A CRITICAL ANALYSIS OF THE NATIONAL HIV/AIDS POLICY ON DISABLED WOMEN IN KENYA

BY: ROSEMARY W. NGARI

REGISTRATION NQ.N69/72379/08

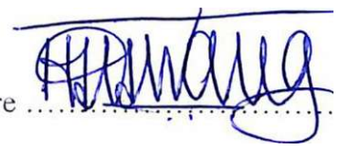
A RESEARCH PROJECT SUBMMITTE1) IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES

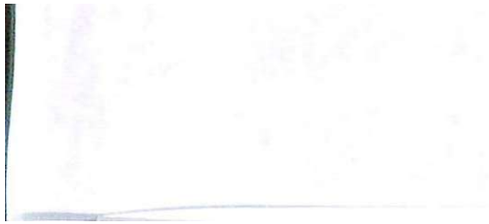
DECLARATION

This research project is my original work and has not been presented for award of degree or diploma at any university.

Signature .^^fi^^VVrCsTf^.^. . . . . .Date.

The project has been submitted for examination with my approval as university supervisor

Signature  **Dai**



ACKNOWLEDMENT

If you want to go very fast go alone and if you want to go very far go with the people. In the journey of my life 1 have been blessed not to walk alone. Many thanks to my supervisor , I lumphrey J. Ojwang, and all other lecturers in the department to mention but a lew Professor S. Wandibba and Dr.W. Subbo for their academic support. 1 acknowledge all of you and may Almighty God shower His mercy upon you all.

DEDICATION

To my family for their constant support during my pursuit of higher education especially to my daughters Caroline Wavvira and Joyce Muthoni. A big thanks for being there for me. May God bless you abundantly.

TABLE OF CONTENTS

TABLEOFCONTENT i

ABSTRACT iv

ABBREVIATIONS AND ACRONYMS v

CHAPTER ONE

INTRODUCTION 1

1.0 BACKGROUND INFORMATION 1

1.2 STATEMENT OF THE PROBLEM 2

1.3 RESEARCH QUES TIONS 4

1.4 OBJECTIVES OF THE STUDY 4

1.4.1 GENERAL OBJEC TIVE 4

1.4.2 SPECIFIC OBJECTIVES 4

1.5 JUS TIFICATION 5

1.6 DEFINI TION OF'TERMS 7

1.7 SCOPE AND LIMITA TION 7

CHAPTER TWO

2.0 LI TERA TURE REVIEW 9

2.1 INTRODUCTION 9

2.2 THEORETICAL FRAMEWORK 12

2.2.0 GENDER ANALYTICAL FRAMEWORK 12

2.2.1 AIMS OF THE GENDER PLANNING FRAMEWORK 13

2.2.2 FEA TURES OF THE GENDER PLANNING FRAMEWORK 13

2.2.3 GENDER ROLES EDIFICATION 'TRIPLE ROLE 13

2.2/1 DESEGREGATING CONTROL OF RESOURCES AND DECISION-MAKING A HOUSEHOl D 16

2.2.5 BALANCING OF ROLES 16

2.2.6 WOMEN IN DEVELOPMENT (W1D) GENDER AND DEVELOPMENT (GAD) POLICY MATRIX 16

2.2.7 INVOLVING WOMEN GENDER AWARENESS ORGANIZATIONS AND PLANNERS ..... IS

2.2.8 STRENGTHS OF THE GENDER PLANNING FRAMEWORK 18

2.2.9 HARVARD ANA1 YT1CAL FRAMEWORK OR GENDER ROLES FRAMEWORK 19

2.3 LEGAL FRAMEWORK ON DISABILITIES 21

2.4 NATIONAL POLICY FRAMEWORK 21

CHAP TER 'THREE 25

3.0 METHODOLOGY 25

3.1 INTRODUCTION 25

3.2 RESEARCH SITE ..

3.3 SECONDARY SOURCES 25

3.5 KEY INFORMANT'S INTERVIEWS 25

3.6 DATA PROCESSING 26

3.7 HT11ICA1. C()NSI IDERATIONS....26

CHAPTER FOUR

4.0 HIV/AIDS POLICY AND DISABLED WOMEN....27

4.1 UNDERSTANDING OF GENDER....27

4.2 GENDER INTEGRATION....28

4.3 UNDERSTANDING PERSON WITH DISABILITY....29

4.4 THE CONCEPT OF GENDER MAINSTREAMING IN HIV/AIDS RESPONSE....29

4.4.1 GENDER MAINSTREAM1NG: DEFINITIONS AND CONCEP TS....31

4.4.2 RA TIONALE FOR MA1NSTREAMING....34

4.4.3 INSTITUTIONAL MECHANISMS REQUIRED FOR MAINSTREAM1NG....35

4.4.4 PROCESS OF GENDER MA1NSTREAMING....35

4.4.5 APPROACHES TO GENDER MA1NSTREAMING AND IN TEGRA TION....36

4.5 EXISTING POLICIES FOR GENDER MAINS TREAMING AND INTEGRATION....39

4.6 EXISTING INSTITUTIONAL FRAMEWORKS FOR GENDER MATNSTREAMING AND INTEGRATION....40

4.7 MA1NSTREAMING GENDER IN KENYA'S HIV/AIDS STRA TEGIC PLAN....40

4.8 RESPONSIBILITY FOR GENDER INTEGRATION IN HIV/AIDS AND IF THERE IS ANY STRUCTURE THAT FOCUSES ON DISABLED WOMEN IN PARTICULAR....43

4.9 THE LEVEL ORGANIZATIONAL HAVE EXPERTS /ADVISORS ON GENDER, DISABILITY AND HIV/AIDS....44

4.10 THE LEVEL. OF PARTICIPATION OF, DISABLED WOMEN WITHIN THE ORGANIZATION STRUCTURE....45

4.11 FORMAL REQUIREMENTS FOR PARTICIPATION OR REPRESENTATION AT EACH LEVEL....46

4.12 ANY HIV/AIDS GENDER AND DISABILITY INTEGRATION TRAINING PROGRAMMES WITHIN THE MINISTRY, ORGANIZATION OR INSTI TUTION....47

4.13 FOR WHOM AND HOW OF TEN IS THE 111V/AIDS TRAINING CONDUCTED....50

4.14 S TRA TEGIES THE GOVERNMENT SHOULD TAKE TO PREVENT THE RATE OF IIIV/AIDS INFECTION ON DISABLED WOMEN....51

4.15 ACCESS TO INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND TO 1IIV&AIDS INFORMATION....52

4.16 INTEGRA TE I IIV&AIDS IN DISABILITY WORK....53

4.17 MEASURES THAT WOULD FURTHER IMPROVE GENDER INTEGRATION IN HIV/AIDS RESPONSES....53

CHAP TER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATION....55

5.1 SUMMARY

5.2 CONCLUSION

5.2.1 POLICY CONSTRAINTS: LIMI TED EVIDENCE BASE..

5.2.2 POLICY CONUNDRUM: THE ROLE FOR DONORS /A RESOURCES OR SUSTA1NABL F RESPONSES?....61

5.3 DISABILITY RIGHTS IN KENYA..

5.3.1 STATISTICS....61

5.3.2 LEGISLATION

/

5.3.3 POVERTY REDUCTION STRATEGY.....63
5.3>1 HUMAN RICH ITS AND DEMOCRACY.....64
5.3.5 EDUCA TION AND HEALTH.....65
5.3.5 ENVIRONMENT AND NATURAL RESOURCES.....66
5.3.6 CIVIL SOCIETY.....67
5.3.7 GEN ERA 1.....68
5.3.8 DEMOCRA TIC GOVERNANCE/HUMAN RIGHTS.....68
5.3.9 EDUCATION AND HEAL TH.....69
5.3.10 CIVIL SOCIETY.....69
5.3.1 I IMPLEMENTATION STATUS OF POLICIES AND LEGISLATIONS ON GENDER EQUALITY 70
5.3 RECOMMENDATION..
5.3.1 PROCESS CONS TRAINTS: WHO HAS RESPONSIBILITY FOR MAINSTREAM1NG?.....71
5.3.2 BUILDING MA IN STREAMING CAPACITY: THE NEED FOR A SUSTAINED AND RESPONSIVE PEDAGOGY. .
BIBLIOGRAPHY
APPENDICES

ABSTRACT

The Government of Kenya has the mandate of mainstreaming gender into the development process. To enable the Ministries to carry out this mandate policies have been formulated and structures established to carry out the exercise. In spite of the existence of the policy instruments and institutional frameworks, programs on gender mainstreaming have not been effective. One of the reasons has been inadequate co-ordination of various initiatives on gender mainstreaming. The other reason is absence of a standard training manual which can be used by all stakeholders who are involved in gender mainstreaming. However remarkable efforts have been made by the Ministry of Agriculture (MOA) and the Ministry of Education (MOE). Some of the best practices identified with them include a gender policy, 1EC materials development, gender officers in place, awareness creation and a gender- based analysis of examinations at Kenya Certificate of Primary Education (KCPE) and Kenya Certificate of Secondary Education (KCSE) level by MOE.

ABBREVIA TIONS AND ACRONYMS

AIDS -Acquired Immune deficiency Syndrome

GAD-Gender And Development

GBV-Gender Based Violence

GoK -Government of Kenya

IIIV-I luman linmuno-deficiency Syndrome

ICAIS-ICenya AIDS Indicator Survey

KNAS-Kenya National Aids Strategic Pan

NACC-National AIDS Control Council

NASCOP-National Aids and STI Control Programme

ODM-Orange Democratic Movement

PNU-Parly of National Unity

PWD-Persons With Disabilities

WID-Women In Development

WWD-Women With Disabilities

CHAPTER ONE

INTRODUCTION

1.0 Background information

According Bigger (1982)disability is a condition or factor that hinder people's functioning and their development, the hindrance can be temporary or life long. Women with disabilities face many challenges in life. The disability places first a burden on her gender role both as a woman, mother and wife on top of disability. The woman has to look after the children and manage home and lake care of the home as a whole. The gender practice in traditional African setting was for a long time biased against women and girls no wonder it is easy for a disabled man to get a wife than for a disabled woman to get a husband. This is because of the role entitled to a woman in production, reproduction and also community roles.

Gender relations in Kenya has been modeled by a combination of factors that draw from the influence of various traditions, customs and cultural practice level of education and awareness, economic development and emerging patterns of social organizations besides registration. The social cultural attitudes held by both men and women, the socialization process, and women's perception of their own status, role and right are of particular significance in determining the status of women since young children are socialized by women at a very early age they can change their attitude or perpetrate negative perception *(Strategic Plan,* 2000-2005)

Gender may be regarded as a socially influenced characteristic of male and female behaviour. In traditional African culture, gender played an important role to culture stereotypes. The role of women was centered at the family level, with the introduction of

Education the feeling was girls could always gel married while boys were required to be educated in preparation of their role as family providers reason being that boys were believed to have the ability of offering economic advantage to the family which girls did not have (Russo, 2003).

Disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on equal basis with others, Policy should be made with provision for women with disabilities to access HIV/AIDS services in a manner that meets their specific needs.

Acquired Immuno Deficiency Syndrome (AIDS) has become a major development crisis. It kills millions of adults at their prime. It fractures and impoverishes families weakens workforce, turns millions of children into orphan, threatens the social and economic fabric of communities and the political stability of nations. Focus should be on creating awareness of women with disability in the HIV/AIDS response among policy makers, service organization, NGO's, donors and other development stake holder in the grassroots organizations.

1.2 Statement of the problem

Gender reviews of responses to I1IV/AIDS have previously focused on programmatic results intervention levels and activities developed and undertaken. However, gender disparities in programming outcomes have remained pertinent. According to Kenya AIDS indicator survey(2007) about 14 Million adults in Kenya are living with IIIV/AIDS with 8.7% prevalence among women and **5.6%** for men.

Disabled persons are exposed to high risk of 111V/A1DS infections the initiation of lll V/AIDSdue to there poor judgment inappropriate social skills and lack of insight leading to promiscuous behaviours and lifestyle. Their lack of access to education regarding appropriate sexual behaviours brings to picture the issue of vulnerability. Studies indicates that HIV/AIDS prevalence among the disabled was 7% similar to that of the national prevalence. Significant progress has been made in Kenya to address disparities and inequality through specific strategies and programmes. However disability risk factors require being addressed further (KAIS, 2005).

Disability Kenya Report (November 1 1 2009) indicates that local policy and cultures have not empowered disabled leaders to lead in the awareness or behaviour change among the disabled population. Community members have not been empowered to expose cases of violation to disabled persons which expose them to MIV/A1DS infection. Besides, there is poor reporting channels of disabled persons in need of HIV/AIDS intervention and lack of a coordinating body in provision of HIV/AIDS services to people with disabilities .

There is triple stigma experienced by women living with 1I1V/A1DS and disability. By virtue of being women they belong to a marginalized group. They face unique challenges in preventing HIV/AIDS infection because of their heightened risk of gender based violence, illiteracy level and low awareness of mother to child HIV/AIDS transmission. Disability create a feeling of insecurity which develops them into risky behavior such as having several sexual partners out of fear of being rejected.

IIIV/AIDS positive lest adds loan already existing heavy burden of stigma in a situation where a disabled woman is IlIV/AIDS positive and nursing an HIV/AIDS infecting child.

Disability discourse should be shifted from charity based approach and should be granted access to services which should be adhered to as a matter of routine rather than exception through policy framework.

1.3 Research Questions

The study will seek to answer the following research questions.

1. Do the public policy documents on IIIV/AIDS from various government ministries and agencies address the issues of gender and disabilities?
2. Are there gaps existing in the public policy documents I lIV/AIDS with regard to disability and women in Kenya?
3. Are there challenges on mainstreaming disability and gender issues on I-IIV/AIDS policy documents with specific reference to women in Kenya ?

1.4 Ob jectives of the study

1.4.1 General objective

The overall objective of the study is to critically examine whether or not the national IIIV/A IDS policy documents address the condition and circumstances of disabled women in Kenya.

1.4.2 Specific objectives

1. Examine whether or not the pubic policy documents from various government ministries and agencies address the issues of gender and disability with specific reference lo women in Kenya.

2. Determine whether (or not) there are any gaps in the public policy documents with regard to disability and women in Kenya

3. Make recommendations on mainstreaming disability and gender issues on HIV/AIDS with specific reference to women in Kenya.

1.5 -Justification

Gender dimensions ofIIIVand AIDS should be recognized women are most likely to become infected and are more often adversely affected by the HIV/AIDS pandemic than men due to biological, socio-cultural and economic reasons. The review of the KNASP (2001) by the revealed that minimal attempts had been made to develop policies and strategies within identified priority areas to address the gender dimensions of HIV/AIDS not withstanding disabled women in particular .This category includes women with physical ,sensory or mental limitations who may be deemed disabled not solely because of a diagnosable condition but also because they may not have equitable access to information ,education and other public services.

Disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others united nations (2006)provision should be made for women with disabilities to access HIV/AIDS services in a manner that meets their specific needs. This means incorporating such as local sign language ,preparation of a tool box with practical guidance on HIV/AIDS approaches that are efficient in terms of information on materials and guidelines e.g. lirailled and audio materials for blind and Ihe deaf respectively.

There is need to ensure that HIV/AIDS policies and programmes focus on the special needs of women with disabilities having in mind that women with disabilities have the right to receive the same quality of 111V prevention , VCT care and AIDS treatment as other people.

This should be fulfilled by means of integrated prevention as well as adequate policy making. They should be fully involved inactive participation as stake holders, debaters, designers and planners of measures against the virus.

Focus should be on creating awareness of women with disability in the HIV/AIDS response among policy makers, Service organization, NGO's donors and other development stake holder in the grassroots organizations. The result of this study can be used to develop and make recommendations on gender mainstreaming in disability into HIV/AIDS responses, as well as exposing the gaps that exist within the national 1IIV/AIDS policy documents which requires to adequately address the condition and circumstances ofdisabled women in Kenya.

I he study will also seek to promote social justice by reducing stigma **on** the already triple stigmatized disabled women within the society. In mainstreaming gender and HIV /AIDS all biases will be removed and policy makers will plan with the concerns of disabled women in mind and how the intended activities will affect them differently which will consequently address both their practical needs and strategic interests.

1.6 Definition of terms

Disability manifest itself in the following ways

Disability- Means a physical sensory, mental or other impairments, including any visual hearing, learning or physical incapability ,which impacts a diversely on social economic or environmental participation.

Ilandicap-A disadvantage or restriction and activity which have come about as a result of societies attitudes towards a disability.

