KAHII

'Strategies from the South' Initiative in Kenya

Final Report

From 20th January 2011 to 11th April 2011

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1. Introduction

At the close of the three-day UN Summit to Review Progress on MDGs held in New York in September 2010, world leaders reaffirmed their commitment to and set out specific steps to be taken by all stakeholders to accelerate progress in achieving the Goals by 2015.

The outcome document titled '*Keeping the Promise: United to Achieve the Millennium Development Goals'* spells out major successes and lessons learned over the ten years, taking note of the uneven progress among regions and between and within countries as well as some of the opportunities that exist. The document affirms that despite setbacks due to the economic and financial crises, the Goals remain achievable. Indeed, with renewed commitment, effective implementation and intensified collective action by all Member States and other relevant stakeholders, can translate into better lives for billions of people around the world.

A global coalition known as Strategies from the South, has been engaged in various joint advocacy initiatives that lobby governments to strengthen and accelerate the achievement of commitments made through the MDGs by adopting a more comprehensive approach. The coalition is made up of 43 international and regional networks from Africa, Asia Pacific and Latin America and the Caribbean from the fields of HIV/AIDS, Sexual and Reproductive Health and Rights, Human Rights and especially Women's Rights.

In Kenya, the coalition is represented by three Civil Society Organizations (CSOs): the Society for Women and AIDS in Kenya (SWAK), the African Women's Development and Communication Network (FEMNET), and the Kenya Agricultural and Health Initiative (KAHII). The three organizations collaborated under the South-South Strategies coalition, to track progress in implementing national-level commitments under MDGs 3 (Promote Gender Equality and Women's Empowerment), 5 (Improving Maternal Health) and 6 (Combating major Diseases, with a special focus on HIV/AIDS) in Kenya.

This joint advocacy initiative was implemented through two activities namely:

⇒ Non-Governmental Organizations Joint Advocacy Workshop
⇒ Interviews with key government officials

The initiative was supported by the Foundation for Studies and Research on Women (FEIM).

2. Non Governmental Organizations Joint Advocacy workshop

The workshop was held on 24th February 2011 at the Meridian Hotel Nairobi Kenya. This report documents the main processes, discussions and outputs of the advocacy workshop and also the results of the interviews on tracking and filling the gaps on the implementation of MDGs 3, 5 and 6.

2.1. Objectives of the Workshop

The meeting aimed at providing a forum for NGOs to engage in collective analysis, evaluation of progress made and identifying the gaps, as well to jointly strategize on a way forward through action planning to accelerate the implementation of MDGs 3, 5 and 6.

The specific Objectives were to:

- To provide a forum for participants to share on what their organizations have been doing in relation to implementation of the three MDGs
- Generate debate around the progress made in implementing these MDGs
- Engage in collective analysis, evaluation and sharing of lessons learned and ultimately chart a way forward which will inform future actions.
- To identify the gaps vis a vis the targets towards achieving the MDG 3,5 and 6 and come up with strategies to lobby the government to accelerate their achievement

2.2. Participants

In attendance were a total of 36 participants drawn from organizations operating in diverse fields relevant to MDGs 3,5and 6. They included organizations working in the areas of HIV, women's empowerment, human rights, advocacy and maternal health in Kenya. They represented National women's networks and grassroots organizations which have been working on implementing various activities related to the three specific MDGs.

2.3. Opening of the workshop

The workshop started at 9.00 a.m. with prayers. One of the organizers gave Welcome remarks and took the participants through an introduction session, where the participants were asked to introduce themselves in the following format;- name, organization, likes, dislikes and expectations. To break the ice, participants were asked to mix and then pair in twos. They were asked to learn as much as possible about their partners and each was asked to introduce the other. After the introductions and expectations the participants were asked to set ground rules and appoint a time keeper.

2.4. Participants Expectations

At the beginning of the workshop the participants were asked to site some of their expectations during this workshop. The following were their expectations.

- To Learn about Human Immunodeficiency Virus (HIV) and People living with HIV and AIDS (PLWHAs)
- To Network, build collaborations and inspiring one another
- Learn more about the MDGs 3,5 and 6
- Implementation of Action Plans
- To form partnerships that can advocate on issues of MDGs 3,5,and 6
- Learn how to advocate and implement change
- Strategies that will empower people without discrimination
- Interacting with partners in HIV/AIDS in Kenya and learn how these partners are contributing to the achievement of the MDG 6
- To be empowered in ways that would enable us to accelerate the achievement of MDGs 3,5 and 6 in Kenya
- To know HIV prevalence rate
- To get to know the strategies to empower people without discrimination
- To interact with other players in HIV and AIDS and learn how they are contributing to the achievement of MDGs
- Learn something new and make new friends
- To learn how I can contribute to the achievement of MDGS
- Meet new people for collaboration in our work
- To come up with an action plan to accelerate achievement of MDG 3,5 AND 6
- To know more about SWAK programs
- To learn more about MDGs
- To a wonderful interaction and engagement

2.5. Methodology

The methodology used was highly participatory aimed at ensuring active participation from all the participants. Two presentations were done by two presenters which were then followed by a very interactive plenary sessions. During the plenary in both presentations, participants were allowed time to react to each presentation and ask questions. During

this session, a lot of discussion came up which clearly showed the participants were well engaged. The other methodology used was group discussions and presentations during plenary. Action planning was done through brainstorming at plenary.

