needs of women girls and promotion of Gender Equality in HIV	<p>4.2.1.1 Assess, analyze and make recommendation to promote gender equality in the context of HIV in the on-going reforms, including implementation of the Constitution of Kenya and Sustainable Financing</p> <p>4.2.1.2 Facilitate quarterly meetings for Gender Taskforce of to support the of HIV in the on-going reforms, including implementation of the Constitution of Kenya and Sustainable Financing</p> <p>4.2.1.3 Influence KAIS and KDHS to capture specificities on SGBV and GBV</p>	<p>Continuous</p> <p>Continuous</p> <p>KAIS (Jul11-Jun 2012) KDHS (Jan – Dec 2013)</p>	<p>NACC/GTC MOGSD NEPHAK UN-JP KNCHR NGEC CSOs ,DPS</p>

Output 4.3 Partnership and Networking strengthened		Output Indicators: <ul style="list-style-type: none"> Number of national and regional forums with representation from various sector conducted for networking on gender and HIV (disaggregated by type of organization, type of response and level) % stakeholders making reference to Gender mainstreaming Action Plan to inform policy and budgeting and programmes disaggregated by type) 		Lead Agency and Key Actors NACC/GTC MOGSD NEPHAK UN-JP Min of Finance , DPS
Main Activity	Specific Activities and targets	Time frame	Lead Agency and Key Actors	
4.3.1 Develop and strengthen partnerships and information sharing	4.3.1.1 Collate, coordinate and disseminate information on Gender based violence particularly sexual violence and HIV 4.3.1.2 Develop communication and publicity strategy targeting general public on issues of discordance in order to strengthen couple HT, disclosure and facilitate access to health services by HIV discordant couples 4.3.1.3 Develop and distribute policy briefs aligned to the Pillars and sectors 4.3.1.4 Operationalize and maintain a Gender e-forum within the NACC Website	Continuous June 2013 Continuous Continuous	NACC/GTC MOGSD NEPHAK UN-JP KNCHR NGEC CSOs ,DPS	
Output 4.4 Coordination, management and accountability of gender and HIV at national and devolved Levels strengthened		Output Indicators: <ul style="list-style-type: none"> A coordination framework for gender and HIV from decentralized to national level in place and operational 		
Main Activity	Specific Activities and targets	Time frame	Lead Agency and Key Actors	
4.4.1 Strengthen national accountability to gender responses in HIV	4.4.1.1 Identify and advocate for stronger representation of women and human rights organizations, gender experts and gender-responsive organizations in KNASP decision-making structures (CCM, ICC-HIV and its Advisory Board, National and regional Pillar Coordination forums, JAPR, PCO...) 4.4.1.2 Conduct assessment of gender mainstreaming in HIV in decentralized levels to inform programming 4.4.1.3 Disseminate findings and recommendations of assessment to Pillars, JAPR, national HIV conferences	Continuous Jan – Dec 2012 Dec 2012-Jun2013	NACC/GTC MOGSD NEPHAK UN-JP KNCHR NGEC CSOs ,DPS	

<p>4.4.2 Strengthen national coordination of gender responses in HIV</p>	<p>4.4.2.1 Conduct quarterly national GTC meetings to share information, formulate guidelines and create a strategic framework, prioritize strategies and programmes, backstop on-going processes and respond to outstanding and emerging issues regarding the highly vulnerable populations to HIV.</p> <p>4.4.2.2 Conduct monthly and quarterly Gender Taskforce meetings</p> <p>4.4.2.3 National annual review meetings targeting 40 pax for 2 days to inform national Pillar coordination forums, JAPR and national review meetings.</p> <p>4.4.2.4 Plan, coordinate and hold a Biennial HIV Prevention Symposium for Women and the HVPs</p> <p>4.4.2.5 Conduct annual regional planning and review meetings to inform regional pillar coordination forums and subsequently national review meetings and share programme priorities emanating from JAPR process</p> <p>4.4.2.6 Semi annual regional planning to share programme priorities emanating from JAPR process with implementing organizations</p>	<p>Continuous</p> <p>Continuous March – June 2012</p> <p>2012/13</p> <p>March – June 2012</p> <p>Sept 2012</p>	<p>NACC/GTC MOGSD NEPHAK UN-JP NGEC CSOs</p>
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Chapter 4: Coordination, Information Flow, M&E

4.1 Coordination and Information Flow

The National M & E framework states that review processes will provide an opportunity to address crosscutting issues of gender, human rights and the MARPs.