Impairment- Damage to a part of the body either through accident, diseases, genes and genetic factors or other causes.

Visually impaired-People with problems in the structure and or function of their eyes which range from partial loss of insight to total blindness

Physically disabled- Individuals with conditions that interfere with proper use for their muscles bones and joints.

Mentally Cliallenged-People with significantly general sub-average intellectual function, existing concurrently with deficits in adaptive behavior and manifested during the developmental period of 0-18 years .

Communication disorder-Difficult in both speech and language.

Multiply handicapped-Describe a combination of two or more handicaps in a person

Cerebral palsy-Disorder of the brain that occurs as a result of brain damage.

1.7 Scope and Limitation

This research on the national HIV/AIDS policy on disabled women in Kenya proceeds from the observation that although the area has recently gained attention there is still scarcity of literature in the field of disabled women and HIV/AIDS. The study will critically examine the issues defined in the statement of problem with the aim of achieving the outlined specified objective. Although the issue under

investigation may apply to any other disability youth and children who are suffering double stigma of being disabled and HIV/AIDS infected, the researcher is limited in terms of adequate time and availability of required documents some methodological limitation to this study may stem from unwillingness of some key persons in various ministries to get interviewed. Some of the key people will be heavily involved in other official undertakings and may therefore not be willing to spare time for research purpose.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

In 1999 President Daniel Arap Moi described the HIV/AIDS situation in Kenya as a National disaster and created the national Aids control council. One of its first task was to formulate the key National HIV / AIDS strategic plan ,which was published in December 2000.At that time the adult 111V prevalence rate was 13.1% and optimistic thinking was that the situation might stabilize at 14% or even decline with effective implementation of the strategic plan. Yet by the end of 2001 an estimated 13.5% of Kenyan adults were HIV positive and the latest UNAIDS Epidemiological fact sheet report figure of 15%. During the process of formulating the national HIV/AIDS strategic plan .some of the gender dimensions of the epidemic had been recognized .It was noted that a striking feature of the epidemic was its impact on women as compared to men.

In 2001 as the gender aspects of the epidemic became clear the national Aids control council established a technical sub-committee on gender and IlIV/AIDS Task force .It was agreed that the best approach would be to engender the existing Kenya National 111V/A1DS strategic plan because it is the key document that guides and co-ordinates all responses to IlIV/AIDS in Kenya Global HIV/AIDS epidemic report (2002).

At the beginning of the pandemic women and girls were at the periphery today they are at the centre. Globally the incidence of IlIV/AIDS among women has risen at a shocking rate. In 1997, 14% of 11IV infected adults were women, but this figure rose to 48 .8% in 2001. An estimated 15 million women carried the virus compared to 10.9 million men. in Sub-Saharan Africa at end of 2001 .the latest data for Kenya estimate 1.4 million

women in the age bracket from 15-49 years compared to 9 Million men in the same category, UN special session on HIV/AIDS fact sheet (2001).

ESTIMATES OF PEOPLE LIVING WITH HIV/AIDS 1999 ANI) 2001.

		Total Adults and children	Adults (15-49)	Women (15-49)	Men (15-49)	Children 0-14)
Global Millions	**End 1999**	**34.3**	**33.0**	**15.7**	**17.3**	**1.3**
	End 2001	**40.0**	**37-1**	**18.5**	18. 6	**3.0**
Suh-Saliaran	**End**	**24.4**	2 3 ^	12.0	**11.4**	**1.0**
Africa Millions	**1999**					
	End 2001	**28.5**	**25.9**	**15.9**	**13.7**	2.6
	End 1999	2.1	2.0	1.1	**0.9**	**0.078**
K^e»ya Millions	**End 2001**	**2.5**	**2.3**	**.4**	**0.9**	0.22

Source: Report of the global IIIV/A1DS Epidemic and UNAIDS assessment of the Epidemiological situation in Kenya 2002.

One study on the Global HIV/AIDS Epidemic July (2002) found that in 15 -19 age group infection rates for women are live times that of men .in the 20-24age group infection rates for women are three times that of men. While HIV/AIDS is a health issue the epidemic is a gender issues statistics prove that both the spread and impact of HIV&AIDS is not random .It disproportionately affects women and **adolescent** girls who are socially more vulnerable at the same time research study by PCA and Cecil, J (1995)

Disabled people are among the poorest, and most marginalized of all the world 's citizens. Disability and poverty form a vicious circle conditions of poverty such of poor nutrition and lack of access to health services or safe living and working conditions create disabilities that can occur from birth to'old age .Alter the onset of a disability, barriers to health and rehabilitation services .evaluation, employment and other aspects ofeconomic and social life trap people in a cycle ofpoverty (Elwan, 1999).

One person in ten as many as 600 million people worldwide live with a physical sensory (deafness, Blindness) intellectual, or mental health impairment significant enough to make a difference in their daily lives IJN (1993) eight percent of these live in the developing world (Helander, 1999). Disability also significantly impacts on live of disabled people's family members and communities. Too often, individuals with disability have not been included in HIV prevention and AIDS outreach, efforts because it is assumed that they are not sexually active and at little or no risk for HIV AIDS infection.

The global survey on disability and HIV/AIDS conducted by Yale University and the World Bank has proven this assumption wrong. Individuals with disability have equal or great exposure to all known risk factors for HIV infection. For example ,adolescent and adult with disability are as likely as their non -disabled peers to be sexually active .Homosexuality and bisexuality appear to occur at the same rate among individuals with disability as among the non - disabled Individuals with disability are as likely as non disabled people to use drugs and alcohol (UN1CEF, 1999). Men and Women with disabilities are even more likely victims of violence or rape, although they are less likely

to lie able to obtain police intervention, legal protection or prophylactic care (Groce. 2004).

2.2 Theoretical framework

2.2.0 Gender analytical framework

Gender analytic framework are systematic tools for diagnosing the existing gender situation in a given community. They draw attention to gender inequalities in a given community and serve as an early warning system identifying problems that may arise if a development initiative is started within the community, as **regards** its impacts on men and women. These framework were developed to different aspects of gender equality, and are therefore useful for different policy priorities.

No single framework provides an appropriate way to address all development problems. Each model reflects a set of assumptions about how gender is constituted and the importance of understanding gender issues to achieve successful development outcomes. Some emphasize equality as the key out come, and do not address other development objectives. Not all have modified to reflect changes in (he way we think about gender or the way in which development priorities and approaches have changed.

In hiring consultants to carry out gender analyses ,to clarify which ,if any Framework the consultant follow. Some follow one particular model, others use a combination of methods depending on the situation at hand (March, 1999). The Moser Framework,\gender \planning was developed as a planning tradition in its own right. I takes the view tat gender planning, unlike other mainstream planning, is "both

technical and political in nature" It assumes conflict in the planning process. It involves transformation process and it characterizes planning as a "debate" (Moser, 1993).

2.2.1 Aims of the Gender Planning Framework

The framework focuses on strategic gender needs and concentrates on gender inequalities and how to address the inequalities at program and policy level.

2.2.2 Features of the Gender Planning Framework

There are six tools in the framework that can be used for planning at all levels from project to regional planning. It can also be used for gender training. These tools are:

- ° Gender roles identification/tripe role
- ° Gender Needs Assessment
- o Desegregation control of resources and decision -making within a **household**
- o Balancing of roles
- « Women in development (WID) / Gender and Development (GAD) policy matrix.
- ® Involving women, gender aware organizations in planning.

2.2.3 Gender roles edification triple role

This tool includes making the gender division of labour visible .It can be carried out by mapping out all the activities of men and women (can include also and girls and boys) in the household over a twenty four hour period. Moser identifies the triple role for women as proactive and reproductive and community management roles.

- **Productive work -** this is work that produces goods and services for consumption by (he household or for income and is performed by both men

and women, women's productive work is often carried out alongside their domestic and childcare responsibilities (reproductive work) and tends to be less visible and less valued than men's productive work.

Reproductive work -This work involves the bearing and rearing of children and all the task associated with domestic work and the maintenance of all house hold members. These tasks include cooking washing clothes, cleaning collecting water and fuel, caring for the sick and elderly. Women and girls are mainly responsible for this work, which is usually unpaid.

Community roles or work - Women's community activities include provision and maintenance of resources, which are used by everyone, such as water healthcare, and education. These actives are undertaken as an extension of their reproductive role and are normally unpaid and carried out in their free time. Politics and activities of such nature also fall under community work .However in most parts of this world men are mainly involved in politics at the community level. Even through this work may be paid or unpaid, it definitely increases men's status in the community.

Gender Needs Assessment -Moser developed this tool from the concept of women's gender interests, which was first developed by Maxine Molyneux in 1984. Women have particular needs differ from men's needs and a distinction is made between practical gender needs and strategic gender interests/needs.

- **Practical gender needs** - women and men easily identify these needs as they oiten related to living conditions, women may identify safe water food health care and cash income ,as immediate interests/needs that they that they must meet .Meeting women's practical gender needs is essential in order to improve living conditions, but in itself it fact reinforce the gender division of labour.

- **Strategic gender interest /needs** -a re that women themselves indefify due to their subordinate position to men in their society. They related to issues of power and control ,and to exploitation under the sexual division of labour .Strategic

Interest needs may include changes in the gender division of labour (women to take on work not traditionally seen as women's work, men take more responsibility for child care and domestic work) legal rights, an end to domestic violence ,equal wages and women's control over their own bodies. They are not as easily identified by women themselves as their practical needs, therefore they may need **specific** opportunities to do so.

Practical and strategic gender interest/needs should not be seen as entirely distinct and separate, but rather as a continuum. By consulting women on their practical gender needs provides entry points to address gender inequalities in the longer term so that strategic gender interest /need can be created.

I

2.2.4 Desegregating control of resources and decision-making a household.

(Inlra-household resource allocation and power of decision-making within the household)- As mentioned above ,men and women have differential access and benefits to several resources, both within and outside of the household. An analysis if intra-household ,who makes decision about the use of these resources ,and how they are made. This is also an important step in the gender analytical process so that equitable development project and polities can be designed.

2.2.5 Balancing of roles

This relatives to how women manage the balance between their productive ,reproductive and community task .It asks whether a planned intervention will increase a woman's workload in one with consequences for her other roles.

2.2.6 Women in development (WID) Gender and Development (GAD) policy matrix

The WID/GAD policy matrix provides framework for identifying and evaluating the practical and strategic gender needs of women in programmes and projects .Five different approaches can be identified.

° **Welfare** : Earliest approach, predominant 1950 - 1970. Its purpose is to bring women into the development as belter mothers. Women are seen as the passive beneficiaries of development as belter mothers. Women are seen as the passive beneficiaries of development. It recognizes the reproductive role of women and seeks to meet practical gender needs in the role through a top - down handout of food aid, measures against malnutrition and family planning. It does not do anything to challenge the status quo and is therefore still widely popular.

° Equity : the original WID approach, emerged during the 1976-85 UN's Decade for women, in the context of the predominant "growth with equity" development paradigm.

Its purpose is to gain equity for who are seen as active participants in development .It recognizes the triple roles. And seeks to meet strategic gender needs through direct state intervention, giving political and economy and reducing inequality with men. It challenges women's subordinate position and is also criticized as western feminism, is considered threatening and is unpopular with governments.

° Anti-poverty: The second WID approach , a toned down version of equity was adapted from 1970's onwards in the context of Basic Needs Approaches to development. Its purpose is to ensure that poor women increase their productivity,

o Women poverty is seen as a problem of underdevelopment ,not of subordination .It recognizes the productive role of women ,and seeks to meet their practical and strategic needs to earn an income ,particularly in small -scale income generation projects. It is still popular with NGOs.

• Efficiency : The thirds and now predominant WID approach was adopted particularly since the I980's debt crisis (Visvanathan, 1997). Its purpose is to ensure that development is efficient and effective through women economic contribution, with participation often equated with equity. It seeks to meet the practical gender needs of women, while relying in all three roles and an elastic concept of women's time. Women are seen principally in terms of their

capacity to compensate for declining social services by extending their working day. This is also still very popular approach.

« **Empowerment** :The most recent approach, articulated by third - world women .Its purpose is to empower women through greater self - reliance. **Women**'s subordination is expressed not only in terms of male oppression but also in terms of colonial and neo-colonial oppression. It recognizes the triple role and seeks to meet women's strategic gender needs indirectly through bottom up **mobilization** of practical gender needs. It is potentially challenging, although its **avoidance** of western feminism makes it unpopular ,except with third world women's NGOs.

2.2.7 Involving women gender awareness organizations and planners

The aim of this tool is to ensure that practical and strategic gender needs are identified by women ensuring that's real needs as opposed to perceived needs' are incorporated into the planning process

2.2.8 Strengths of the Gender Planning Framework

- It assumes planning existing to challenge unequal gender relations and support women empowerment,
  - o It makes all work visible through concept of triple roles
  - o It alerts planners to interrelationship of triple roles.
- It recognizes institutional and political resistance transforming gender relations.
- It distinguishes between practical gender needs (those that potentially transform the current situation)

Il should be realized that no development can be achieved without empowering the most vulnerable individuals in the society .Therefore realizing the marginalization of disabled women in our society and responding positively to their needs will help in achieving holistic development. A chain with a weak knot cannot hold.

2.2.9 Harvard Analytical Framework or Gender Roles Framework

This study will adopt Harvard Analytical Framework. The Harvard Analytical Framework (sometimes referred to as the "Gender Roles Framework" or the "Gender Analysis Framework") was developed by researchers at the Harvard Institute of International Development (I HID) in collaboration with USAlD's Office of Women in Development. It represents one of the earliest efforts to systematize attention to both women and men and their different positions in society. It is based upon the position that allocating resources to women as well as men in development efforts makes economic sense and will make development itself more efficient - a position
labelled as the "efficiency approach."

Key to the Harvard Analytical Framework is adequate data collection at the individual and household level, and adapts well to agricultural and other rural production systems. Data is collected on men's and women's activities which are identified as either "reproductive" or "productive" types, and is then considered according to how those activities reflect access to and control over income and resources, thereby "highlighting the incentives and constraints under which men and women work in order to anticipate how projects will impact then-productive and reproductive activities as well as the responsibilities of other household members" (Overholt et al., 1085).

Data is collected in three components: an activity profile, an access and control profile that looks at resources and benefits, and a list of influencing factors. The approach helps those with little understanding of gender analysis useful ways of documenting information in the field: according lo one donor, "It makes men's and women's work visible." Because the approach emphasizes gender-awareness and does not seek to identify the causes of gender inequalities, it "offers little guidance on how to change existing gender **inequalities**"(Rao et al., 1991).

There is the expectation that having good data on gender will, on its own, allow practitioners to address gender concerns in their activities; it assumes that both the problem and the solutions are technical ones. Compared to more recent and more participatory approaches, the Harvard method does not involve informants in describing their own views of the development problems they face.

Key Resources:

Overholt, C., M. Anderson, K. Cloud, and J. Austin 1985 Gender Roles in Development Projects: Cases for Planners. West Hartford, CT: ICumarian Press.

Rao, Aruna, Mary B. Anderson, and Catherine Overholt 1991 Gender Analysis in Development Planning: A Case Book. West Hartford, CT: Kumarian Press.

3. Netherlands Development Organization, "Gender Reference Guide."

4. International Labour Organization, "Online Gender Learning and Information Module."

5. International Labour Organization, "Online Gender Learning and Information Module."

2.3 **Legal Framework on disabilities**

This is the Persons with Disabilities Act of 2003. It was enacted by the Government of Kenya and was ciled as the Person with Disabilities (PWD) Act (2003). A council was established known as the National Council for Persons with Disabilities. Its functions among others was to formulate and develop measures and polities designed to achieve equal opportunities for persons with disabilities by ensuring to the maximum extent possible that they obtain education and employment participate fully in the society and are afforded full access to community and social services.

2.4 **National policy framework.**

Policy documents from the Government of Kenya include:

Public Sector Work Place policy on IIIV/AIDS

This policy document was originally developed by the then Directorate of Personnel Management which operated under the Office of the President. It was published in April 2005.

After the formation of the Grand Coalition Government in early 2008 the Ministry of State for Public Service was moved to the Office of the Prime Minister. It took over the formulation of the IIIV/AIDS policy. The revised edition was published in May 2010. This study will critically analyze the policy framework development by the ministry of state for public service.

Mainstreaniing gender into the Kenya National HIV/AIDS strategic Plan 2000 - 2005.