2.6. Presentation on Strategies from the South

Dr. Connie Mureithi from SWAK then did a presentation on the Strategies from the South Initiative and the main goal of the workshop. She introduced the partners that have worked together on this initiative in Kenya. She expressed her hopes for the meeting that it would be an informal space where the participants would be able to share their experiences and learn from one another. The discussions from the meeting would be shared and disseminated widely in order to inform other stakeholders and particularly in Kenya that there are gaps that must be filled if the MDGs are to be achieved come the reporting date in 2015.

Dr. Connie Mureithi giving her presentation

Dr. Connie stated that the Millennium Development Goals are a strong vehicle that would allow women to realize their rights as they are designed to accelerate the empowering of women by addressing the socio-economic challenges that they face in the area of their own development from the national, regional and global levels.

She explained each of the proposed strategies and how they are applicable to Kenya in order to promote the rights, health and participation of women. Her presentation mainly focused on the three MDGs and went on to discuss the strategies from the South action points from a Kenya perspective.

Dr. Connie posed a question that formed the basis of the workshop to the participants;
So, where is Kenya and what is our role in this agenda?

Issues raised during this session

⇒ The participants wanted to know the definition of South to South
⇒ Who are the constituents of this in Kenya?
⇒ What are some of our priority issues that the civil society need to focus on
⇒ The best strategy to engage other players in Kenya

The organizers of the workshop gave clarifications at the same time throwing back some of the questions to the participants in order to generate discussion.

It was therefore her hope that the participants openly share the progress made, challenges experienced and lessons learned and how they can work together to fill the gaps in MDGs

by formulating action plans, and hoped that the deliberations would enable them to map the way forward for 2011 onwards.

2.7. Presentation on the country progress on the Implementation of MDGs 3,5 and 6, and the emerging gaps

The session was led by Ms. Linda Odhiambo, a representative from the United Nations Millennium Campaign (UNMC) in charge of Strategic Partnerships. UNMC is an interagency of the United Nations Development Programme (UNDP)
The presentation was meant to:

- To enable the participants to be abreast with the progress made in implementing the MDGS and identify the gaps
- To provide a forum for the participants to share their experiences in their various lines of work in support of the achievement of the MDGs 3,5 and 6 detailing the successes and challenges and seeking clarification on the progress.
- Engage in positive criticism, identify the loopholes in the implementation processes and ultimately chart a way forward which will inform future actions collectively.

She started her presentation by taking the participants through a brief account of what the UNMC does and what its line of work in the area of MDGs entails. The question of where we are as a country was thrown to the plenary to provoke the thoughts of the participants to evaluated the successes and the challenges and the gaps we are facing as a country and how we can address them. She engaged the participants by asking thought provoking questions which were to direct the action planning session of the workshop.

2.7.1. General Progress for Kenya in implementation of MDGs

There has been a lot of goodwill from Kenya in terms of working on the achievement of the MDGs. This is evident from the various international instruments and protocols Kenya has signed, ratified or is party to. Most recent is the AU Protocol on the Rights of Women in Africa. There is positive progress in the implementation of some of the MDGs. In MDG 1 the area of Free Primary Education (FPE), now going to free secondary and even tertiary education is doing averagely well. In MDG 2 there is an attempt in the area of poverty although hunger is still a major problem in Kenya. In MDG 3, there are a lot of challenges with gender movements. They are critical for women's empowerment. In MDG 4, child mortality has typically gone down but there is a problem in MDG 5 because pregnant mothers continue to die before during or after delivery. In MDG 6, there is considerable effort to address the problem of HIV/AIDS and Malaria. In

MDG 7 there is progress in the area of environmental sustainability in Kenya and MDG 8 also shows some progress though not sustainable enough.

2.7.2. Focus on the progress of MDGs 3, 5 and 6

Linda focused on each of the three MDGs with information on what has been done to achieve each one of them and the gaps identified

MDG 3: Promoting Gender Equality and Women's Empowerment

Seven of the MDGs targets are specifically directed at women's empowerment. There is FPE with 100% enrollment which is very close to gender parity. However the question here is, why is there a lower number of girls completing primary education compared to boys? In women's leadership we have had a 9.5% increase in the number of women parliamentarians to 22 compared to the last parliament. Are the women we are electing to these positions empowered in terms of service delivery? Are we just focusing on numbers and not quality. We need to probe the people we put in these positions to find out what they are doing to improve women's situations. In the area of employment and specifically in agriculture, we have only moved with a 0.5% from 29.5% to 30%, yet we account for 51% of Kenya's population.
What impact has the Women's Fund had on empowering women? Should we advocate for more money?

The government enacted the Children's Act, yet there are cases of girls being forcefully married off at early ages and cases of Female Genital Mutilation (FGM) are still rampant in Kenya. The Ministry of Gender was created to address issues of women's empowerment yet its effects are yet to be felt by the women themselves. Another plus for the government is lowering the university entry marks for girls. But does this mean women's intelligent level is lower?