4.1.1 The Role of the Gender Technical sub Committee (GTC)

The GTC will meet regularly to share information, formulate guidelines and create a strategic framework, prioritize strategies and programmes, backstop on-going processes and respond to outstanding and emerging issues regarding the highly vulnerable populations to HIV in order to promote gender equality in national responses. Specifically, the GTC will:

- Facilitate the inclusion and engagement of women and human rights organizations, gender expertise and organizations addressing gendered dimensions including those run by men within every national process, approach and structure. Every effort will be made to ensure that processes are engaged right from the conceptual framework to the delivery point of planned actions to ensure gender is mainstreaming in HIV at all levels. Such processes include research, policy reviews and formulation, programme planning and prioritization, monitoring and evaluation.
- Hold consultative meetings to inform the policy and cross cutting committee which has the responsibility of monitoring gender and human rights mainstreaming and services for MARPs and vulnerable groups. The committee will work with concerned technical working groups to provide oversight across all the pillars and ensure that crosscutting issues are addressed within the Strategic Plan in the context of policy review and or formulation.
- Provide guidelines on membership and criteria that will facilitate the sub national stakeholders to constitute and replicate similar committees during regional pillar meetings, and all review meetings at both national and decentralized levels towards focused discussion on crosscutting issues.
- Convene on quarterly basis under the guidance of the Head of Stakeholder Coordination at NACC. The NACC's gender Unit will constitute its secretariat to share information and inform other national processes during national HIV reviews and conferences and pillar coordination forums, UNGASS, CEDAW, CSW, and other national and regional forums with stakeholders and networks on HIV related gender dimensions.
- Plan, coordinate and hold and/or identify and fill capacity gaps in national structures and processes including meetings that review progress of KNASP III implementation.
- Constitute a 'Gender Think Tank' (Task Force for Gender and HIV) from time to time to drive specific agenda on behalf of the GTC. Every Taskforce will define its terms of reference according to the task and deliverables. On average the Taskforce will meet once a week and provide feedback to the GTC on quarterly basis. However, the frequency of meetings and the interface with the GTC will be prescribed by the task at hand.
- Prioritize, monitor and report on the implementation of planned actions of the National Plans of Operations that promote gender responsiveness and gender equality in HIV. The later will be monitored against the respective KNASP III and NPO indicators which are

outlined in the national M & E framework as impact, outcome and output indicators.

- Work with various technical working groups for routine and non-routine data sources to ensure that appropriate tools and mechanisms are adopted to facilitate monitoring as well as periodic evaluations for tracking relevant core indicators on gender and rights-based approaches. In order to achieve the KNASP goals, a combination of behavioral, socio-cultural and biomedical research is necessary to address the gender-specific HIV prevention, care and treatment needs.
- Facilitate the analysis and interpretation of available data from national studies and scientific forums as well as on going processes to provide strategic guidance on gender and HIV.