Another important document was produced by the National Aids Control Council. It is known as: 'Mainstreaming Gender into the Kenya National HIV/AIDS strategic plan 2000-2005'

[1]he overall objectives of the documents were:-

-1 o establish an institutional policy framework, for integrating gender into all HIV/AIDS policies and programmes.

-1o create a gender responsive legal framework for HIV/AIDS prevention, treatment and care and to ensure that adequate human and financial resources are **available** for gender responsive IIIV/AIDS programming. The study **will** critically analyze if the document as focused on matters pertaining disabled women.

Ministry of Gender, Children and Social development published a work. Place policy <»i 111 V/AIDS in June 2009

'he main objective of this policy was to provide a framework to address [1] "V/AIDS in the ministry. By setting Minimum Internal Requirements (MIR) for managing IIIV/AIDS in the ministry ,and also for establishing and promoting Programmes to ensure non somatization of the infected.

[1] Another document '*Gender Audit of the National IIIV/AIDS Response Kenya'* was published in July 2009 by the National Aids Control Council (NACC) through the Gender Technical Subcommittee envisage the need to conduct a gender audit of the National IIIV/AIDS response with the aim of understanding to what extent gender is integrated in the national structures and processes through which HIV/AIDS, initiatives are prioritized, monitored, evaluated and financed in Kenya. This study will critically analyze the prioritization areas of the NACC in a bid to curb I-„v/AIDS pandemic on disabled women in Kenya.

1 lie following assumptions bring about their marginalization

° That disabled people are assumed not to be sexually active .this due to little in depth knowledge of sexual health of people with disability in the developing countries.

° There is existing evidence that indicate people with disability are equally sexually active.

° These are people who are not likely to use condom

o They are open to violence and rape more frequently which is **hardly** reported

• To them sex is a sign of love and affection

° They are stigmatized and discriminated against.

« They are prone to harmful traditional practices **e. g** purification of Aids victim

® They are seen along the street and at home with children more than normal women

o 1 Iigh prevalence of STI's due to less use of condoms and frequent rape.

« Disability creates a feeling of insecurity, which develops them into risky behaviour such as having several sexual partners and being feared of rejecting sexual partners. Therefore disabled women are likely to become **HIV** infected than the **average** population.

Moreover since disabled women belong to a marginalized group from the **outset** ,a positive HIV test adds loan already existing heavy burden of stigma and this new stigma is not sufficiently taken into account or responded to in an adequate manner by the government NGO's and other disability people organization.

While **sexuality can be** a **positive** force, **adding to individuals quality of life it can also** ,lave **negative** health outcomes. **If women with disabilities practice unprotected sex .they**

are just as exposed to contract HIV/AIDS, sexually transmitted infections as anybody else.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter discusses the procedure and strategies to be followed in conducting this study The researcher will elicite information from key informants, who will include government officials policy implementers and programme officers in various government ministries institutions and organizations.

3.2 Research Site

The study will be carried out in Nairobi which is the headquarters of various government ministries in Kenya, and therefore making it easy for the researcher to access the policy documents from government institutions and organizations.

3.3 Secondary sources

Library research and document analysis will be conducted to gather data on theories of Disabilities and 111V/A1DS simultaneous with literature to be a review of related literature to be undertaken in selected libraries and government policy documents available in the offices e.g. work place policy on HIV/AIDS from Government Ministries: Ministry of Gender, Children and Social Development, Ministry of State for Public Service, National Aids Control Council documentaries on Gender Mainstreaming in HIV/AIDS, Ministry of Education, Policy document on Good Education and HIV /AIDS Control. Analysis will also be made on Policy Documents to check whether gender and disability issues have been addressed.

3.5 Key informant's interviews

Interviews will be conducted from purposively selected officers from government institutions and organizations to generate information regarding their views on gender **mainstreaming** in **HIV/Aids** and disabled women. The data collected will corroborate

information gathered from policy documents and other library materials. An interview guide will be used.

3.6 Data processing

Data processing and analysis will be based on gender analysis of policy documents on HIV/AIDS and disabled women, together with this the information gathered from kev informants from institutions, organizations and government officials from the ministries

3.7 Eth ical considerations

The researcher will be responsible for all the procedures and ethical issues related to the project .The research will give due consideration to the integrity of the research process and will be carried out in full compliance with and awareness of laws and regulations that governs research processes.

Researcher will seek to ensure anonymity of all respondents. It is acknowledged that respondents may be hesitant to speak freely. The researcher will build trust and confidence by explaining the necessity for this exercise. The process will not be attributed to any specific respondent during the analysis phase.

CHAPTER FOUR

4.0 HIV/AIDS POLICY AND DISABLED WOMEN

4.1 Understanding of gender

According lo Susan Kagimbi, the key informant at Liverpool VCT, Care & Treatment gender refers to the socially constructed roles ascribed to males and females. These roles are learned, change over lime, and vary widely within and across cultures. Studies have shown that different gender roles result in disparities in male and female rights, responsibilities access to and control over resources and voice at the household, community and national levels. Due to these gender differences and disparities, males and females often experience poverty in different ways; may have different priorities, constraints and preferences with respect to development (and poverty reduction) interventions; and can contribute to and be affected differently by development interventions.

Gender is the set of characteristics, roles and behaviour patterns that distinguish women from men socially and culturally. Gender is a social and culture-specific construct that differentiates women from men and defines the ways in which women and men interact. Gender is learned, and therefore can be unlearned. Unlike gender, sex is biologically determined; i! is received, universal, and cannot be changed.

Gender also refers to the economic, social, political, and cultural attributes and opportunities **associated** with being female and male. The social definitions of what it means to be female or male vary across cultures and change over time. Gender is a socio-cullural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality

I lie concept of gender refers not only to the roles and characteristics of women and men but also to llie power relations between them. Typically, men are responsible for the productive activities outside the home while the domains of women are the reproductive and productive activities within the home. In most societies women have limited access to income, land, credit and education, and have limited control over these resources

Gender ' reflects the expectations, opportunities and behaviours expected by society of men women, girls and boys. They change over time within a society and they differ from one society to another. Gender refers to the roles and responsibilities of men and women that are socially determined. It is not simply about biological differences between men and women. Neither is il solely about the role of women.

4.2 Gender integration

Gender integration Means taking into account both the differences and the inequalities between women and men in program planning, implementation, and evaluation. The roles of women and men and their relative power affect who does what in carrying out an activity, and who benefits. Taking into account the inequalities and designing programs to reduce them should contribute not only to more effective development programs but also to greater social equality/equity. Experience has shown that sustainable changes are not realized through activities focused on women or men alone.

I< • m oender eciuality perspective into the development process at all
U is process of integrating a gentiei equcim; , ı
. nmctrpnmin2 is a strategy for the achievement of gender equality,
stages and levels. Gender ma.nstieaming w y

• ant| programs take gender norms into account and
Gender integration implies **that** policies **I**
that create barriers to reproductive health for men
compensate for gender-based .nequaht.es
,iih><5 between men and women can occur through
a'id women. Gender -based inequalities

Terences in roles, access to and control over resources (economic, political, legal, social, i"formation and education, time, and mobility, internal), and in power and decisionmaking. Depending on how gender is integrated, reproductive health programs can exploit and Perpetuate gender inequalities, accommodate gender differences, or transform gender relations.

4.3 Understanding person with disability

'he United Nations Convention on the Rights of Persons with ***Disabilities*** defines disability as 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (United Nations Enable, **2006).**

4.4 The concept of gender mainstreaming in IIIV/AIDS response

I he concept of'mainstreaming' appears to have originated in the late 1960s, when the term was coined to designate an approach to assimilating children with disabilities into regular classroom sellings. The term is now widely used across **a** range of different sectors and contexts. The adoption of **a** 'mainstreaming' approach by advocates of gender equity across all sectors seems to predate its use by HIV/AIDS activists and policy-makers. The term 'gender mainstreaming' came into widespread use with the adoption of the Beijing Platform for Action (PfA) at the 1995 UN International Conference on Women. This was in **response** to consistent lessons emerging from **at** least 20 years of experience of addressing **women's** needs in development work: that projects and ministries focusing on women as **a separate** [lar]get group generally failed to change the inequalities in power between women and men at [a]" 'evels that lay at the root of women's marginalisation in development processes.

' Gender mainstreaming' therefore aims to ensure that women's, as well as men's concern^ and priorities influence the 'mainstream' activities of development, including resource allocation, policy and legislation formulation, and programme or project planning, implementation, monitoring and evaluation. Every major section of the Beijing PfA contains Ihe following sentence: 'Governments and other actors should promote an active and visible policy of mainstreaniing a gender perspective in all policies and programmes so that, before decisions are taken, an analysis is made of the effects on women and men, respectively' (Beijing Platform for Action, 1995). A central principle is that: "Gender mainstreaniing is integral to all development decisions and interventions; it concerns staffing, procedures and culture of development organisations as well as their programmes; and it forms part of the responsibility of all staff. The aim is to reframe the way in which development processes are conducted so that they work in a way that promotes gender equity. Thus, gender mainstreaniing in the health sector requires attention at all stages of policy and programme cycles to women's and men's, girls' and boys" health needs and priorities as well as the constraints they lace to promoting their health and accessing care for illness. Addressing these concerns requires that the culture and practice of health sector organizations promote Ihe participation of, and equity between, women and men.

Gender mainstreaniing seeks to auui address the differential impacts of HIV/AIDS on women, men, boys and girls that ate dcsciioeti Wribed in this report. Gender mainstreaniing also seeks to promote social justice by reducing s -wine gender inequality. It uses gender analysis as the framework to describe the current pov\e. r nnwer relationships between women and men and their differential authority to decide on people snip's access to and control over the use of resources, Gender analysis identities the multiple wa>s in which policies and programmes differentially affect men and women at all levels, especially at the household level. Gender

mainstreaming ensures that gender inequalities are addressed in the design, planning implementation, monitoring and evaluation of programs, and ensures that the beneficial outcomes are shared equitably by all - women, men, boys and girls. In gender mainstreaming, all gender biases are removed and everyone plans with the concerns of women, men, boys and girls in mind and how the intended activity affects them differently. Where there is disparity, a deliberate trade-off is made to bring about gender equality. Mainstreaming addresses both practical gentler needs and strategic interests.

4.4.1 Gender mainstreaming: Definitions ami concepts

Gender Mainstreaming is the process of considering and integrating the implications for females and males of planned development interventions, including legislation, policies, programs and projects, in all areas and at all levels. It is a strategy for addressing the different **concerns,** perspectives and experiences **of** males and females in all aspects of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that males and females can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

1 he most widely known and used definition of Gender mainstreaming is from the UN **Economic** and Social **Council (ECOSOC):**

> **Mainstreaming** a gender pe.spect.ve is i. I ive is .the process of assessing the implications for women and men ol any p" r ,„« nlanned action, including legislation, policies or programmes, in **all** areas and at all lev • ' ' „11 levels U is a strategy for making women's as well as men's concerns and e x p ^ . „vnr, jences an integral dimension of the design, implementation, monitoring ant c . 1 -valuation of policies and programmes in all

*i*l

political, economic and societal spheres so that women and men benefit equally and inec l»"l'ty is not perpetuated. The ultimate aim is to achieve gender equality.'

Several dimensions of gender mainstreaming may be delineated from this definition:

I lie aim of gender mainstreaming is to achieve gender equality.

' Gender mainstreaming calls for initiatives that reduce gender inequalities; it also means that 110 initiatives are implemented that further exacerbate or perpetuate **inequalities**

* Gender mainstreaming may require that changes are made in overall **organisational** goals-,11''es for running (he organisation; the entire range of programmes and policies; allocation of resources; and monitoring and evaluation systems.

Although not explicitly mentioned in the CCOSOC definition, mainstreaming gender within institutional structures extends beyond organizations to all social institutions including the family and community, all of which play an important part in the implementation and **success** of polices, programmes or interventions promoting gender-equality.

Another dimension of gender mainstreaming is highlighted by the Commonwealth (1999) definition, according to which gender mainstreaming calls for

"focusing less on providing equal treatment for men and women *(since equal treatment does »<>t necessarily result in equal outcomes), and more on taking whatever steps are necessary to ensure equal outcomes.*

Gender mainstreaming will not do away with the need for women-specific programmes. The depth of inequality facing women makes it necessary to target women specifically to ensure a

11

,CVCl P,aying ne,cl for womenand men over a period of time. Initiatives, which specifically target women, are complementary to mainstreaming initiatives.

[1] lie Beijing Platform for Action clearly states the need for a dual focus:

> *"on the one hand, programmes aimed at meeting the basic as we// as the specific needs of* women *for capacity building, organisational development and empowerment; and on the other,* gender mainstreaming *in all programme formulation and implementation activities ".*

''wo dimensions of gender mainstreaming strategy were emphasised in the *Platform for Action* of the United Nations Fourth World Conference on women in Beijing, both of which '»re equally important. One concerns the content of policies, programmes and interventions - also known now as 'operational' mainstreaming. The second dimension concerns the institutional structures that are responsible for formulating, implementing and monitoring and evaluation of these, also known as 'institutional' mainstreaming.

' "Operational mainstreaming" calls for the integration of equality concerns into the analysis and formulation of policies, programmes and projects, to ensure that these have a positive impact on women and reduce gender inequalities. The process of operational mainstreaming depends on (he institutional support provided by various structures, starting from formal agencies (o family and community units, and hence the need for institutional gender mainstreaming.

'Institutional mainstreaming" involves making changes in institutional strategies and chanisms that will enable women to formulate and express their views and participate in -ision-making at all levels. This means addressing the internal dynamics of formal as well informal institutions, such as their goals, agenda setting, governance structures and cedures related to day-to-day functioning.

' task of transforming the internal dynamics of the various informal institutions such as the ily, are likely to be far more complex and challenging than mainstreaming gender in nal institutions may be.

2 Rationale for Mainstreaming

main criticism of Women in Development (WID) policies is (hat they continue to define len themselves as 'the problem', as passive victims who need welfare and special ment if their circumstances are to be improved. Consequently, the reasons for women's U remain largely unexplored. No explanation is given for the systematic devaluing of work or the continuing constraints on their access to resources. In an attempt to till this in the analysis, the focus of many planners and policy-makers is now shifting from en themselves to the social divisions between the sexes - in other words gender relations.

IOW clear that most dimensions 01 eu. •niK 0f economic and social life are characterised by a pattern

equalities between women and men „nrl men that routinely value what is 'male' over what is

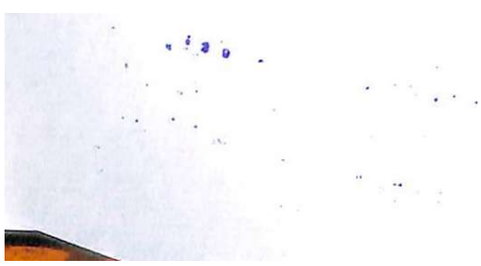
le\ Until these divisions are add.esseo seriously, policies designed to benefit women

Her only limited and often short-turn > * t/»rm **solutions.** Many development agencies and other

sations, therefore, now adopt tlic a -oender and development' or GAD approach as a

appropriate methodology for tackling r ^^ massive inequalities that limit the potential of

'omen around the world.



4.4.3 Institutional Mechanisms required for Mainstrcaming

Given (he financial and human resource constraints, an appropriate institutional framework is crucial to ensure that all HIV/AIDS -related activities addressing gender are co-ordinated, and provide the best value for money. The following institutional reforms are recommended in order to effectively mainstream gender within the national response to HIV/AIDS:

• NACC must assume prime responsibility for ensuring that its policies are gender responsive and that gender is incorporated in all HIV/AIDS related activities.

• NACC and all implementing agencies must develop appropriate gender responsive objectives and indicators and collect disaggregated data to monitor progress.

• Capacity building: **All** institutions **(NACC,** line ministries, NGOs, CBOs, FBOs and ASOs) should review their priorities and budgets to meets to ensure that gender audits and staff training in gender-responsive planning and programming are adequately funded. Additional resources, **both financial and skilled stoif. should be pmvtdod « «l«i™L**

' **Legal** and policy reforms: The Government of Kenya should repeal or harmonise conflicting statements in customaiy, common and statute laws,

4.4.4 Process of gender **mainstreaming**

In all societies, men and women experience different vulnerabilities and have different capacities because of **their** gendered roles. Sometimes these roles are very different and rigid; sometimes they are overlapping and flexible. Unconsciously in mind can result in programmes which fail to formulate policies and provide adequate attention to the potential long-term inequitable delivery of assistance. Gender analysis is a powerful one for outcomes of short-term intervention. The tool of programme situation, and for accurately diagnosing opportunity and constraints in any

identifying more effective strategies for developing and implementing interventions that nuikc a difference.