Gaps identified in Kenya

- *Access to and control of resources by women:* In 2011, only 3% of women in Kenya hold title deeds. Majority of these women are not in the rural areas where the women till the land and make it produce and improve the agricultural sector. Women in Kenya are the backbone of the agricultural sector since they provide the human resource required. A big problem is that they do not own the land they till and neither do they reap the benefits of their labour. Luckily the new constitution gives women in Kenya an opportunity to own land.

- *Policy and Practice:* There so many initiatives the government is boasting about doing for women. For instance, the Political Parties Bill has spaces for women right from party level. How active is the government in ensuring women will be appointed to their respective and rightful positions? There is a gap between the policies in place and what is being practiced, therefore the practice should be enhanced.

- *Cultural beliefs and practices:* In this day and age there still is misconception about the role of women being in homemaking. We need to change this attitude as women so that men can be influenced to change theirs too. There is also a misconception of the term gender being construed to mean issues of women and this excludes men who are key to the changes in cultural norms and practices that hinder women's empowerment.

- *Labour Laws:* The labour laws of Kenya accord a new mother 3 months maternity leave. Some employers opt for men and older women who will not at any one time take maternity leave in order to maximize their profits. This locks young women out of employment opportunities and even promotions to management and decision making levels because they fear that you will take maternity leave at the employer's expense. Some women especially in low income earning groups do not go on maternity leave because when you leave they are replaced rendering them unemployed.

MDG 5: Improving Maternal Health

The government has been working through the Ministry of Public Health towards promoting maternal and neo-natal health. Women are still dying needlessly in all sectors of health both in public and private health facilities. The progress in achievement of this MDG is still very slow. Women giving birth by skilled attendants are at 44% only which poses the question, what about the remaining 56%? Contraceptive prevalence has gone up from 32% to 39%. This is particularly good because one of the leading causes of maternal deaths is unplanned births. The government has been implementing the Adolescent Reproductive Health Policy which has seen the adolescent birth rate decrease although not significantly. The government is planning to implement a Contraceptive Security Strategy, and a Maternal Newborn Health Roadmap to help reduce the maternal and child mortality rates. The Economic Stimulus Programme in Kenya has been implemented in some areas and it is an important vehicle to ensure that each District has a maternity ward, skilled staff and there is no fees charged for mothers to access these services.

Gaps identified in Kenya

- *Resource Allocation;* especially towards the purchase of family health commodities. Where will the Contraceptive Security Strategy get its strength if the budget for the maternal health sector is being reduced? The government is not allocating adequate funds towards key commodities like contraceptives yet they are key to the achievement of MDG 3.

- *Infrastructure Development;* Infrastructure in some of the main referral hospitals in the capital of Kenya e.g. Kenyatta and Pumwani are is still very poor. There are substandard and out dated equipments, some are not working and the ones that work have too many people waiting to be attended to. We end up losing mothers while waiting to deliver. There is therefore a great need for upgrade of facilities in major government hospitals to serve mothers as they bring new life to the world.

- *Policy and Practices;* The Government has gazetted that there is no user fee payable for maternity facilities in public hospitals. However, this is not the case since most mothers are asked to buy some items like disinfectant and pay a fee of Kshs. 20 to get a card even before they are seen by the doctor. Some mothers often prefer to channel the money to other needs like feeding the family while they forfeit their own health because the cost is prohibitive. The government ought to see to it that its policies are practiced at every level.

- *Shortage of human resource:* There is a shortage of health care professionals like obstetricians, nurses, lab technologists and others in the area of maternal health in Kenyan public hospitals. This means that patients don't get the care they deserve on time and in the right manner because the staff are over worked, over stretched and underpaid. There is therefore a great need for the government to increase the number of staff in health facilities and also to increase number of health facilities to serve the population.

- *Lack of community involvement;* Unfortunately our society still sees the issue of child bearing as a woman's issue. We need to involve the men to know that it is also their responsibility to take part in bearing and bringing up children..

MDG 6: Combating HIV/ AIDS, Malaria and other diseases

There is an increased provision of Anti-Retroviral Therapy (ARV) and insect treated nets in public and private hospitals. There have been government campaigns to fight HIV/AIDS through programmes such as Siri (a television series), advertisements e.g. The Epuka Ukimwi Campaigns, free Voluntary Counseling and Testing services, new dosage for the Tuberculosis resistant strains and initiatives the government is doing in making policies as far as HIV/AIDS is concerned through National AIDS Control Council (NACC), HIV Units in ministries and government offices. The question is, are these initiatives active? Are there qualified people to man them?

Gaps identified in Kenya

- *Budget Allocation;* People on ARVs vs. PLWHAs are faced with some predicaments related to supply and demand. The money for ARVs does not come from the government; we depend on donor money yet 90% of our budget is from the people themselves through taxation. However when it comes to matters of their health the government does not give them priority in being allocated a part of the taxation money. The PLWHAs must wait for the government to beg from the donors for them to receive treatment. There needs to be a sustainable supply of funds to support PLWHAs rather than waiting for donor funds at thee expense of people's lives.

- *Infrastructure*: Where are the health facilities providing ARVs? They are far from the people. The treatment is inaccessible to the common Kenyan. Why can't the government equip the primary health centres to provide these lifesaving medications?