4.2 Monitoring and Evaluation

All monitoring efforts on gender and HIV will align itself to the national M & E framework. However, to enhance review of progress on gender and HIV the following events will be held:

- National annual review meetings for gender and HIV
- Biennial HIV Prevention Symposium for Women and the HVPs
- Annual regional planning and review meetings
- Plan, coordinate and hold Biennial Leadership meetings for WLHIV
- Annual regional meetings to share programme priorities on gender and HIV emanating from JAPR process with implementing organizations

4.2.1 Monitoring activities at Community Level

At sub national levels, community based organizations will be supported to develop indicators to monitor progress of their specific activities. These will generally include the following indicators:

- Proportion of CBOs that have developed gender sensitive indicators
- Percentage of CBOs that have conducted needs assessments
- Number of policy or advocacy forums held on gender dimensions of HIV.
- Proportion of key organizations that have conducted gender audits for their organizations or programmes or processes
- Number of senior decision-makers sensitized (disaggregated by sector, department, level)
- Type of guidelines developed/disseminated
- Number of guidelines reviewed
- Number of persons tested and received HIV status results (disaggregated by sex and age, sexual orientation, location and type of HIV risk or vulnerability)
- Number of persons trained/accessing services (disaggregated by sex and age, sexual orientation, location and type of HIV risk or vulnerability)
- Proportion of CBOs providing a specified service
- Number of facilities established (disaggregated by geographic location)
- Proportion of people supported
- Uptake of condoms – increased demand and utilization (Female and Male)
- Number of sexual partners
- Number of persons engaging in risky sexual practices
- Numbers testing for HIV and receiving results

- PMTCT uptake and male involvement
- Number who have undergone VMMC
- Number of persons treated for STIs
- Number of persons trained on treatment literacy and ART adherence
- Nutrition, and healthy seeking behavior for people infected with HIV and AIDS
- Prevalence of SGBV
- IEC materials printed etc
-

4.3 Research

Research is vital for national HIV planning and programme implementation. A sound research system contributes vital information that can enhance future response. The KNASP III indicates that research is an integral part of the national response and as such the Kenya HIV and AIDS Research Coordination Committee (KARSCOM) was set up to guide the planning, prioritization, resource mobilization and dissemination of HIV and AIDS research that is relevant to the needs of the national response. The GTC will be a critical player in ensuring that research prioritization at the national level takes gender into consideration. This action plan has targeted to improve availability of strategic information for HIV prevention, care and support by undertaking more studies in the following areas:

4.3.1 Policy analysis and research:

- Provide gender analysis of the Constitution of Kenya to inform programming and resource prioritization in HIV and AIDS
- Provide technical support and work with other partners to generate information that informs the National M & E framework on issues of HIV and AIDS (e.g GBV-MIS domiciled in NCGD to generate data on SGBV).
- Analyze and interpret available data from national surveys, scientific forums etc on vulnerabilities in HIV to inform programming
- Conduct gender analysis during HIV mid-term and end term reviews to determine level of gender integration

4.3.2 Biomedical Research

- Support advocacy on research and clinical trials on microbicides, pre-exposure prophylaxis (PrEP), HIV and AIDS vaccines and other female-initiated prevention methods.
- Support research to enhance treatment

4.3.3 Socio-cultural, Behavioural and Operational Research

- Formative, community-based, social, behavioral and operational research to identify and improve structural factors such as poverty, housing instability, violence, and mental health status, which increase vulnerability for women living with and affected by HIV.
- Commission research to understand, design and implement successful models for disclosure among sexual partners, couples, and families.
- Explore models to strengthen the integration of HIV and SRH services for women especially those living with HIV.

- Social-behavioral research to inform prevention programs for PLHIV especially women.
- Research to understand what perpetuates religious and cultural practices that predispose people to HIV despite the communities' knowledge of the risks that these practices pose.
- Conduct studies in various urban and communities to determine forces that drive sex work, MSMs, IDUs, and factors that heighten their vulnerability and develop actions and interventions for them and their partners including prevention of entry into the risky practice, reduction of HIV transmission among the MARPs, and assistance in exiting from risky practice.
- Conduct research to understand sexual behaviour in specific communities, e.g. fishing communities, that heightens their vulnerability to HIV.
- Behavioral research around multiple concurrent partnerships factors explaining the high prevalence among female widows/separated/ divorced
- Increase investment in research and development of appropriate time and energy-saving technologies that ease the productive work for women and girls among infected and affected households including household and agricultural/food security technologies (early maturing varieties and cultivars that require minimal husbandry)

4.3 Resource Needs for the Action Plan

Table No 3 below shows the financial resource needs required to implement the Gender Action Plan for mainstreaming gender in HIV for the two years between July 2011 and June 2013.