C,C,Uler ,m,sl bc takcn int0 acc0l,,lt during each step of the programme cycle including dulming the problems/issues; formulating a strategy; identifying the target »roup- Cs(ill)lishing/sircngtheniiig lhe institutional framework; specifying objectives and indicators ,l)| success; defining outputs, activities and inputs and specifying monitoring and evaluation procedures.

''0w dues gender analysis help us understanding vulnerability? Gender is not the only determining factor of vulnerability. However, an understanding of vulnerability and the development of strategies for overcoming it can be advanced through gender analysis. There a'e several design options for planning within a gendered context including women-specific Projects, **women**'s component in a general project and a general project with gender ,,lainsireamed into it. Conducting a gender analysis consists of several step. Becoming familiar with this tool should be a must for all readers. Integration occurs when issues and interventions related to gender are introduced into a project, program or policy context as a broad ^mponent or content area, without **analysis** and identification of gender concerns and their implications.

approaches **to** gender mainstreammg and **integrate**

4 j _ , A V , m .in(i Gender **and** Development (GAD)
Women **in** Development (WID) **ana**

'Pi The term 'women in development came into r n m e into use in the early *1970s,* after Ester Boserup's [s
Publication on "Women's Role in bconoun . „ | :n p c0„omic Development". Boserup analyzed the changes in
u- , cnrieties modernized and examined the differential
tlad"ional agricultural practices as socicu
im , inne bv men and women. WID was initially used by the
m^cts of (he changes in work done by

vv

committee of the Washington DC chapter of the Society for International Oevelopmcm ·|S parl Qfa deJiberate slrategy tQ br|·ng new evjdence generated ^ Boser^ ^

ollIers to the attention of American policy makers. This was articulated by liberal feminists U,U) m,vocaleti for legal and administrative changes that would ensure women would be ,)eUcr integrated into economic systems and governance. This was later to form the basis of l,lc gender agenda, which is best summarized under the following international women's C(Jnlerences, that have united the international community behind a set of common objectives W|(h an effective plan of action for the advancement of women everywhere, in all spheres of Publio and private life.

4-4.5.2 1975: **Mexico** City - A **global dialogue is opened**

s lust world conference on the status of women was convened in Mexico City to coincide W|'Ui the 1975 International Women's Year to remind the international community that Crimination against women continued to be a persistent problem all over the world. Three k'ey objectives were identified which became the basis for the work of the United Nations on be,la'f of women:

* **gender** equality and the elimination of gender discrimination;
' integration and full participation of women in development;
* An increased contribution by women in (he strengthening of world peace.

1980: Copenhagen - ***The*** review process begins

Thio , , ,PP 145 representatives and reviewed the gains made and
Hl,s conference was attended by ovei Mj ief
in r a f.'/in An important milestone had been the adoption by
^Pmise the 1975 World Plan *ot Action.* An j
tl 070 if the Convention on the Elimination of All Forms
le General Assembly in December
, the nl0st powerful instruments for women's
of Crimination against Women, one o

equality. The Copenhagen Conference recognized that signs of disparity were beginning to emerge between rights secured and women's ability to exercise these rights. It pinpointed three areas where specific, highly focused action was essential if the broad goals of equality, development and peace, identified by the Mexico City Conference, were to be reached. These three areas were equal access to education, employment opportunities and adequate health care services.

2.4.5.4 1985: Nairobi - "The forward looking strategies"

The Nairobi conference reviewed and appraised the achievements of the United Nations Decade for Women and identified that development interventions had little impact on mainstreaming development. It showed that this shortcoming opened up debates on the most appropriate way on how women can participate in development and that is how GAD was born. GAD questioned existing power relations at the Mexico Conference, had now become an international force unified the banner of equality, development and peace. It broke new ground as it identified women's issues as human rights issues. Women's participation in decision-making was recognized not only as an appropriate right but also as a necessity that would have to be incorporated in

4.4.5.5 1995: Beijing - legacy of success

<n The efforts of the previous two decades helped to improve women's conditions and access to resources, but did not change the basic structure of inequality in the relationship between men and women. Decisions were still being made mostly by men. The Conference unanimously adopted the Beijing Declaration and Platform for Action that was in essence an agenda for women's empowerment and stands as a milestone for their advancement in the twenty-first century. It specified twelve critical areas of concern considered to represent the main obstacles to women's advancement and which require concrete action by Governments and civil society:

- Women and poverty
- Education and training for women
- Women and health
- Violence against women
- Women and armed conflict
- Women and the economy
- Women in power and decision making
- Institutional mechanisms for the advancement of women
- Human rights of women
- Women and the media
- Women and the environment
- The girl child

4.5 Existing policies for gender documents:

The current policies are contained in

ﻝ

• I'lan of Action (2008 - 2012) on the Implementation of the National Policy on Gender and development.

* National (lender and Development Policy (2000)

' Sessional paper No. 2 of May, 2006 on Gender Equality and Development.

' Economic Recovery Strategy 2003 -2007

' National Poverty Eradication Plan (NPEP), 1999-2015.

' Overly Reduction Strategy Paper (PRSP), 2001 -2004.

' Millennium development Goals, 2000-2015

4fP . for gender mainstreaming and integration

4f) Existing institutional frameworks toi fctm

Ao - • **noOS 20P) on implementation** of the Gender and
According to the Plan of Action (2008 - zvw
. in Dlace for the implementation of gender
development Policy, the following structures are p

'Mainstreaming:

' **National** Commission **on** Gender and **Development,** 2003.

• Department of Oender and **Social** Development
Ratals and institutions for higher learning.

* Gender Officers in all ministries, parastaw

' District facilitation and Participation.

*c'vil Society Organizations.

,s HIV/AIDS **Strategic plan**

4/7 Mainstreaming gender in Kenya s

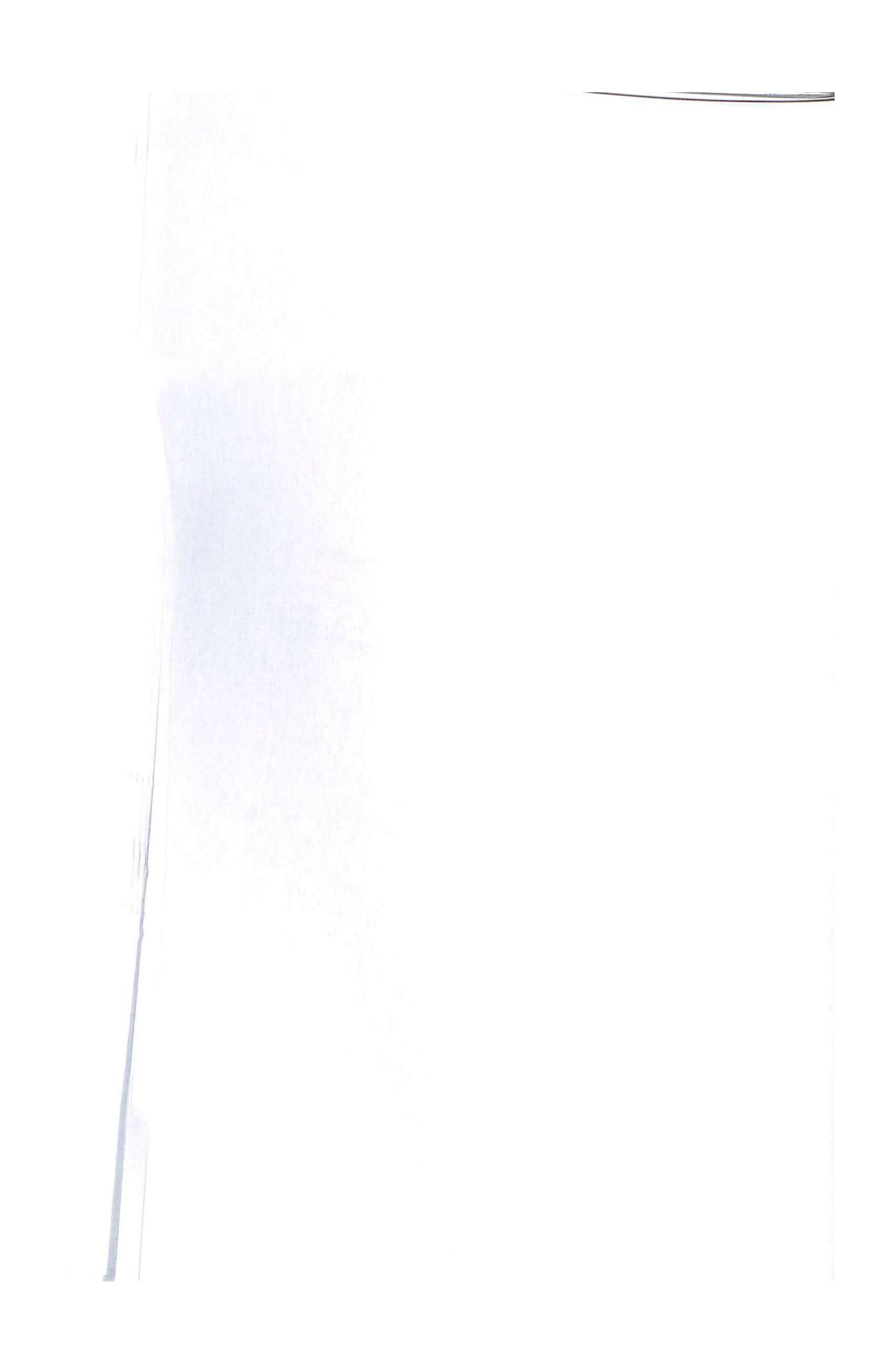
geared relatively ïecenuy -ecently in the field of HIV/AIDS

1 hc concept of mainstreaming 'iaS app ' .. :c were domínate"'üy a bio-medical approach led

Polic y- While initial responses to the epi • • *of* the *socui'* economic impacts of the

')y III« **health sector, increasing recog"'"0' hiv/AIDS mainstreaming. In a**
I .-espouse <«lu

Pa**«den lie w t0 calls for .**



number of countries AIDS Commissions have been established with a remit to work across sectors.

However, within the available documentation there are few definitions **of mainstreaming** and confusingly, the term is often used interchangeably with integration or a **multi**-sectoral response. The following definition has been developed by a working group of HIV/AIDS focal points from different ministries across sub-Saharan Africa (participating as part of this study in an international workshop held in Liverpool), and provides a clearer starting point for understanding HIV/AIDS mainstreaming. By dividing out the different **components** of mainstreaming, it aims to go beyond a definition to look at the processes involved in mainstreaming.

Mainstreaming HIV/AIDS can be defined as the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how the entire sector should respond based on their comparative advantage. The specific organizational response may include:

• Putting in place policies and practice that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality.

• Refocusing the work of the organization to ensure those infected and affected by the pandemic are included and able to benefit from their activities. Mainstreaming HIV in development sectors 991.

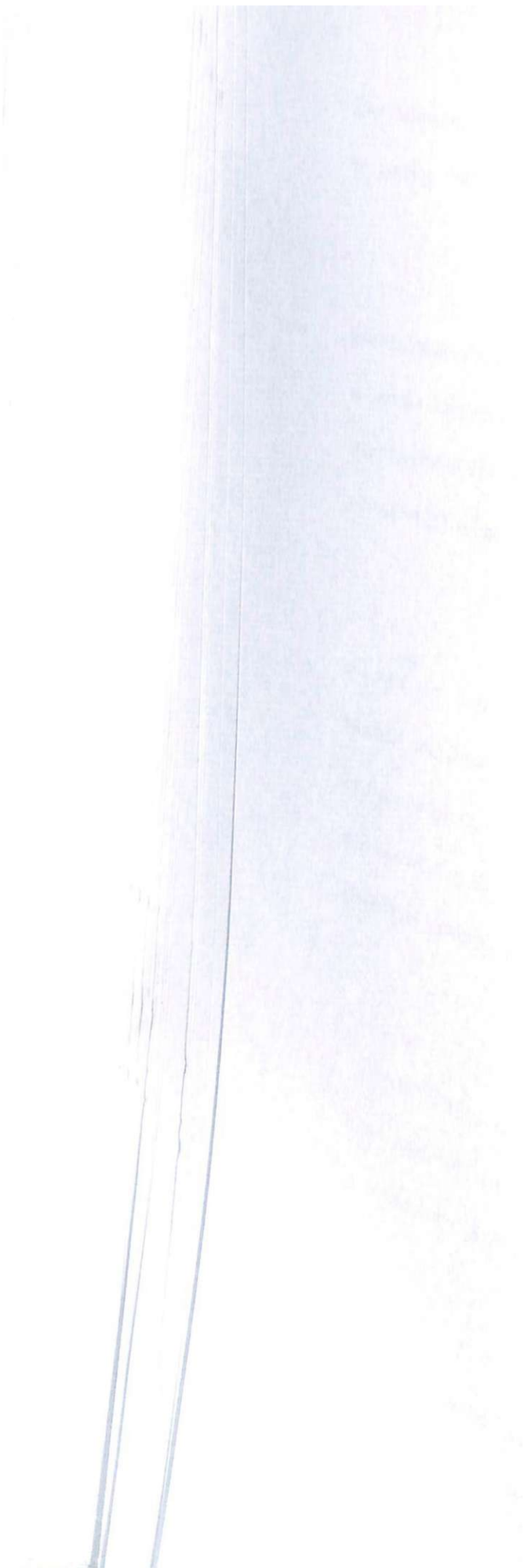
* ensuring that the sector activities do not increase the vulnerability of the communities with whom they work to HIV/Sexually Transmitted Infections, or undermine their options for coping with the affects of the pandemic.

"HIS a critical element of both gender and HIV/AIDS mainstreaming is re-conceptualizing •he core work of health and development organizations to pursue strategies aiming to promote gender equity and reduce the vulnerability to, and impact of HIV/AIDS respectively. As Whiteside puts it, 'in government each Ministry has to ask what IIIV and AIDS means for hs core business and what it should be doing differently.

Kenya adopted a National HIV/AIDS Strategic Plan in December 2000, a year after the President had constituted the National AIDS Control Council (NACC). While the National Strategy was being developed, policy makers became keenly aware of the gender dimensions of HIV/AIDS. This led in 2002 to the formation of a Gender and HIV/AIDS Technical Sub Committee. The Sub Committee undertook the task of engendering the National HIV/AIDS Strategic Plan.

Its first step was to gather data and information 011 the gender dimensions of HIV/AIDS in Kenya. Two NACC Held studies carried out in October 2001 and May 2002 provided useful data in (his regard. Next, it carried out gender analysis of the Strategic Plan, to identify areas where gender differences had not been given due consideration.

For example, in the area of prevention, the analysis found that the availability, accessibility and affordability of the female condom had not been prioritised. There was not enough



attention to gender-based violence, rape and incest as pathways to HIV infection; and health education materials did not address gender-specific concerns.