- *Cost Implications:* ARVs may be free but you end up incurring too much cost in order to access them. There are costs in terms of travel, accommodation etc.

- *Stigma;* In this day and age people and especially women are still kicked out by their families for living with HIV/AIDS. Does this mean our people have not been sensitized enough about the disease?

Up coming issues during this session

- Participants commended the government on the efforts it has put in Free Primary Education so far. However concern was raised over the retention rate of the girl child in schools.

- They noted that there was a big disparity between the teacher pupil ratio in the FPE programme. There is need for the government to address the situation. The participants were informed that the government can only do as much as they can and the FPE is already functional, what to be further done will have to come from our side as citizens. We can actually fill the gaps in this sector by addressing issues such as teacher pupil ratio, hiring more teachers through parent-teacher alliances, and having people in the community volunteering.

- It was noted that in most of the health facilities, there were no f condoms which are very important tool in HIV prevention. Participants wanted to know what the government is doing to address the dire situation.

- The problem of medicine being out of stock at times was also an issue of concern among the participants. They noted that stock outs were not only with condoms but also ARVs and a whole array of medicines being given by the government. This was attributed to a very bureaucratic and tedious procurement system. They retaliated that they needed to come together as CSOs and lobby the government to be more transparent in their procurement system and speedup the process.

- The issue of access to 2nd and 3rd line medication at the local facilities was raised. There were concerns over the unskilled and insensitive VCT and HIV/AIDS counselors working in most health facilities.

- It was noted that most health facilities lacked the appropriate testing kits and other equipment. In the areas of machines e.g. the CD4 cell count machine/the viral load machine. Participants agreed that there was need to advocate for the government to equip all local health centers with standard and operational machines

- They sought to know how the socio-economic role of women can be quantified because they are the economic back bone in any society and yet they suffer most economically. We cannot have women empowerment when women continue to give domestic labor that is not paid for or quantified.

- There was a question about the disconnect between the MDGs and the policy frameworks in Kenya e.g. the Vision 2030. There is need to reconcile the goals of the Millennium Development Goals and the policy frameworks. In response to this question, the participant was informed that the Vision 2030 is a blue print that the government of Kenya is using to ensure that it are working on the MDGs at a national level in a more accelerated and domesticated manner.

- There is concern about gender bias. One participant observed that too much effort has been put in the girl child lately and this may end up leaving the boy child lagging behind.

- FGM especially in North Eastern Kenya is still very rampant.

- There was also the issue of access to ARVs especially in the rural area and the stigma as the youth are not coming out because of what people might say about them.

- There was concern over the qualifications of officers manning gender desks at the police stations and the skills they possess. They are insensitive to victims of abuse. The response to this concern was for CSOs to come together and engage the ministry about this issue and the need for them to have more skilled and sensitive staff to attend to these desks.

- There is lack of female condoms in Kenya. Even when they are available they are very expensive which discourages most women from buying them.

- Dissemination of information to the grassroots level was lacking and the need to use a bottom up approach in development so as to involve the people down there.

- There is high prevalence of teenage pregnancies in some parts of Kenya. If we are to achieve women empowerment and gender parity in education this has to be dealt with.

- There were suggestions that we need to deal with MDGs 3 and 4 as a block because we cannot attend to one while ignoring the other.

- There was an observation t about the concept of gender being constructed to be a woman's thing. This is the reason why we have a challenge of responding to the MDGs because the whole concept is coined around women while leaving out men. We might want to look more into socio analysis issues and imbed them into gender issues otherwise we are headed to failure.

- There is need to have gender sensitive budgeting and allocation of adequate resources targeting women empowerment, rights and reproductive health.

- There is also need for the government to prioritize the needs of Kenya as a country rather than implementing activities in general manner

- The issue of HIV/AIDS orphans being taken care of by very old people especially the grandparents. At some point they are unable to keep these children in school and so they have to drop out and take up all sorts of menial jobs, they get in drugs when life becomes unbearable leading to high prevalence rates of HIV/AIDS in the slums.

- The different entry points to the University Girls and boys are commendable in the spirit of women empowerment and achieving gender parity in education. This is justified. It should not be taken to mean girls are weaker academically but rather because they have different opportunities because of their gender roles. It was also pointed out that as CSOs we need to do evident-based advocacy. We can then have factual information to proof what we are trying to put across. This will enable us to put the government to task about what we need accomplished.

2.8. Group Work

After the lunch break, participants came back to their respective places in the conference where they were divided into three groups. It had been suggested that, the groups were to be divided according to a participant's organization area of work in relation to MDGs 3, 5

and 6 with players in each area working together on their advocacy strategy. This was discarded after it was noted that some areas had very few players while others like MDG 6 had more than a substantial number. It was then decided that each participant would call out either number 1, 2 or 3 with all number 1s discussing MDG3 in one group, number 2s discussing MDG 5 and number 3s discussing MDG 6 in their group. Each group had about 11 members.

The participants were then given two questions upon which their discussions were to be based on. Each group would appoint someone to present to all the participants the issues raised during the group discussion. The questions to be discussed by all groups were projected on a screen and were :

1. What are the 3 **priority issues** that we as CSOs must focus on in accelerating achievement of either MDG 3, 5 or 6?

2. List 3 **joint advocacy activities** that we will engage in from now to the end of 2011 to accelerate achievement of MDGs in Kenya.