Table No. 3: Costing of the National Action Plan for Gender Mainstreaming in HIV

	Total Cost Yr 1 (KES)	Total Cost Yr 2 (KES)
Pillar 1 - Health Sector HIV Service Delivery	37,841,153.33	32,070,801.33
Pillar 2 - Sectoral Mainstreaming of HIV	4,745,460.00	2,921,529.00
Pillar 3 - Community-based HIV Programmes	48,731,263.33	44,205,152.83
Pillar 4 - Governance and Strategic Information	29,257,640.00	21,348,186.00
Total resource needs in KES	120,575,516.67	100,545,669.17
	Total Cost Yr 2 (USD)	Total Cost Yr 2 (USD)
Pillar 1 - Health Sector HIV Service Delivery	420,457.26	356,342.24
Pillar 2 - Sectoral Mainstreaming of HIV	52,727.33	32,461.43
Pillar 3 - Community-based HIV Programmes	541,458.48	491,168.36
Pillar 4 - Governance and Strategic Information	325,084.89	237,202.07
Total resource needs in US\$	1,339,727.96	1,117,174.10
TOTAL RESOURCE NEEDS FOR 2 YEARS	KES 221,121,185.84 (US\$ 2,456,902.06)	
	Exchange rate: US\$ 1 = KES 90.00	

4.4 The Next Steps and Way Forward

Immediately after the national launch and dissemination of the National Action Plan for Mainstreaming Gender in HIV, the GTC will organize for regional dissemination forums. Moreover the GTC will support NACC to:

- Make the document accessible on-line by posting it on the NACC website;
- Develop and distribute four policy briefs aligned to Pillars;
- Develop and disseminate summarized actions of the Plan tailored for each of the targeted sectors
- Use the Action plan as a support document for monitoring implementation of the gender dimensions KNASP III during mid-term and end-term reviews.
- Use the Action plan as a basis to mobilize resources for implementation. Some of the proposed strategies are outlined below:

4.4.1 Resource Mobilization Strategies

A strategy to mobilize the required resources in order to implement the action plan effectively is necessary. This plan will encompass the following:

- Policy briefs to senior decision makers and policy-makers in government
- Develop briefs/guidelines of Actions from the Gender Mainstreaming Plan for donor communities and share through relevant forums (Gender Sector Coordination group meetings, bilaterally, Donor Round Table, Prime Ministers Round table,
- Link action plans drawn from community level assessments on vulnerabilities to the call for proposals for TOWA and GF
- Identify and call for a HLM for all identified development partners on gender and HIV to make specific commitments to the Action Plan
- Make summaries and circulate/negotiations with identified DPs partners to make commitments to specified actions in the AP where they have comparative advantage
- Develop criteria to measure and ensure that all funding applications to multilateral and bilateral donors for HIV and AIDS include explicit components on gender equality and equity.
- Develop guidelines for gender equality analysis to inform conceptual framework on national AIDS spending assessments
- Develop briefs and share with DPs and the donor community on prioritized areas of focus on Gender/HIV
- Sensitize all partners responding to gender issues in HIV and AIDS to sign Code of Conduct

Annexes

Annex 1: List of individual and organizations who supported NACC during the development of the National Action Plan for Mainstreaming Gender in HIV