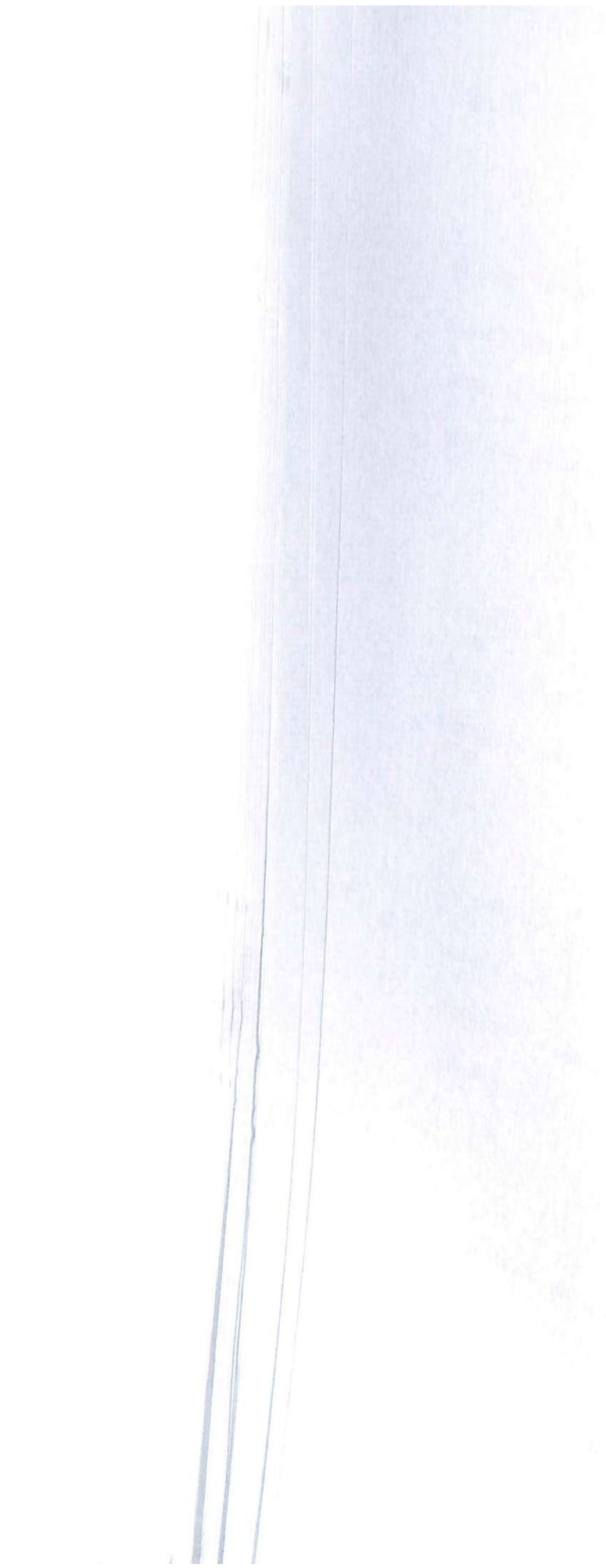
with respect to treatment, the National Strategic Plan had not mentioned setting up 'ape/incest crisis centres, counselling and post-rape STJ/HIV/contraceptive prophylaxis The Plan was silent on nutritional needs of women and men living with HIV/AJDS, and on the special needs of women who cared for HIV positive persons, but had no information on their °vvn sero-posilivity.

Similar gaps were identified in the areas of socio-economic impact and in monitoring and evaluation. Collection of sex-disaggregated data had not been emphasised by the Strategic Plan and no attempt had been made to develop gender-sensitive indicators for monitoring and evaluation of interventions.

After identifying gender gaps in the National HIV/AIDS Strategic Plan, the Gender and 111V/AIDS Sub Committee outlined within each of the priority areas of the Plan, activities which would pay specific attention to differences between women and men in health needs and access to treatment, care and support. These were published as a report on which this summary is based.

4.8 Responsibility for gender integration in HIV/AIDS and if there is any structure that focuses on disabled women in particular.

he Ministry of Gender, Children and Social Development has the mandate of mainstreaming ender into the development process. To enable the Ministry to carry out this mandate olicies have been formulated and structures established to carry out the exercise. In spite of



Hie existence of the policy instruments and institutional frameworks, programs on gender mainstreaming have not been effective. One of the reasons has been inadequate co-ordination various initiatives on gender mainstreaming. The other reason is absence of a standard training manual which can be used by all stakeholders who are involved in »ender mainstreaming. However, remarkable efforts have been made by the Ministry of Agriculture (MOA) and Ministry of Education (MOE). Some of the best practices identified with them include a gender Policy, IEC materials development, gender officers in place, awareness creation and a gender basetl analysis of examinations at Kenya Certificate of Primary Education (KCPH) and Kenya Certificate of Secondary Education (KCSE) level by MOE.

4.9 The level organizational have experts /advisors on gender, disability and HIV/AIDS

Sustained investment in disabled women as agents of change and in women's mobilization, such as support for disabled women's networks, has proven successful in diverse regions and sellings. With continued new infections among women, an increase in the proportion of women living with 111V in regions such as the Caribbean and Asia and the disproportionate burden women shoulder from the epidemic, national governments and the global community have a clear mandate to embrace, engage and strengthen the leadership and participation of women and girls in (he response. Involving women, particularly those most affected by the epidemic, is both a means of empowerment and essential to ensuring that policies and programmes adequately and effectively respond to the realities women face.

As urged by (he Executive Director of UNAIIXS, Michel Sidibe, at the Fifty-fourth session of (he Commission on the Status of women, "...we need to invest much more in the Participation and leadership of disabled women and girls, so that they can gain access to

decision-making spaces and become 'agents of change' to guide all stages of planning and implementation of our response to AIDS.

4.10 The level of participation of, disabled women within the organization structure

According to the respondent there is need to have jointly produce information on and a better understanding of (he specific needs and rights of disabled women and girls in the context of HIV, so that national AIDS programmes can respond more Effectively; Turn political commitments into increased resources and effective actions, so (hat 1-llV programmes better respond to the needs of disabled women and girls; Mobilize leaders to create safer environments in which disabled women and girls can feel empowered to exercise their human rights

This framework is intended to inspire innovations to expand disabled women's voices in the IIIV response, (he respondent observed that the critical importance of women's leadership and participation is increasingly being recognized and advanced as central to transforming the HIV and AIDS response. The *Agenda for Accelerated Country Action for* women. *Girls, Gender Equality and HIV,* launched by UNA1DS in March 2010, champions "strong, bold and diverse leadership for women, girls and gender equality, for their participation in decision-making, in the context of 111V".

The landmark 2007 International Women's Summit: Women's Leadership Making a Difference on 111V and AIDS, convened by the World YWCA and the International Community of Women Living with IIIV/AIDS, (ICW), is another example of progress in this area - as is (he successful launch of the Global Coalition on Women and AIDS as a partnership of non-governmental organizations (NGOs) and UN entities in 2004. Similarly, principal

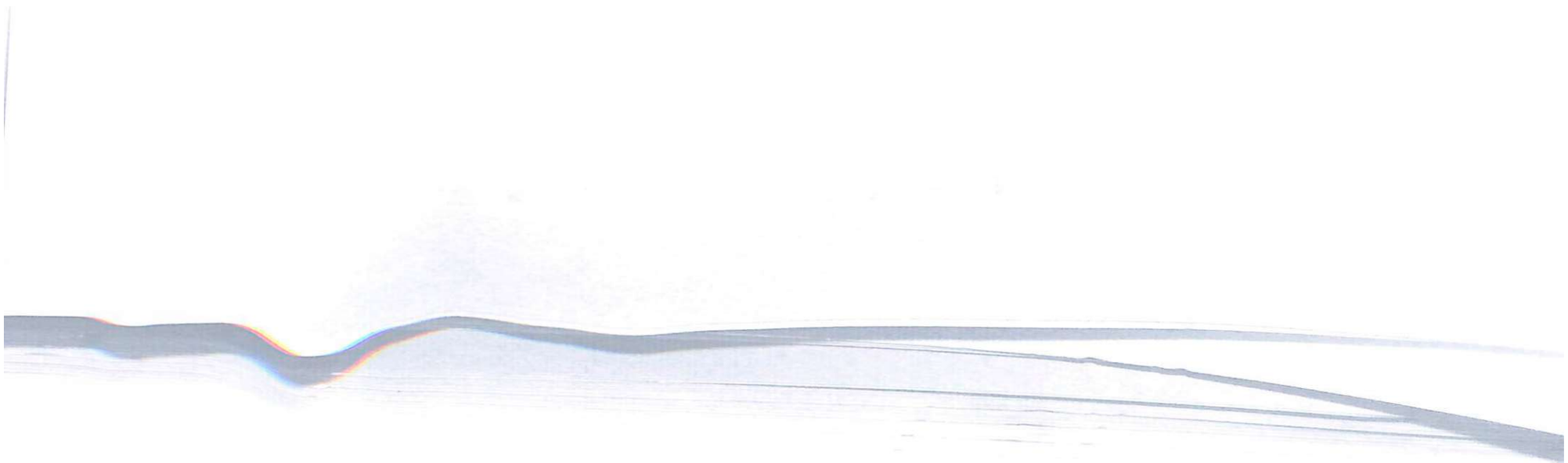
flinders in the AIDS response, the Global Fund to Fight AIDS, Tuberculosis and Malaria and PKPFAR, jire taking significant steps to engender their work.

The involvement of affected communities, particularly disabled women, young women and grassroots women, plays a critical role in defining sound policies and programmes Unrealized potential exists for strengthening women's leadership and participation in the AIDS response, particularly by those most affected by I-IIV and AIDS. Significant barriers that prevent this participation, particularly of those most affected, include gender norms, stigma and discrimination, lack of access to resources, the burden of care and multiple responsibilities in (he home, lack of access to information, lack of formal education and training, poor self-esteem and gender-based violence.

According to the respondent observation however, even when women obtain a 'seat at the table', challenges to their meaningful involvement include lack of trans- parent entry points, lack of capacity to substantively participate in formal processes, competing agendas in formal decision-making spheres and a lack of critical alliances

4.11 Formal requirements for participation or representation at each level

Establishment of a lead agency and Gender Management Team including informed participation of all stakeholders. There is need for introducing critical gender concerns into the plans, policies and programmes of decision- making bodies within the health sector. The lead agency will also ensure that the targets set by policies and programmes explicitly address gender concerns; and further, monitor progress towards achieving these targets, and come out with regular "report-cards" on progress made in gender mainstreaming



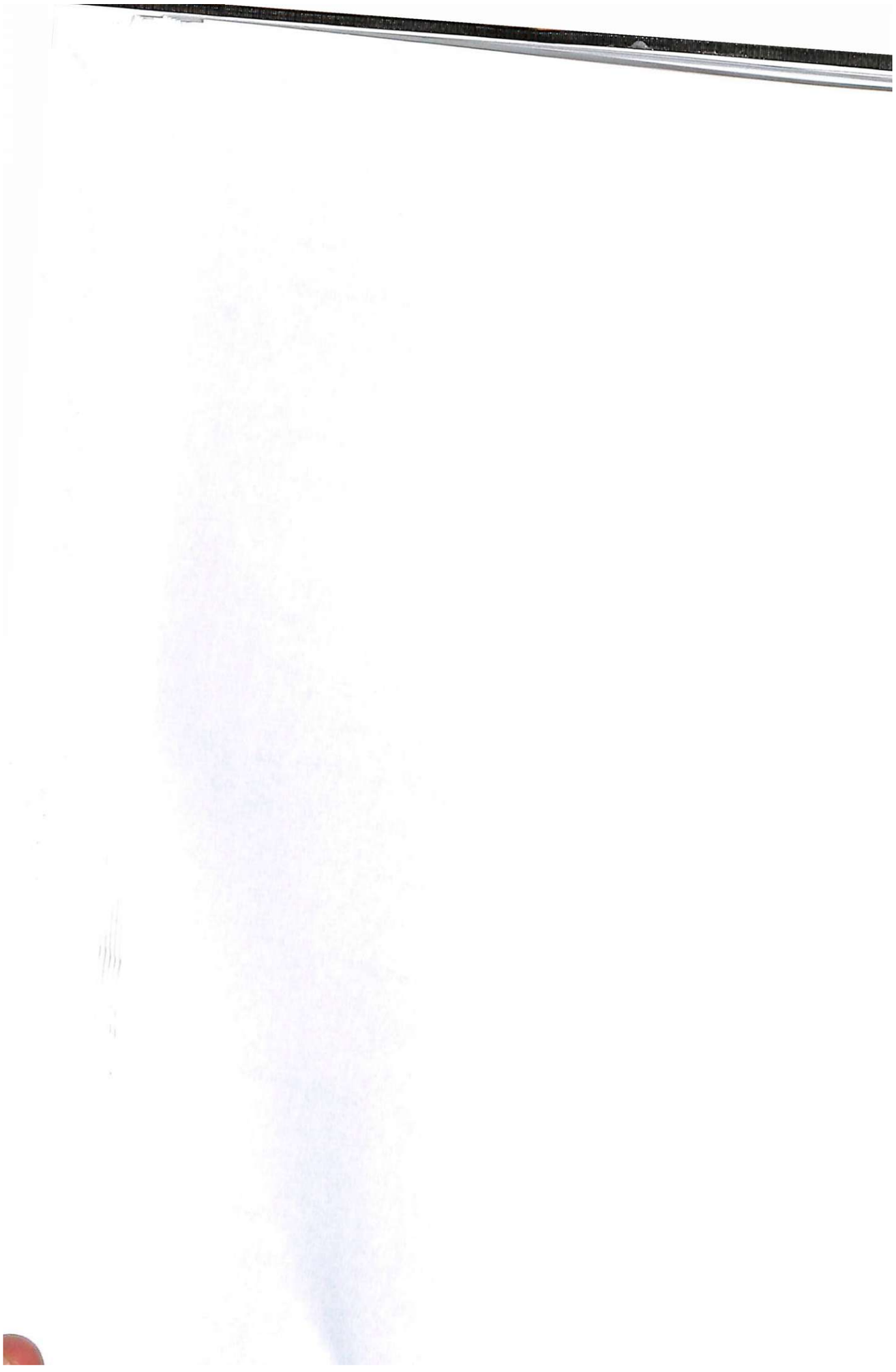
Gender focal points should have their work related to gender mainstreaming explicitly mentioned in their job-descriptions with time allocated for gender mainstreaming work. One of the tasks of the *lead agency* would be to create structures, forums and processes that would enable *the informed* participation of all *stakeholders. Stakeholders should represent members* Irom all the levels, for instance, of the health sector right from policy makers to members from the civil society. Further, there should be representation of men and women representing **diverse** population groups including the marginalised sections of society. This is easier said than done, and calls for investment of sufficient time to identify **representatives** from different groups.

The very purpose of creating structures/forums for stakeholders is to ensure their participation in moving the mainstreaming agenda forward. This will not be possible unless stake-holders are well-informed on the major health, in this context IIIV/AIDS issues, relevant to the country/province and gender concerns within these; be aware of laws and policies that impact on gender equity in health and be acquainted with and able to apply gender-analysis tools. It would be the responsibility of the lead agency to prepare briefing materials and organise workshops to facilitate this process. Most important of all would be to win the support of all stakeholders on the desirability of gender mainstreaming. Appointment of full-time gender focal points at the national and provincial levels IS necessary.

4.12 Any IIIV/AIDS gender and disability integration training programmes within the ministry, organization or institution

Example 1

VSO is working to mainstream disability at organizational, workplace and programme levels, taking a rights-based approach aimed at full inclusion of PWDs. An organizational strategy



[111] place supported by senior management and a handbook on mainstreaming disability tailored to VSO. Volunteers with disabilities are included in programs in developing countries and inclusive education programs train service providers to be more sensitive to "eecls of |> WI)s. Access to microcredit supports disabled persons organizations to participate [in] Poverty reduction strategy papers. VSO also provides accessible sexual health "'formalin,,, encouraging n.ainstreaming with their IIIV/AIDS partners.

Example 2

Disabled Adion Ne.vvork (KEDAN) is a community based youth organization formed -nd for the youth with disabilities. KEDAN was founded in 2003 and is registered under il . . • | cp,-vices The formation of KEDAN was part [Ule] Ministry of Gender, sports, culture and soc.al se.vices he niains tream disability organizations and [1 lhe] elIbrts to bridge (he existing gap between n0 effort being made towards their [Ssues] related to youth with disabilities as there was . uu different disabilities coming together to [w'lo]listic empowerment. This prompted youth with d. r . „ the same problems thus being m a unique KEDAN by the virtue of experiencing ,pc of action to counter the effects of Position to identify desirable and effective cou.se Ability.

,t f youth With disabilities can be lessened and self-
1 realized that; poverty bedeviling ^ themselves are given
. j sj10rt period n
[SI,]stainability achieved within a relative vol1jd ensure that the experiences,
c - tion This strategy[vv]
°PPortunities to determine courses ol ac ith disabilities aie moi. KEDAN is a non religious,
,leec,s' concerns and aspirations of y[ol,tl] w •virion that dehveis services and implements the
"discriminatory and not for profit o^
[P0,ici]es on the principles of neutral^

KbDAN is both a service provision and implementing organization with emphasis on capacity building and advocacy to protect the marginalized youth with disabilities aimed at "n proving the socio-economic status of the poor disabled youth in the society. The organization is run by and for youth with disabilities in recognition of the need for a body that understands their concerns and would wholeheartedly seek to address the imbalances impairing their development that hitherto have been handled by people that are not knowledgeable of their needs.

I he core component of the organization is the activation of youth with disabilities in the society to think creatively and independently to realize and participate in the integrated sustainable activities and efforts aimed at self renewal, improving their living standards and encourage all youth with disabilities to know their civil and human rights and to participate in all matters concerning or affecting them at all levels.