Soon after the discussion, the participants went back to conference hall for the presentations.

Group One: Presentation on MDG 3

During their discussion, the three priority issues raised in the area of gender equality and women empowerment are:

a) The need to change the mindset of Kenyans when discussing issues of gender. Some issues are entrenched in our culture and practices which are detrimental to the progress of women in society. This will be important in combating cultural practices like FGM and early marriages that hinder the progress of women and achievement of MDG 3.

b) An integrated approach should be used when promoting gender equality. This means that both sexes ought to be included in programmes and activities that are geared towards promoting gender equality to achieve greater success faster. This will quash the mentality that is so rife that gender issues are women issues.

c) Women need to be empowered through capacity building to propel them to take up leadership positions. This is the only way they can be able to give a voice and action to their needs in order to promote gender equality.

The group then shared three joint advocacy strategies that were to be undertaken by CSOs by the end of 2011 to promote accelerated achievement of MDG 3. These are:

i) Conduct empowerment and anti FGM campaigns at all levels with full involvement of both sexes and the community. Civic education on FGM and its effects should be promoted in order to stop the practice in Kenya.

ii) Lobbying for the amendment of existing policies and laws that hinder the empowerment of women and promotion of gender equality would go a long way in promoting MDG 3. We should participate in the drafting of bills and policies and advocate for the passing of the same that improve the welfare of the women in society. Ensure dissemination of existing policies through civic education and distribution of simplified versions of laws and policy papers to the public.

iii) Promote the socio-economic empowerment of women through such activities such as
   - Provision of support to women to start Income Generating Activities
   - Train them in business and entrepreneurship skills
   - Advocate for their right to own land and property
   - Disseminate information on access to financial services

After this presentation, one of the participants shared some images of Female Genital Mutilation (FGM) as practiced in the Northern part of Kenya. The images attached to this report (images are not yet attached) were an eye opener to some participants who commented that there was a great need to end the practice in Kenya as it dehumanizes women.

Group Two Presentation on MDG 5

The members discussed MDG 5 and noted that it cannot be discussed in isolation without including MDG 4. This is because, the two are correlated and issues of one may affect the other. The priority areas discussed were:

a) Budgeting priorities should be increased towards family planning services with a focus on commodities, access and information.

b) Human resources for health (HRH) should be increased to provide for qualified and adequate personnel to provide MNCH services. The staff should be sensitized on how to deal with stigma towards women with HIV/AIDS seeking maternity services to avoid neglect of babies and mothers due to fear of infection.

c) Upgrade of health facilities at all levels of health service delivery with regard to MNCH services.

The three joint advocacy activities proposed by this group towards accelerating achievement of MDG 4 and G were:

i) Conduct budget tracking in collaboration with the Ministry of Public Health and the Division of Reproductive health to ensure adequate funds are allocated to maternal health. The Parliamentary health budget committee will also be lobbied to accomplish the same goal.

ii) Track the implementation of Human Resources for Health policy to ensure that qualified and adequate staff are on hand to provide MNCH services to women all over Kenya.

iii) Conduct an independent audit of health settings on issues on MNCH.

After this presentation, one of the participants explained that in one of the biggest maternity hospitals in East Africa known as Pumwani Maternity Hospital in Nairobi there was discrimination of Women living with HIV/AIDS. This is done by giving them a pink file which is different from the standard blue files to denote that she is HIV positive. Others commented that in local health centres, women living with HIV were not attended to by staff members and the PMTCT care was not administered thus posing a risk even to the unborn child.

Group Three Presentation on MDG 6

This group discussed on issues around combating HIV/AIDS where they came up with the following priority areas:

a) Ensuring availability and accessibility of comprehensive care facilities in all local health centres in Kenya.

b) Ensure implementation and proper allocation and control of HIV funds through formation of and independent coalition of the government, CSOs and other stakeholders which will oversee the process.

c) Increase in pro-active sensitization and advocacy against stigma through formation of peer/ interest groups from the national level to the grassroots level. This will ensure that partners work together to promote similar goals.

Through their discussions, the group identified the following joint advocacy strategies to be implemented by CSOs to accelerate MDG 6.

i) Lobby CSOs to form a joint front that will be their vehicle to entering into negotiations with the government to work together on HIV/AIDS and related issues.

ii) Actively involve government agencies and other stakeholders to participate in the formation of public-private partnerships in HIV Fund management.

iii) Dissemination of IEC materials at all levels from the grassroots to national levels working through peer/ interest groups.

A comment that arose after this presentation was the fact that the donor agencies budgets were shifting away from HIV/AIDS and there was a need to look for and tap local resources and solutions that will promote the fight against HIV/AIDS. Actors in this area were also urged to form partnerships to avoid duplication of interventions in particular areas.