1	Florence Gachanja	UNFPA
2	Angeline Siparo	TSF-East Africa
3	Alice Mwangangi	DRH
4	Josphat Ileri	MOGCSD
5	Esther Gathiri Kimotho	UNAIDS
6	Seppanen Sari	UNAIDS
7	Dr. Nduku Kilonzo	Liverpool VCT
8	Rukia Yassin	GTZ Kenya
9	Dr. Margret Meme	DRH
10	Pauline Irungu	GCM
11	Ursula Sore Bahati	UNWOMEN
12	Ruth Masha	UNAIDS
13	Esther Wanjiku Gitau	Nairobi Outreach Services Trust
14	Alice Kinyua	Ministry of Agriculture
15	Bernard Ndung'u	CCGD
16	Emma Nungari	NCGD
17	Esther Gatua	HPI
18	Joan	TSC
19	Eunice Murambi	MYWO
20	Machera Mumbi	UoN
21	Maureen Gitonga	KEWOPA
22	Sheila Mutuma	Kenyatta University
23	Wafula Wanjala	Co-Exist Kenya
24	Lucy Ghati	NEPHAK
25	MBUGUA, Grace	WEL
26	OLAGO, Sharon	2010/11 Women HIV Prevention Champion
27	KANG'ETHE, Pascaline	Action AID International
28	OORO, Beryl	K24 TV
29	Ludfine Anyango	UNDP
30	Mboje Mjomba	VSO
31	Susan Kagimbi	Liverpool VCT
32	Melba Katindi	KELIN
33	Anne Mumbi	KANCO
34	David Nyaberi	MOPHS-DRH
35	Rehab Mwaniki	NEPHAK
36	Dr. Joyce Lavussa	WHO
37	Nais Mason	WOFAK
38	Catherine Mumma	KELIN
39	Anne Gathumbi	OSIEA
40	David Nderitu	KANCO
41	Milly Mama	
42	Salome Maina	Min of Education
43	Prof. Shanyisa Khasiani	Family Support Initiative
44	Jane Kabui	FKE

45	Kiara Consolata	COVUC
46	Prof. Elizabeth Ngugi	CSRT
47	Dan Wendo	HPI
48	Beatrice Elachi	CCGD
49	Dorothy Odhiambo	
50	Betty Mugo	CIDA
51	Rosemary Uside	KNBS
52	Mwende Kiema	Teacher's Service Commission
53	Alice Kimuyu	
54	Nais Mason	Consultant
55	Winnie Guchu	Consultant
56	Jedidah Mueni	UNGASS Kenya
57	Salome Maina	Ministry of Education
58	Dr. Machera Mumbi	University of Nairobi
59	OTWOMA, Nelson	NEPHAK
60	MUMBI, Machera	UoN
61	MUSYOKA, Kavata	KEWOPA
62	NJIRU, Roseanne	WEL
63	MWAURA, Kate	
64	WAIRIMU, Natalia	
65	KANJA, Wangu	Wangu Kanja Foundation
66	LICHUMA, Winfred	KNCHR
67	MMBWAVI, Inviolata	GET
68	KATEMBU, Queen	URAIA
69	NYAGA, Fred	ENGENDER HEALTH
70	George Murimi	NACADA
71	Maureen Murenga	Lean on Me
72	Sabina Magina	Lean on Me
73	Joyce Nyaruai	AMWIK
74	Leticia Miana	COVAW
75	Carmen Humboldt	DED
76	Dorothy Anjuri	Kenya Red Cross Society
77	Virginia Nduta	Women Empowerment Link
78	Lois Atambitsa Munala	KNCHR
79	Gideon Ayodo	ABANTU For Development
80	Rachael Kamau	BHEP
81	Agnes Leina	COVAW-K
82	Benard Ndung'u	Women Political Alliance – Kenya
83	Violet Kimani	UoN-Sch of Public Health, KNH
84	Jessica Njui	Gender Commission
85	Roselyne Victoria Akinyi	Youth Advocating for positive BC
86	Morline Wandiga	Youth Advocating for positive BC
87	Grace Mitoko	ICRW - Nairobi
88	Lister Chapeta	UNFPA

Disclaimer: *The National Action Plan for Gender Mainstreaming does not replace the Kenya National AIDS Strategic Plan 2009/10 – 2012/13 on the implementation of gender and HIV dimensions. It is an additional tool for practical use in drawing up gender actions that complement the strategic plan to accelerate response and universal access.*