It aims at enhanced integration of youth with disabilities in community development with a mission of advancing the wellbeing of youth with disabilities by equalizing opportunities that promote pro-active participation in sustainable socio-**economic activities, towards poverty alleviation. KEDAN vision is to create an enabling environment in Kenya where, youth with disabilities can maximize their potential as well as play a more pivotal role in their personal growth and societal development.**

Particularly is seeks: To seek greater involvement of youth with disabilities in development and decision making processes; To facilitate socio-economic empowerment of youth with disabilities through self-sustainable projects. E.g. small scale enterprises, micro-credit etc; To facilitate information and service provision in health, mobility, legal and rights issues for youth with disabilities; **To** encourage and facilitate the integration of disability issues ,n

mainstream development processes in the country; To create awareness and advocate for the "gins ol youth with disabilities; and To liaise with other organizations to ensure that, the youth with disabilities gain access to resources, services and programs towards their life improvement.

4-13 For whom and how often is the HIV/AIDS training conducted

"eallh has become a major issue among young people, especially due to the growing "'V/AIDS pandemic, and drug abuse. Research has shown that a large percentage of new "IV infection occurs among the 18-35 age groups. The increase in pregnancy control dm available over the counter renders users more vulnerable to I1IV/AIDS and Sexually Transmitted Infections (STIs) since they concentrate on prevention of pregnancy and overlook the risk of getting infected with HIV virus. Young people are also affected by the loss or illness of parents or guardians suffering from HIV or AIDS.

Less attention is given to youth with disabilities in the efforts to fight the scourge yet HIV/AIDS knows 110 disability. Majority of disabled youth are dying out of ignorance for lack of information. There is a need for specific attention to be made towards educating disabled youth on the dangers of the disease and other related ailments.

Majority of youth with disabilities have various talents that can be nurtured into a source of livelihood in the long run. The skills acquired by the disabled youth need constant improvement to be able to Ill into the current job market. The ideas owned by this group would **be beneficial to them and the community in economic terms if training and mentorship programs are availed to help sharpen them into practical ventures. There is need for continuous training, support and counseling for the disabled youth to remain effective in whatever they are doing to better their lives.**

More **than often, persons with disabilities are regarded lowly in the society and have to go ihrougli numerous hardships to gain recognition. From negative perceptions, deregotive language and reference meted to them, their active participation in** *the development* **processes is severely hindered. Policy makers rarely give attention to issues affecting persons with disabilities while making policies thus jeopardizing their development making them appear as second class citizen.**

Persons with disabilities are known to be the poorest of the poor, this is a group that experiences the vicious circle of poverty day-in-day out. However, there are no genuine efforts being made to empower them economically with a view of reducing the poverty levels experienced by many.

Many of them have been left for the street leading to a negative mentality amongst the society members that, disabled persons are destined beggars. If we are to light poverty, concerted efforts must be made to economically empower persons with disabilities towards finding decent and sustainable livelihoods for themselves.

4.14 Strategies (he government should take to prevent the rate of HIV/AIDS infection on disabled women

In order to reach Universal Access to HIV prevention, treatment, care and support vision 2030 and the Millennium Development Goals in 2015, it is necessary for the goverment to make HIV&AIDS policies and programmes inclusive for people with disabilities. The UN, donors, AIDS service organizations, non-**governmental organizations, the private sector and disabled people's organizations: all play a role in making policies and programmes inclusive**

'()1 persons with disabilities. The following steps should be taken *to include* people with disabilities in I IIV&AIDS policies and programming.

4-15 Access to information on sexual and reproductive health and rights and to 111 V&AIDS information

Sexual reproductive health and HIV&AIDS prevention information must be accessible for people with hearing and visual impairments like materials in Braille, audio and video materials. Materials should also be available in a format that is accessible for illiterates, such [a]s cartoons and drama.

4-15.1 Access to sex education

'I is often not **acknowledged** that (young) people with disabilities also have sexual feelings, needs, and desires. As a result, many young people who live with disabilities do not receive sex education, either in school or at home. Young people with disabilities should also be included in sex education so that they can protect themselves from risky sexual behavior, acquire negotiating and refusal skills and build up their **self**-esteem.

4.15.1.2 Access to sexual and reproductive health and HIV&AIDS services

Health centers should be **accessible** for people with physical disabilities, for example by Placing ramps. Health centers should be able to provide comprehensive information and confidential counseling to persons with intellectual and sensory disabilities.

4.15.1.3 Prevention of sexual violence

Measures should be taken to prevent sexual violence and abuse of people with disabilities, such as training for people with disabilities on sexual negotiation skills and assertiveness; and

changing attitudes in communities regarding disability through public education. Prevention ol abuse in institutes/schools for disabled deserves special attention as well.

4.15.1.4 Participation of people with disabilities

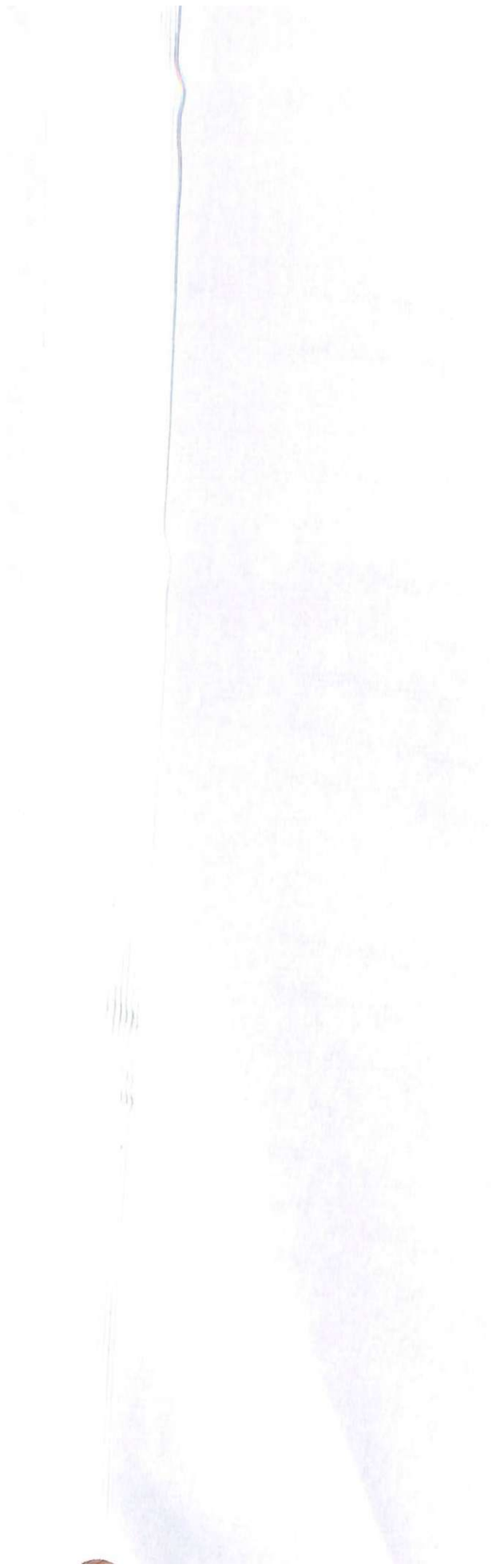
Guarantee that people with disabilities participate in the design, implementation and evaluation of sexual and reproductive health and rights and HIV&AIDS policies and Programmes.

4.16 integrate HIV&AIDS in disability work

Disabled People's Organizations should raise awareness among persons with disabilities and build HIV&AIDS into their regular programmes. They can also make human resources/disability experts available to provide support in the HIV response. Include disability in monitoring mechanisms; Ensure that global and national monitoring mechanisms track the involvement of persons with disabilities as planners, implemented as well as beneficiaries of HIV&AIDS programmes.

4.17 Measures that would further improve gender integration in HIV/AIDS responses

Kenyan community- and faith-based organizations (FBOs) need to respond to the immediate needs their communities lace in addressing HIV and AIDS. Through the Implementing AIDS prevention and Care (IMPACT) Project, funded by the United States Agency for International Development (USAID), Family Health International (PHI) developed a Rapid Response Fund (RRF) to support innovative projects created by local organizations. These grants for local organizations (capped at US5,000) have enabled groups to try novel approaches, many of which have grown into full sub- agreements with FHI.



[1] 'ighlights of the RRF experience include (he following:

' Since 1999, (he number of requests for RRF grants has reached 1,220.

' The number of RRF grants grew from five in 1999 to 57 in 2004. Since May 2005, 13 RRF grants have been awarded.

" A sampling of FBOs benefiting from RRFs includes:

" *Islamic Anli-AIDS Society:* 60 Muslim leaders studied Islamic principles and culture and developed guidelines for addressing HIV/AIDS.

" *Najaah Islamic Center.* 40 Muslim women were trained to negotiate safer sex in Polygamous families.

' I'LIIA **groups receiving** RRF **funding for innovative projects include:**

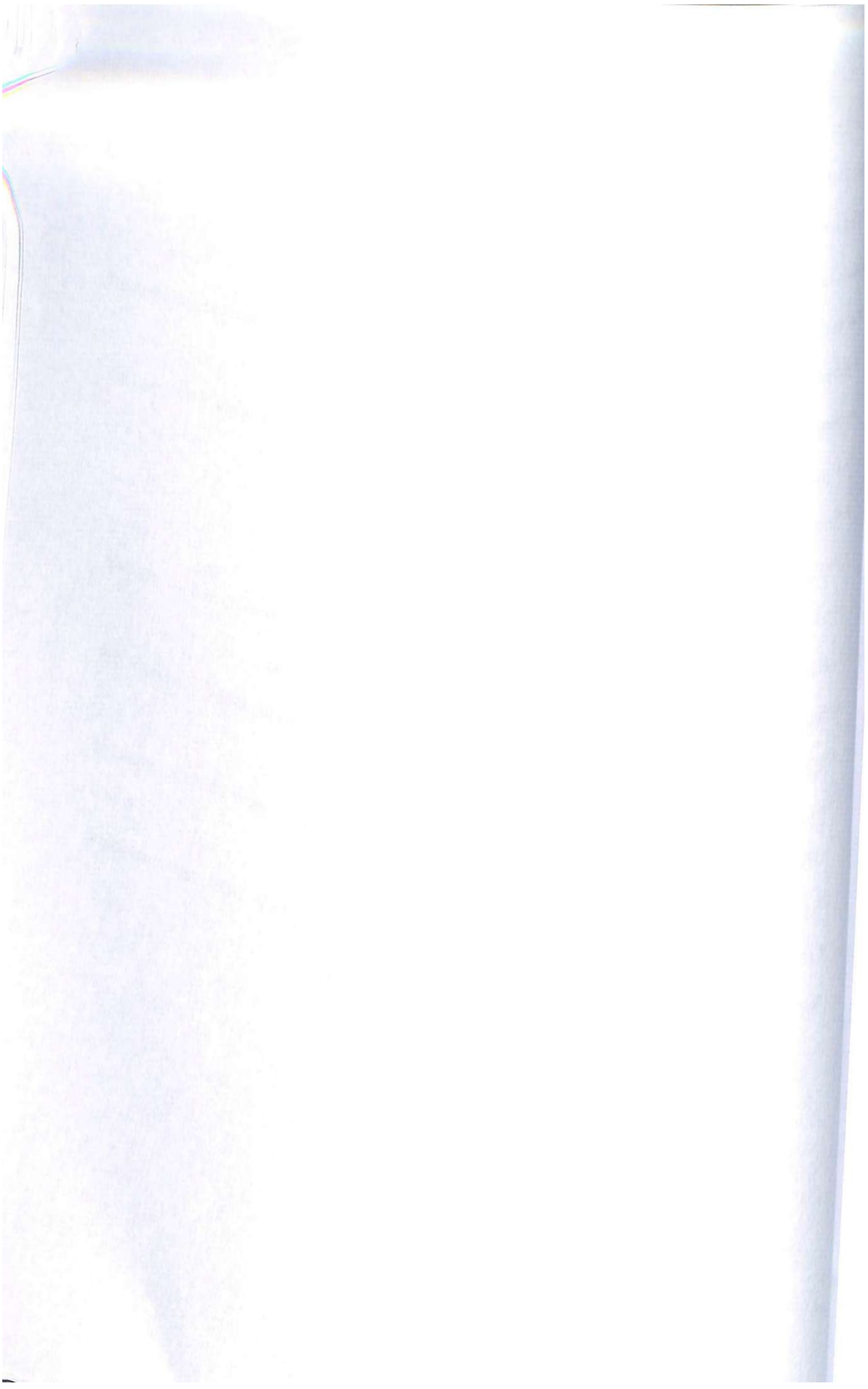
The following community-based groups received RRF **grants:**

" *Talking Horn Theatre Group:*: 300 youth in Lurambi were trained to reduce negative cultural practices predisposing community members to HIV infection.

" "**Kenya**[w] *National Association oj the Ueaj.* **zu uwi i ?o deaf persons were trained on** HIV/AIDS knowledge and safer sex negotiation skills.

" *United Disabled Persons of Naivasha:* 84 patients and children were trained to minimize 1IIV risk and reduce the burden of care brought about by HIV.

• *Kakamega Deaf Association:* 30 deaf persons were trained on HIV/AIDS, stigma reduction, and care and support for deaf persons affected by HIV/AIDS.



CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

Interpretations in the field: Conceptual **confusion and reductionism**

Recent commentators have noted 'the extraordinary changes required in the mentalities **of organizations of both domestic and international actors in order for the principle of gender mainstreaming to be implemented fully. In practice, the concept is open to a wide range of interpretations by different actors and the required 'changes in mentality' are by no means realized. In Ministries of Health, gender mainstreaming has often been conceptually reduced lo policies that aim to integrate women into health activities, for example through programmes addressing women's reproductive health needs. Interviewees in this study commonly interpreted gender mainstreaming within the health sector as ensuring a 'gender balance' in** decision-**making positions, and focusing on sexual, reproductive and maternal and child health. For example: gender has been seen within the MoH as a way for women to get lop positions of responsibility.**

The policy is very strong on gender. There is a strong emphasis on sexual and reproductive health and maternal health to make sure that women and children are taken care of. While these approaches may aim for positive outcomes for women's health and participation in the health **sector, experience suggests that without strategies to address gender inequities, their success is likely to be limited. As one participant commented: At a practical level, programmes are not addressing gender issues. For example in the malaria programme, they are promoting ITNs [insecticide treated bed-nets], but can women afford them?**

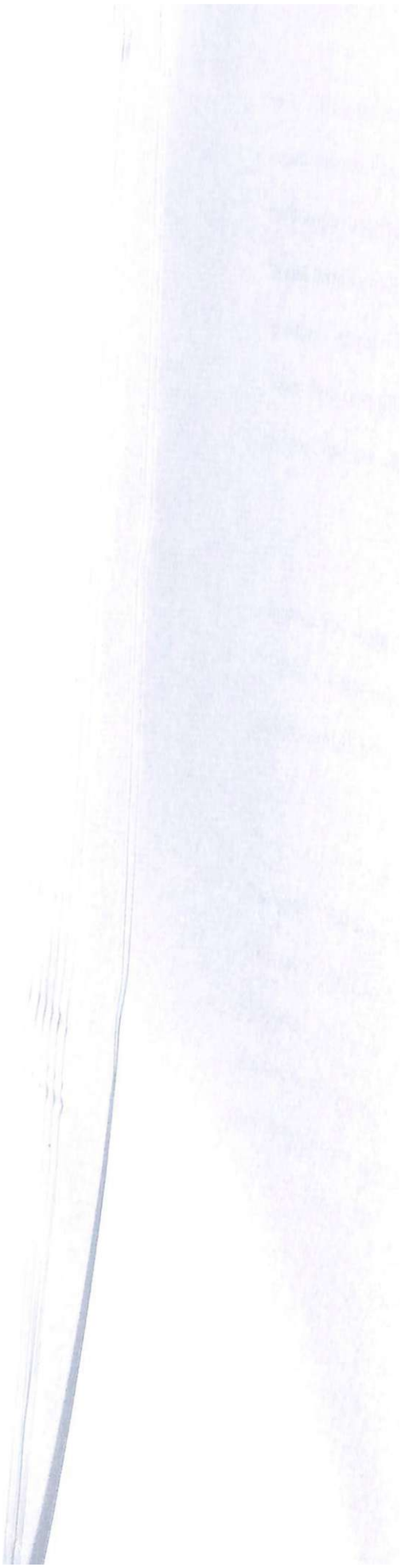
[1] conceptual confusion and reductionist approach to gender mainstreaming in practice has [lLs] ™ots m the dominant bio-medical discourse found within Ministries of Health. Similar conceptual confusion and reductionism is observed in translating the rhetoric of HIV/AIDS 'Mainstreaming into practice. Frequently, mainstreaming HIV/AIDS is interpreted as "deluding an MlV/AIDS component in existing projects; for example, adding an element of ' "V/AIDS education work to an agricultural extension programme. There is a consensus that "V/AIDS information can be imparted via, for instance, agricultural service provision I Iowever, it has been argued that while such programmes can potentially be beneficial there [ls a] danger that the staff involved have insufficient capacity to both implement their own sectoral work and carry out IIIV/AIDS prevention work effectively.