2.9. Action Planning

The participants worked on an action plan based on the priority points identified during the group discussions. The action plan was as follows:

Action Plan (2011)
Joint Advocacy Strategies around MDG 3, 5, and 6 by CSOs in Kenya

Focus MDG	*Advocacy activity/strategy (What?)*	*Lead Organization (Who?)*	*Timeline (When?)*
Goal 3: Promote gender equality and empower women	Intensify Anti- FGM campaigns and empowerment at all levels involving both men and women	NOPE, Daughters of Mumbi Global Resource Centre, SWAK	June 2011
	Participate in lobbying for policy formulation on gender issues	FIDA	June 2011
	Disseminate findings from research , case studies etc around gender equality and women's empowerment	KAHII, National Partnership Platform (NPP), NOSET	June 2011
	Continue with socio-economic empowerment of women around:- - Land rights (access, control and ownership)	- FIDA Kenya, SWAK	June 2011
	- Income generating activities (IGAs)	- T-PLUS, K-VOWRC, CIDES, SWAK	
	- Training on entrepreneurship skills	- BHESP	
	- Facilitate information and linkages on funding opportunities	- IMAGINE, KICOSHEP	
Goal 4: Reduce child mortality and Goal 5:	Conduct budget tracking with MOH, Division of Reproductive health	World March of Women, FHOK, KAHII, PCEA Ndeiya, SWAK	July 2011
	Lobby MPs thru the health budget committee - Track implementation of Human Resource for health policy	SWAK, FEMNET, FHOK	April 2011

Improve maternal health	Conduct an independent audit of the health settings on what is expected	NOPE, Daughters of Mumbi Global Resource Centre, NPP, KICOF, KAHII, SWAK,	May
Goal 6: Combat HIV/AIDS, malaria and other diseases	Lobby CSO's to form a joint front to enter into negotiations with the government on diverse health issues – HIV, maternal health etc - Specifically, actively involve government agencies in HIV fund management through the formations of an independent government –CSOs and other stakeholders	SWAK, FEMNET	June 2011
	Actively follow up and properly educate on IEC materials on HIV/AIDS at grassroots to national level in accordance with peer groups.	NOPE,FIDA-K,	June 2011

NB: CSOs agreed to broaden the advocacy strategies to include other key partners such as MNCH practitioners, policy makers, media etc

2.10. Closing Remarks

Ms. Perpetua made brief closing remarks stating that this was just the start to along and intensive journey to be involved in the achievement of MDGs 3, 5 and 6. She thanked the participants for creating time to come and discuss how we as CSOs can be involved more in the process through advocacy and lobbying for the implementation to fully happen. She left participants with food for thought, on how to link and interweave work that is already ongoing so the process we have started does not disappear in thin air. In addition, she informed the participants that the group will keep in touch and will have more follow up meetings on the progress people are making on the action plans formulated.
Ms. Perpetua also expressed that it was vital to engage governments to hold them accountable for the commitments that have been made at all levels and on all MDGs.

3. Interviews with key government officials

3.1. Introduction

Representative from SWAK, FEMNET and KAHII agreed to conduct one-on-one interviews with key government officials charged directly with monitoring achievement and progress under MDGs 3 (Promote Gender Equality and Women's Empowerment), 5 (Improving Maternal Health) and 6 (Combating major Diseases, with a special focus on HIV/AIDS). The interviews sought to not only introduce the Strategies from the South activities but also to discuss ways in which the government is tracking progress in

implementing national-level commitments under the MDGs 3, 5 and 6 as well as identify ways to partner to accelerate progress.

The officials interviewed were knowledgeable of the programmes and policies in place in their ministries and departments to promote the achievement of these goals. The team from SWAK, FEMNET and KAHII came up with a set of questions for the interviewees which were used to shed light on Kenya's current situation.

Four interviews were held on different dates based on the appointments secured. The officials interviewed were:

- Mr. Protus Makaba Onyango, Deputy Director, Ministry of Gender, Children and Social Development

- Dr. S.K Shariff, Director of Public Health & Sanitation, Ministry of Public Health and Sanitation

- Ms. Regina Ombam, Head Strategy, National AIDS Control Council, Office of the President

- Mr. G.M. Mailu, National Project Co-ordinator, Project Implementation Unit (MDGs), Ministry of State for Planning, National Development and Vision 2030

3.2. MDG 3: Promoting Gender Equality and Women's Empowerment

The interview with Mr. Protus Makaba Onyango, Deputy Director, Ministry of Gender, Children and Social Development, sought to provide answers to the following questions:-

1. What are some of the key results that the Ministry has achieved around the attainment of targets under MDG 3 in Kenya?
2. What are some the indicators to show that the attainment of MDG 3 come 2015 is on the right track?
3. How is the Ministry positioning itself to accelerate the rate of implementation and attainment of MDG 3?

Clearly, the Ministry of Gender is making the much-needed effort in promoting gender equality and women's empowerment in Kenya. Some key achievements include:-

- A presidential decree passed in October 2006, attesting to the government's commitment to implement an affirmative action in recruitment and promotion of women in the public sector. The Ministry is mandated to monitor the implementation of this decree, and a survey conducted in December 2010 indicates that most public offices are adhering to this decree. Sadly, the report also shows that although women are making significant strides to develop their careers in the civil service and enter previously male-dominated professions, they are still grossly under-represented in the political, senior management and public decision-making positions.

- The New Constitution (2010) is herald as being pro-women with specific provisions that will effectuate their protection and empowerment. Among others, it guarantees the right to participation and representation (affirmative action), security, housing, food, life, equal access to resources, freedom from discrimination and freedom of expression. However there is need for the government to come up with concrete actions that will translate these rights/ provisions into a reality for all women and girls in Kenya. Laws do not operate in a vacuum, but rather in a social, economic and political context. The constitutional provisions must therefore inform law and practice, which calls for robust strategies and actions.

- The government has also joined several other countries in ratifying and acceding to regional and global treaties, conventions and protocols that seek to promote gender equality and women's empowerment such as CEDAW, SGDEA and most recent the Protocol on the Rights of Women in Africa. Kenya is also taking lead in implementing the African Women's Decade (2010-2020) as the host secretariat for the Decade.

- The Ministry of Gender has worked with UNIFEM (now UN Women) to ensure there is proper allocation of financial assistance and that all government plans and policies are gender responsive. The Ministries that touch on the roles of women in the society such as Water, Agriculture and Education have had their budgets doubled, as a result of the lobbying from the Ministry. The Ministry has also been working closely with the Public Service Commission and the Ministry of State Planning to ensure that all government programmes funded by bilateral and multilateral bodies are gender sensitive and promote women's empowerment.

- The Women Enterprise Fund (WEF) launched in 2007 by the government has seen the lives of many women and that of their families improved. Through this multi-million fund, women have been able to access loans, thus being able to venture into a wide variety of productive income generating activities. The Ministry conducts impact assessment surveys to identify achievements and areas of focus in the consecutive fund period.

According to Mr. Onyango the implementation of the MDGs is being slowed by several external and internal factors such as environmental, cultural, economic, political and social and although these may not be within the government's control, there is hope in achieving only some of the targets.

However, one challenge that the Ministry faces is in the dissemination of the information on all its activities and key achievements to key stakeholders. This is being addressed, especially by making use of the website.

As a way forward it was proposed that to accelerate the implementation and attainment of MDG3, working with CSOs and other key stakeholders is necessary not only to implement but also to monitor and report on progress.

3.3. *MDG 5: Improve maternal health*

The interview with Dr. S.K Shariff, Director of Public Health & Sanitation, Ministry of Public Health and Sanitation, sought to provide answers to the following questions:-

1. What are some of the steps the Government has taken towards achieving MDG5 (improving maternal health)?
2. Kenyan government is moving to implement an Economic Stimulus Package which is expected to give a fresh jolt to the ailing economy. Exactly what is contained in the ESP in terms of improving maternal Health in Kenya?
3. As a country, where are we in the area of ensuring unnecessary maternal deaths are prevented? What structures have the ministry put in place to ensure that women can access skilled care during pregnancy, child birth and post partum period?

The Ministry of Public Health has been tracking progress in reducing maternal mortality rates as well as child mortality rates, particularly reaching out to rural areas. For example, in terms of infrastructure, the Ministry has recently constructed a fully equipped maternity ward in Mbita in Nyanza province and in North Eastern Province. For specific progress in MDG 5, Dr. Shariff referred us to the Ministry of Planning who have been monitoring and documenting progress in the attainment of the all the MDGs.

The concept of the Economic Stimulus Programme or Package (ESP) came into the public limelight in the 2009/10 National Budget. The Kshs. 22 billion stimulus package was tailored around labour-intensive construction projects targeted at reviving economic growth which took a downturn in 2008 following a prolonged drought, electoral violence, a rally in oil and food prices and spill over effects of the global economic crisis. ESP sets to secure the livelihoods of Kenyans and address challenges of regional and intergenerational inequity.

One of the key objectives of the ESP is to improve infrastructure and the quality of education and health care for all Kenyans. Two key developments under ESP through the Ministry of Public Health are the construction of health centres in all provinces as well as the hiring of trained nurses and clinical officers, which is still ongoing. The Ministry has programmes such as promoting exclusive breastfeeding for children up to six months; and hand washing techniques. The Ministry is also engaged in initiatives such as giving money and other incentives to mothers who choose to attend health centres when delivering their babies and not use traditional birth attendants.

The Ministry has been partnering with Health NGOs Network (HENNET), an umbrella body of NGOs dealing with health issues to collaborate, share experiences and to advocate for better health service delivery to Kenyans.

3.4. MDG 6: Combat major diseases, with focus on HIV/AIDS

The interview with Ms. Regina Ombam, Head of Strategy, National AIDS Control Council (NACC), Office of the President, sought to provide answers to the following questions:-

1. As a corporate body mandated to develop policies, strategies and guidelines relevant to the prevention and control of Acquired Immune Deficiency Syndrome (AIDS), what are some of the key results you have achieved in relation to MDG 6 (particularly combating HIV/AIDS)?
2. Are there any key indicators to show that the achievement of MDG 6 is on the right track come 2015?
3. There exists evident based advocacy on the links between HIV and AIDS and Violence against Women and Girls and the need to enhance focused interventions. What mechanism(s) is in place to ensure there is centralized and coordinated collection of statistics on HIV and AIDS and VAW/Gs by NACC?