'"his interpretation of mainstreaming as an additional HIV/AIDS prevention programme also arguably has its roots in the initial bio-medical response to AIDS. The Food and Agriculture Organisation (FAO) highlighted this point with reference to (he agricultural sector, 'response measures to III V/AIDS within Ministries of Agriculture have been largely health dominated. This is partly due to the fact that in practice, HIV/AIDS is still primarily situated with a health-dominated paradigm and is perceived to be far removed from the core work of ministries of agriculture. Interviews with sector staff at national and district level reinforce this concern. This is illustrated by the quotation below where, even alter HIV/AIDS 'mainstreaming' training, (he focus is on adding a prevention component to the existing work of the extension workers rather than adapting core agricultural work to better meet the needs of those affected by HIV/AIDS :

When training farmers, the agriculture extension workers also include messages on AIDS. At training we were also given packets of condoms, both male and female for free and they showed us how to use them. The extension workers were supposed to go and give the condoms to the communities. The majority of central government sectors in Kenya now have /bccii points; these are existing staff within an organization who are charged with facilitating •nainslreaming HIV/ AIDS within their organization, most commonly in addition to their core (unctions. Among many of these key staff the interpretation of HIV/AIDS mainstreaming was much broader and included changes to core work:

1 lowever, this broader interpretation of HIV/AIDS mainstreaming does not generally extend to the majority of staff at either national or district level, who have interpreted HIV/ AIDS mainstreaming as the addition of HIV prevention to their existing work responsibilities rather lhan developing new approaches as part of their core work.

Thus while the ideal of both HIV/AIDS and gender mainstreaming requires that staff consider the multiple inter-linkages of these issues within in all aspects of their work, the necessary 'mentality changes' are not yet widespread and • w ^ - u l nnd this appears to be partly related to <IT the dominance ol bio-medical tnsc , ,• oc For both sender and HIV/AIDS mainstreaming there are considerable challenges to bring about these lequue i • these reciuired changes in perception both at Policy and process level.



5.2 Conclusion

S'2.1 Policy Constraints: Limited evidence base

Some concerns and gaps within the policy approach to mainstreaming and the challenges within the adopted processes of mainstreaming, particularly the use of focal points and training are discussed below.

[1] lie lack of evidence of the complex impacts of IlIV and AIDS on the work of different sectors and gender on the health sector has been cited as a fundamental problem by a Mainstreaming HIV in development. Gender disaggregated data are rarely collected as part of [1]'ie routine information management systems within sectors or as part of broader research. The lack of in-depth qualitative *studies of lived experiences* with relation to both gender and **HIV**/AIDS in key sectors further deepens this gap in the evidence base.

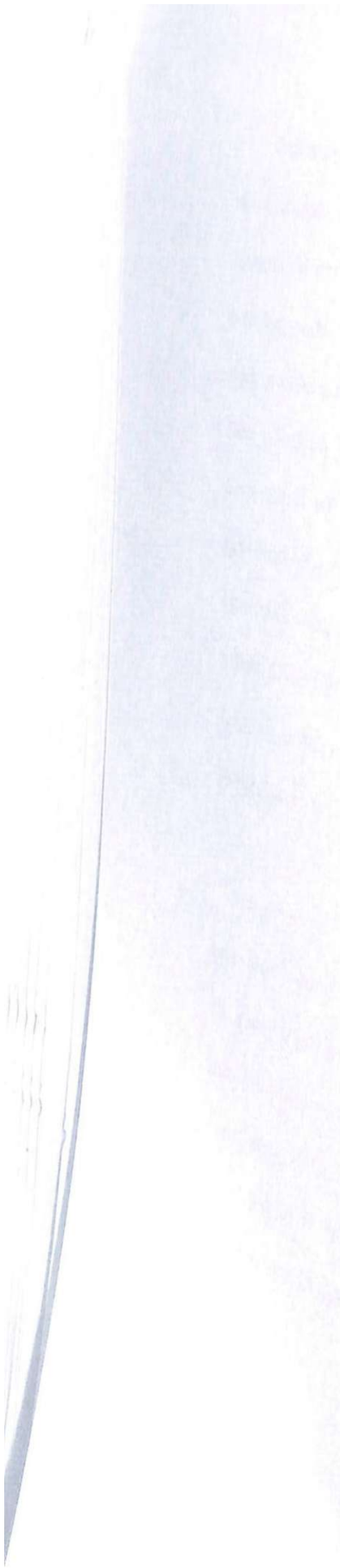
This lack of evidence has its roots in the perception within health and development sectors that gender and HIV/AIDS are not of central concern to core areas of work. While for gender many organizations and ministries have become adept at including gender sensitive wording at some point within their policies, gendered responses tend to evaporate in more specific Plans and crucially within key indicators of the sector's performance. With the increased emphasis on targets, those keen to mainstream HIV/AIDS would do well to learn from experiences of gender mainstreaming and ensure that indicators of the sector's response to IIIV/AIDS are included in key strategy documents. For example an indicator of mainstreaming could be the number of agricultural programmes that include extension work to advise AIDS affected households on less-labour intensive farming techniques and tools and the proportion of households reached by these activities. The inclusion of such indicators for both gender and HIV/AIDS goes some' way to ensuie tn ensure that sectoral management [1,1] formation systems are established to regularly collect (his information.

s.2.2 Policy Conundrum: The role for donors/a resources or sustainable responses?

Across sub-Saharan Africa (he policy and resource environment is changing. Sector wide approaches (SWAps), defined as an approach to aid where donors contribute to central government sector budgets rather than funding individual projects, have changed the landscape of donor funding. Ideally within a SWAp, mainstreamed, cross-cutting issues such as HIV/AIDS and gender should be addressed within the sector's routine budgets, and allocated resources accordingly. However, such issues are unlikely to be addressed organically and some means of'kick-starting' the process is necessary. Capacity building Processes with sector staff are intended to achieve this 'kick-start', but these strategies need not only to be resourced, but also to include in-built mechanisms for sustainability. While the majority of donors, under the new SWAp arrangements, are no longer prepared to fund specific gender mainstreaming projects, this has not been the case for HIV/AIDS niainstreaming work.

For example, in Uganda .he World Bank, through .he Uganda AIDS Commission, has established the Uganda AIDS Control Programme with the specific aim of supporting all -ctors ,o address IIIV and AIDS. While such specific project support seems to contradict the SWAp philosophy, HIV/AIDS is seen as an emergency situation that needs a direct response, which cannot wait for the long-term capacity building that is .he foundation of SWAps. While such arguments for a different and more urgent approach to H.V/A1DS are easy to accept, i. is important **not to overlook** concerns of sustainability.

In 2000 Cohen c o n — that 'the lessons of others fin gender main,reaming, need , be captured in any attempts to mainstream HIV, for unless they are, then efforts



Im ino often lulled tor gender will lead to similarly disappointing and ineffective ^comes' (Cohen, 2000, p. 2). However, it would seem that the relatively recent drive for mainstreaming IIIV/AIDS has learnt little from the experience of gender mainstreaming.

While the substantive nature of HIV/AIDS and gender may be different particularly considering the entrenched nature of gender norms relative to the more recent and obviously devastating impacts of HIV and AIDS A the processes of mainstreaming the issues within development sectors have been very similar. The same strategies are being pursued and appear to be falling into similar traps; focal points are under supported and under-resourced Placed in positions lacking in influence with no allowance within their workload for the additional HIV/AIDS mainstreaming tasks; training rarely reflects the realities of Participants' areas of work and little attention is given to more creative ways of supporting s1{,ff to ask questions of their work that would bring together concerns of all vulnerable groups in the communities (hey serve.

furthermore, the ability to devise more effective policies and strategies are undermined by l'ie limited evidence base elucidating the realities of the lives of those infected and affected by HIV and AIDS. Underlying these constraints, there are the further challenges of sourcing funding for mainstreaming within the new environment of SWAps. These challenges can be interpreted more positively if they are seen as opportunities for strengthening national government mechanisms for planning, budgeting and monitoring systems that include ' "V/AIDS and gender concerns within core sector activities.

5,3 disability Rights in Kenya

5-3-1 Statistics

According to (he National Survey on disability from 2008, about 4, 6 % men and women 1a ve disability. The extraordinary low prevalence (compared to estimates of WHO "Hlicaling that 10% of every population has disability) may be due to the general understanding of the term disability in Kenya Disability is in Kenya widely associated with chronic respiratory diseases, cancer, diabetes, malnutrition, HIV and AIDS, other infectious diseases and injuries such as those from road accidents, falls, landmines and violence' and Way be too low (African Decade baseline 2008)

However, the SIDA funded DRPI report from 2007 on the Rights of Persons with disabilities in Kenya, estimates that about 10 % of the population or about 3, 280, 000 men and women are disabled. The majority of these people live in a cycle of poverty due to stigmatisation, limited education opportunities, inadequate access to economic opportunities and access to "ie labour market. 80 % or approximately 1.4 million persons with disability live in slum areas, informal settlements at the edge of cities or under very poor conditions in rural areas. Unless (hey are fully included in the development *process of Kenya, it is* unlikely that the country will meet the Millennium Development Goals in general and goal no. one in Particular. Progress towards eradication of poverty is presently "off track", according to the MDG monitoring initiative.

^•3.2 Legislation

The Constitution of Kenya does not specifically address disability issues particularly women With disability as a unique group. However, Chapter 5 guarantees freedom and human rights of

<'" Wizens, so assuming .hat people with disabilities are included amongst 'all citizens' it does secure their rights.

Hie disability movement adopted a united front during (he constitutional review process and S l o p e d a memorandum to have their issues included in the new Constitution. Noting that Orall Constitution was rejected in a national Referendum in 2005, thereby providing a Prions setback to the realization of the rights of persons with disabilities, the State *of* Disabled People's Rights in Kenya observes that The Draft Constitution could have been of great impact [111] protection of the rights of people with disabilities, as it contained clear provisions [s]*l*)ec//icn*Ily* ucldressing the rights *ol* people with disabilities. Article 43 placed an obligation "pon Hie slate to ensure that their rights are enjoyed' (p. 19) (African Decade Secretariat baseline 2008).

2003 The People with Disabilities Act was passed 2003, staling that all discrimination of Persons with disability is prohibited and it went into force in June 2004. However, only minor Parts of (he Act have been implemented. The government has recently "gazetted" several **remaining** sections of the Disability Act (2003) which are now to be implemented, such as [s]'eps towards **accessible** public buildings and transport and income tax exemption for PWD. [11] should he noted that the revised draft of a disability policy based on the act and inclusive of **persons with disabilities still awaits approval by the Attorney * , « * » . The UN invention on Rights of Persons with Disabilities was signed and ratified May 2008.**

'» « * r to promote the rights of persons with < — v and mainstream d t s a f y in all aspects of national development a *National Council for People* **Disabilities** - NCPWD - **was [us,i]blished in 2004. The Council is currently under the Ministry of Home Affairs under the** ° m c e o n „ e v i c e P r e s i d e , , . , 2, — — v a r i o u s — v o n i o n s **and**

envcrnmem ministries and regularly inform about its activities on an own vvebpage http.V/ncpwd.go.ke/ . Recent activities of the Council include establishment of the National Development Fund for Persons with Disabilities, which has been provided for in the 2003 Pe»Ple with Disabilities Act, by allocation of KES 200 million and Inauguration of the Board 1)1 Trustees.

', 1c hind supports organizations of and for persons with disabilities and may also be used in 1,PP0rt of poor persons with disabilities. Also, the Council is leading on implementing the agreed action plan of the African Decade Initiative. Kenya formally entered into the African Decade of Persons with ***Disabilities*** (1999-2009) in 2004.

,3y today the country has developed a National Plan *of Action* for the African Decade of People with Disabilities and set up a National Decade Co-ordination Office (NDCO) and a Decade Steering Committee (DSC). A strategy has also been developed to ensure Mainstreaming of disability in all bilateral co-operation activities of the country. An important initiative is (he new performance contracting system, which as a statutory obligation demands of all government *institutions including* ministries, state corporations and local authorities to Iar<e steps to mainstream disability issues.

5 3.3 Poverty Reduction *strategy*

Hie Government of Kenya prepared their first Interim Poverty Reduction Strategy Paper in 2000-2001 without any involvement of Disabled Peoples Organisations. In connection with the next strategy - *The Economic Recovery Strategy for Wealth ami Employment Creation* 2004-2007- Civil Society was consulted, but persons with "physical" disabilities were only Mentioned in a *list of marginalised* groups. Under clause 2.4 of (he strategy paper *the poor are* Mustered in certain socio-economic categories that include small farmers, pastoralists in Arid

Semi-Arid Land (ASAL) areas, ***agricultural labourers, casual*** labourers, unskilled an< •^unskilled workers, female-headed households, and people with physical disabilities.

[1] *Investment Plan for Economic Recovery Strategy* - IP-ERS (later formally accepted at Kenya's strategy for poverty reduction) has since then been reviewed twice and two annual Progress reports been published with no mention of disability. Recently the Government completed a Medium Term Plan 2008-2013, based on visions for 2030. The MTP mentions disability in a few places. Despite (he low attention in the overall poverty reduction plans, Kenya has since 2000 increased overall attention to disability in national development and [1]''ie government shows increased willingness to secure and advance the rights of people with disabilities. However, activities addressing disability are fragmented and scattered though, making it difficult to track real progress.

Human Rights **and Democracy**

Kenya has ratified most International human rights instruments including the **Conventions** Protecting women and Children - and (he *African (Banjul) Charter on Human and Peoples'*

However, national reports on the present situation of the country have not been **Provided in time to monitoring bodies.**

• • n.imm Rights (KNCHR) was established independent Kenya National Commission on Human Kights (i <1 , • mm tn nromote and monitor human rights in Kenya, trough an Act of parliament m 2002 to piomote 0 - I I - m i n t e d in the Commission with three leading Cm reutly, the disability movement is well lepiesented j niiri hw - and formerly involved in «nd experienced representatives specialized m advocacy and law • j-„.*to that* (he legal system of Kenya is still drafting of the CRPD. I lowever, reports indicate that leg , a,:.,|iv women with disability, as their Violating the rights of persons with disability and especially women

awareness on own rights is limited and no policy protects them against domestic/gender based violence.

[11] order to improve upon the general slate of the country a harmonized draft Constitution ^enya has been prepared and recently (November 2009) and released to the public. Tl (onsiitiuion explicitly prohibits discrimination on (he grounds of health status and disabili [aiK, ,s] expected to be subject to referendum March 2010, after approval of the parliamei (ILO).

5.3.5 Education and Health

Since 2003, the government of Kenya has prioritised Education for All, including *free Primary education.* It has resulted in a large increase of enrolment rates within primary school and made the government apply a ***similar approach to special*** *education* and schools 'or children with disabilities.

[1] lowever, only 26 000 or 1.7% of the estimated 1.5 million children with disabilities in Kenya have real access *to* some form *of education* (Mr. Phitalis Were, UNDP Intranet Bulletin, is September, 2008). *This* means that close to 1.77 million *children with special* needs are not receiving any educational support. Reasons for this include: poverty, long distance to school, Parental ignorance, limited training of teachers and lack of assistive devices, like Braille [6]ooks. The substantial international support to special education pHnpflfion since the eighties has failed [10] secure the rights to education of disabled girls and boys.

The Edt,cation Assess,,,,,, Resource Centres, a struct,,re established in districts throughout

documents indicate that Educational Assessment Resource Centres (EARCs) have been established in 72 out of 149 districts to facilitate the identification, assessment, referrals and placement of children with disabilities (African decade baseline 2008)

The Health care system in Kenya offers a number of specialised services for persons with disabilities through the Division of Rehabilitative Health Services which provides assistive devices, occupational therapy and physiotherapy. However, it has proved difficult to reach men and women with particularly severe disabilities this way. The 2007 baseline survey indicates that it may have to do with the ignorance and insensitivity of the health service providers. (Report of Ml Campaign on Disability and HIV and AIDS Workshop, 2007) For Mi's reason *the Ministry of Health now plans to mainstream* CBR *in* the national health care system for early identification /assessment/screening, diagnosis and management of disability. Management and development of health services will be decentralised in order to provide locally more appropriate services ensuring rights of the most disadvantaged groups, including persons with disability.

5.3.5 Environment and Natural Resources

There exists overwhelming evidence of climate change in Kenya and one of the apparent signals is the rapid and drastic disappearing of glaciers on Mt. Kenya with scientists Projecting that the ice cap on the mountain could disappear by the year 2020. There have been extreme weather conditions in the country, leading to draughts, floods and food shortage. More of this is expected. According to World Bank research, persons with disabilities are more vulnerable to stress such as elm,ate Chang 1 oo ,Winnie change, disasters and conflict,

Persons with disabilities are left often behind and given last priority.

5-3.6 *Civil* Society

disability movement in Kenya has a quite long history and human rights actions by ' W s (disabled persons organisations) began in the late I950's. The first DPO was *Published in 1959* (KUB, Kenya Union of the Blind), later in the 1980's The Kenya National Association of the Deaf (KNAD) and the parent's organisation Kenya *Association* lor Intellectually handicapped (KAIM) and a few others were established. In 1989 the National umbrella organisation, United Disabled Persons of Kenya (UDPK) was formed together with 130 national and community based DPOs. Traditionally many of the °"ganisations have been charity based and (he medical rehabilitation model with homes and *Quires* for PVVD has (o a large extent *dominated the scene.* Today, however, one can see a shift towards a more typical human rights based movement (DRPI report).

UDPK is the best known umbrella body/cross disability organisation in the country and it is made up of 194 *disabled* persons' organizations. UDPK aims to address disability equality concerns through legislation, advocacy and awareness-raising. Over the past years UDPK has Worked closely with the Government *in policy review,* planning and evaluation. However, the strength of the organisation and the strength of many of the individual DPOs is heavily challenged by internal conflicts and power struggles, making the total disability movement appear rather fragile and fragmented.

Among the Nordic countries Sweden and Norway support selected DPOs through SHIA and 'Hie Atlas Alliance. SHIA is currently involved in support to KAIH -Kenya Association of ">e Intellectually *Handicapped,* KISEA - Organisation for special education teachers, handicapped children and their parents and PAK - Psoriasis Association of Kenya. SHIA P'ans to phase out its support to Kenya by the end of2010.

S,da luis already started to include women with disabilities as target groups in Agricultur e a,ul Koad Construction programs. It is important that these initiatives are monitored and ,(^sons learnt. Were women with disabilities reached as intended? What lessons could be 'earnt? Sida could engage DPOs to assist with the evaluation. Sida could also address disability within the following areas:

General

^(i'ess in dialogue with government of Kenya (he need for disability specific indicators in the poverty reduction plan among women.

Stress in dialogue with the government the need *to include* a well developed women with disability dimension in national surveys to identify the situation and needs of PWD for Purposes of planning and service provision. Use the DRPI report on the situation of PwDs (funded by Sida), particularly for women, as an advocacy tool.

'"elude women with disability aspects in *TORs* for reviews (like the midterm review 2011) «nd evaluations of ongoing programmes in order to generate knowledge on current Performance and recommendations foi *how* nest *best to increase* mainstreaming in the future.

Democratic governance/Human *Rights*

Follow closely .he completion and implements,on of the New f,ho.-, nf the New Constitution as well as the ,,ew electoral law at annual reviews and secto, „ . „rlo.. meetings/reviews. (SIDA Strategy p. 9) '•specially (he need to secure the ngm.s fwomen with disabilities to participate in politics decision making could he raised and specific measuie , „;/;,. measures to follow their participation in the Sectoral processes and involve,nent in decision , . making could be suggested.

fallow up and ask about (he progress on the mainstreaming of disability in government institutions as part of their new performance contracting system. In order to sustain the Decade related work initiated in Kenya Sida could allocate a specific budget to support the government plan of action. This can possibly be combined with support to capacity building ol the Disability Council and its staff, including consultation with the SADPD in Cape Town relevant NGOs and DPOs. Follow up with the National Council for women with disabilities (NCPWD) on their implementation of the African Decade initiative.

5.3.9 Education and health

Access of children with disabilities to primary inclusive education could be raised in talks with Government of Kenya and specific measurements to follow training of teachers, Provision of assistive devices and **enrolment**/completion of girls with disability suggested.

Suggest and support monitoring **of** disaggregated data on women with disabilities in health and reproductive health programs in connection with registration of number of people with access to health services as mentioned in the KJAS. In particular access to services which can Prevent HIV/AIDS, maternal and child mortality may be of interest.

5.3.10 Civil Society

Include Disabled Peoples Organisations in general networking, consultations and capacity building efforts for civil society. Support could also be provided in areas such as monitoring of budgets, ' disability auditing" and management skills, and preferably be combined with SIDA promotion of increased inclusion of DPOS in broad consultations forming part oI annual follow up of the KJAS and MTP (cf. SIDA strategy p. 13).

Promote the involvement of DPOs in the monitoring of the statutory obligations to mainstream disability in all government institutions as outlined in the performance contracts. Promote that National Council for Persons with Disabilities (NCPWD) consult and involve DPOs in the early stages of the different planning processes to allow enough time for input from PWD.

^•3.1 I Implementation Status of Policies and Legislations on gender Equality

Despite (he existence of the policies, legislative reforms, plans and programmes, gender disparities still exists in legal, social, economic and political levels of participation in decision making, access to and control of resources , opportunities and benefits. Overall the implementation of policies and laws has been slow; a situation attributed to gaps in the laws, delayed enactment gender related legislations and lack of comprehensiveness in content for the same laws e.g. Sexual Offences Act and the Children's Act. Other challenges include: Weak Coordination, harmonization and networking among actors at all levels; Inadequate resources (human **and** financial); Limited technical capacity and capacity consistency due to deployment / transfers; Lack of Monitoring and Evaluation (M&E) framework; Socio-cultural issues; Misinterpretation of the concept oi to encie f f u -nnrent offender as women rather than women, '"en, boys and girls; Lack of gender sensitivity at coic • ic'fiwitv fit rore sector indicators development and targets setting; Lack of budgetary allocation taigctinj, y ii w i n n targeting gender activities at sector levels and national budget; and Lack of structural , . i in I-opes at different levels (community to Parliament) to facilitate translation of commitment to actions •. ont tn options with a sustained momentum.

The biggest challenge lacing Kenya today is how to create an flatp nn enabling environment for Sender equality and translating commitments into ado, . ,c int0 action with concrete strategies to eliminate Persistent gender inequality and recognize the roles • rh-roles of women and **men in** the development of ,lle country.

5.3 Recommendation

lender mainslreaming provides some pertinent lessons here. Where gender mainstreaming IU,S heCn llmded as a *Pecific P'-oJect within the work of sector ministry, anecdotal evidence would suggest that gender related activities rarely continue once the gender project comes to an end.

^•3.1 Process constraints: Who has responsibility for mainstreaming?

Attempts at mainstreaming both gender and HIV/AIDS have drawn on the strategy of establishing 'focal points' within the sectors concerned who are charged with acting as catalysts or facilitators of a response by all staff. Ideally all staff takes responsibility for mainstreaming, however the *presence of a focal point* can actually act to devolve responsibility from others. For focal *points to be* effective agents for mainstreaming either "1V/AIDS or gender, they need to be situated in key ministry divisions and gain support Prom (he highest levels.

5.3.2 ISuilding mainstreaming capacity: The need for a sustained and responsive pedagogy

Training for staff members at national and district level has been one of the main strategies *for* building capacity to mainstream both gender and HIV/AIDS across sub-Saharan Africa, and have met with similar pitfalls. The content of HIV/AIDS mainstreaming training has Mainstreaming HIV in development sectors often been reduced to HIV/AIDS awareness training, while gender training all too often focuses on theoretical concepts of gender and is rarely applied to the realities *of the areas* of work of those being trained. Both gender and HIV/AIDS touch at the core of human relationships; they challenge us to deal with culturally entrenched relations between the genders and in addition, AIDS raises the taboo areas of sickness and death. In light of this, many gender and HIV/AIDS trainers argue that training

,(>r mainstreaming must start with participants looking within to explore personal perceptions myths and attitudes. It can be argued that gender mainstreaming faces additional constraints where HIV/AIDS is a relatively new phenomenon with obvious devastating consequences- the negative impacts of gender in equity have been experienced over many years and are accepted by many in society

Changing such entrenched gender norms is a great challenge. However, even though HIV/AIDS may be recognized as a serious problem, responses such as greater openness about sexuality and non-judgemental altitudes towards People Living with I-IlV and AIDS still challenge social norms for many. Both HIV/AIDS and gender training process must include exploring such personal perceptions and norms, but also need to provide space for staff to relate these cross-cutting issues to their area of work.

Howard (2002) emphasizes the need for gender training to be responsive, participatory and grounded in the realities of different stakeholder contexts. The challenge here is to link the personal with the political and then transform this depth of understanding into practical action within core work. Training that does not link these three components has limited potential to change practice.

The lack of evidence of any impact of gender mainstreaming training is noted. In a situation where rapid changes in development policy generate ever increasing training needs for staff- across all sectors, there is also concern that an increasing proportion of staff time is spent on training rather than their core work. This suggests a need for reflective evaluations that can inform the development of more creative and joined- up approaches with a more lasting impact. Possible alternative approaches include mentoring systems, which provide key staff with continual technical and personal support, or working groups tor staff facing similar

issues to exchange ideas and experiences. In addition, it may be important to consider whether and how inputs on various mainstreaming strategies could be combined. The findings of this study can be used to guide the planning and implementation of HIV prevention and management programmes for people with disabilities. The findings herein confirm that persons with disabilities need special focus in the fight against HIV and AIDS pandemic in Kenya.

Bibliography

African Union of the Blind (AFUB), Kenya Union of the Blind ,kub, and Centre tor Rights, Education & Advocacy (CRI3AD 2007))State of Disabled Peoples Rights in Kenya Report(http://www.yorku.ca/drpi/files/KenvaRepnrtn7pHf'

Barner C. (1999)Exploring disability: a sociological introduction.

Iilwan A (1999) Poverty and disability, social protection unit Human development network. *Work bank*

Oroce N &Trasi R (2004) Rape of individuals with disability: AIDS and the folk belief of virgin cleansing. The LANCET, Vol. 363:1663-1664, May 22.

Oroce N (2003). HIV/AIDS and people with disability. The LANCET, Vol. 361:1401-1402, April 26.

Helander E„ Prejudice and Dignity: An Introduction to Community- Based Rehabilitation (New York: UNDP, Second Edition, (1999).

Heuinen Judith (1995) Hidden siste. • <... .wmn<Mi .women and izirls disabilities in the Asian f, pacific region. New York United Nation.

Heumen Judith (1995) The gender .eahty , . of HIV/AIDS Centre of health and gender c-ity hdp/www.peprnnvatch.otg/puhs/gendet, NV-pd,.

III V/AIDS S fact sheet (2001) UN special session report.

litlp://ncpvvdTiles.woixlpressxom/**2009/12**/knspwdpreliminaryreportl.pdf

http.V/www.knchr.org/dmdocuments/Occassional_Paper.pdf

http://vvwvv.planning.go.ke/index.php?option=com_content&view=article(&catid=68:ho tl=l84:economic-survey-2009&Itemid=l

Joint report 2003, Women and IIIV/AIDS: confronting the crisis,

KNCHR (2007): Objects of pity or individuals with rights: the right to education for children with disabilities

Mainstreaniing, Gender into the Kenya HIV/Aids strategic plan (2000 - 2005) National Aids Control Council.

March C.Smyth 1.& Mukhopadhyay .M. (1999) A Guide to Gender -Analysis Frameworks. Oxfam.. U.K

Maxine Molyneux (1984) Mobilisation without emancipation? Women's interests, state and revolution in Nicaragua:

Ministry of gender .children and social development vvorU p.ace po.icy on HIV and AIDS June (2009) (Newsletter)

Mose, C, 1993, Gender and planning **Oeve**.opment: Theory, practice and training Rontledge, U.K

Report on Global HIV/AIDS Epidemic

Mussel Bernard, (2000) Social research methods: qualitative and quantitatn approaches, Sage publications, U.S.A.

Russo, H(2003)Educalion for all: A gender and disability perspective

Sage. *Critical Social Policy June 1984 4: 59-71.*

Secretariat of the African Decade of Persons with Disabilities (2008): Baseline study on the Status of disability maiiistreaniing in Kenya.

The Kenya Medium Term *Plan:* Strategic Plan Report 2008-2013

UNA IDS, *July 2002.*

UNAIDS/UNFPA/UNIF11M.

National Coordinating Agency for Population and Development (NCAPD) And Kenya National Bureau of Statistics (KNBS) (2008): **Kenya National Survey for Persons with Disabilities:** A Preliminary Report

National reporting framework of indicators: **the vision 2030 first niedium-term-plan** IUtp://www.planning.goJve/index.php?option=com_contenl&view=article&catid=68:home&id=l 84:economic-survey-2009&Itemid=l

Policy press in association with Blackwell .Publishers LMTUK.

Report on Global HIV/AIDS Epidemic

Rnssel Bernard, (2000) **Social research methods: qualitative and quantitative approaches,** Sage publications, U.S.A.

Russo, H(2003)Education for all: A **gender and disability perspective**

Sage. *Critical Social Policy June 1984 4: 59-71.*

Secretariat of the African Decade of Persons with Disabilities (2008): **Baseline study on the Status of disability niainstreaming in Kenya.**

The Kenya Medium Term Plan: **Strategic Plan Report** 2008-2013

UNA IDS, July 2002.

UNAIDS/UNFPA/UNIFBM.

UNICliF (1999) **Global survey of adolescents with disability: ,an overview of young people living with disabilities their needs and their rights.** New York. Unpublished report prepared for World Bank.

Violence and abuse ofwomen and girls in Kenya (2001), A PCA fact sheet

Visvanathan ,N.Duggan,L.Nisonoff,L.& Wiergerman ,N (eds) **(1997)The Women Gender and Development Reader.** *ZeclBooks Ltd. Lodon.*

WIIO (1997) Multi-**center study** Kisuniu Kenya.

Appendices

Appendix 1: Interviews guide.

(i) Name of researcher_____Registration Number.

(ii) Dale.

(iii) Location.

(iv) Stratification Area.

Introduction.

My name is Rosemary Ngari. Am conducting a research in partial fulfillment of the requirements for Master of Arts in Gender and Development Studies at the University of Nairobi .The interviews form part of a study on the policy documents in the government ministries and their inclusion of HIV/AIDS on disabled women.

Because of your position and knowledge, I feel that you are the most appropriate person *to provide* with the information that will give me better insight into the Question I am studying.

Please note that all the information provided ***will*** be treated as highly confidential y°"r honest and reliable response will be highly appreciated 1 assure you that your 'espouses will not be *used* ***against*** you in the future and will, not be used for any other purpose but the study aim currently conducting.

a) Respondents *(letnUs(* Key informants from the relevant ministries / departments of *GOK.*

I. Name of the ministry/government /department /institutions/organization

2. Name of responding officer

3. Position

4. E-mail Address

5. Postal address

6. Tel No

7. Fax

8. What is your understanding of gender?

9. What is your understanding of gender integration?

d

10. What do you understand by person with disability?

I I. What do you understand by gender responsive HIV/AIDS policy?

12. Describe who at each level between your ministries organization structure (head quarters to the grass root) is responsible for gender integration in HIV/AIDS and if there is any structure that focuses on disabled women in particular.

I3. AI what level of the organizational do you have experts /advisors engender ,disability and HIV/AIDS?

14. Describe briefly the level of participation oI .disabled won •• f ,lic.,bled women within the organization

stwpluivf HM oil)?

15.Are there formal requirements for participation or representation at each level ? If so specify.

16. Do you have any HIV/AIDS gender and disability integration training programmes within your ministry, organization or institution ? If yes describe briefly the content of training programmes.

7. Who conducts the IIIV/AIDS training programmes?

• i ! . t.

18.For whom and how often is the HIV/AIDS training conducted ?

19.In your own opinion, what strategies should the government take to prevent the rate of HIV/AIDS infection on disabled women?

20. What measures do you think would further improve gender integration in HIV/AIDS responses.

'UN/ v

'W.S. 'OtA: - . . . "MYI

UNIVE'. 'TY O* N*J!OBl

W3TJTJJTti Of Mif»"rvlOGll

CINDER AWUCAN STUMPSj

inn* Y