The National AIDS Control Council (NACC) was established as a corporate body under the State Corporations Act by a Presidential Order in September 1999, soon after HIV/AIDS was declared a national disaster in Kenya. Since then, NACC has been at the fore providing policy and strategic directions for mobilizing resources and coordinating resources for prevention of HIV transmission and provision of care and support to the infected and affected people. Today, there are more people going for the HIV/AIDS test and accessing treatment, stigma associated with the disease has reduced and key prevention measures have come into place e.g. male circumcision, condom dispensation. Prevalence rates have also decreased, for instance in the 90's it was at 14%, by 2006 it was at 7% and now it is at 2.3%.

However, there exist certain setbacks as a result of the nature of the epidemic. Issues like men having sex with men (MSM) and increase in the number of commercial sex workers accelerate the spread of HIV/AIDS. Another challenge is that of inconsistency in use of ARVs for sustained treatment, which could easily translate to new infections.

NACC has been negotiating with members of parliament for the establishment of a sustainable financial initiative, like a HIV Trust Fund that will result in strengthening existing interventions.

Currently, NACC has identified 45 key indicators to track the achievement of targets under MDG 6. These are contained in the Kenya AIDS Indicator Survey (KAIS) report, and are in line with goals identified in Kenya's Vision 2030.

Research has shown that the HIV prevalence among women is higher than it is among men. More women are getting infected everyday and there is need to look into the reasons why women are more vulnerable to HIV. Issues like rape, and gender based violence that affect women; some cultural factors that render women at risk of contracting the disease with practices such as FGM, wife inheritance and polygamy.

As a way forward, there is need for evidence-based research to guide local interventions. For example, Ms. Ombam, highlighted the case of Nyanza province which has the highest prevalence rate yet the knowledge levels of HIV/AIDS is at 99%. And therefore in trying to understand why the prevalence rate is high yet people are aware of prevention and care of HIV/AIDS, there is need to delve into other factors such as culture. Among the Luo community (who are the majority in Nyanza province), life begins and ends with sex. Therefore, it has been observed that men and women engage in more sexual behaviours (many times unsafe sex) as part of observing special cultural practices.

Finally, there is need for CSOS to be involved in policy making and planning, joining the government in the fight against HIV/AIDS. CSOs should support each other and speak in one voice to influence key decisions such as budgeting, resource allocation and monitoring and evaluation of development programmes.

3.5. General Overview of the MDGs in Kenya

The interview with Mr. G.M. Mailu, National Project Co-ordinator, Project Implementation Unit (MDGs), Ministry of State for Planning, National Development and Vision 2030 sought to ascertain the extent to which Kenya is making progress in implementing the MDGs at all levels as well as identify opportunities for further collaboration with CSOs.

The National Project Implementation Unit was set up in 2003/2004 to coordinate the implementation and the mainstreaming of the MDGs in the national plans of the country. The Unit works with key partners such as the various government ministries, the UN bodies (particularly UNMC), and CSOs (particularly G-CAP).

Sadly, like other developing countries, Kenya will not be able to achieve all the targets within the eight MDGs. There still exist huge gaps and disparities across the eight provinces in the country, and the much-needed multiplier effect is lacking. However, huge strides have been made in the last ten years in uplifting the livelihoods of most citizens, though increasing poverty levels hinder much of the outcomes.

In terms of financial resources towards implementation of MDGs, the government has continued to receive support from various partners notably, the United Nations Development Programme (UNDP) and the Government of Finland. The challenge remains on how to prioritise and allocate required resources across the eight MDGs. The MDG Unit has been working with policy makers to raise awareness on how to streamline the MDG targets with those of the Vision 2030 and the Constituency Development funds.

With only four years to get to 2015, the government will continue to seek partnership with key stakeholders in order to accelerate progress. CSO's and government actors will still need to work together even after 2015.

Different counties and provinces have different needs and priorities and therefore, the government will seek to base their programming and planning on survey conducted to

identify priorities for each region/county. Promotion of good governance, accountability and corruption-free practices is critical in realising results.

According to Mr. Mailu, the MDGs are at the 2nd phase of implementation in Kenya and the government will focus their programmes in 9 Districts: Kilifi, Garissa, Meru South, Muranga North, Turkana, Bondo, Siaya, Suba and Bungoma. The MDG unit will work with other CSOs like SWAK and KAHII at national level and FEMNET at regional level in advocacy activities and tracking progress.

3.6. Role of Education in Promoting Achievement of MDGs in Kenya

The interview with Mr. Onesmus Mutinda Kiminza, Deputy Director of Education, Directorate Policy and Planning at the Ministry of Education was held on 11th April 2011 at his office. In attendance was the Gender Officer Jane Mwereru. The interview sought to establish:

1. What are some of the steps the Government has taken in education towards promoting the girl child and achieving MDGs.
2. With Free Primary Education having taken off very well, the girl child is still facing a myriad of challenges in accessing education. What measures has the Ministry of Education put in place to ensure that the girl child gets a fighting chance to improve the enrollment, retention and completion for girls at all levels of education?
3. What is the role of CSOs in promotion of education for the girl child?

The Government has provided Free Primary Education which was approved through the Sessional Paper No. 1 of 2005. This has ensured that boys and girls are given equal chances and access to education since its cost is catered for by the government.

There is a Gender Policy in Education put in place targeting provisions for the girl child. For instance there is a provision for re-entry for mothers which is applicable to girls who have gotten pregnant and are allowed to rejoin school after delivering their babies.

The Ministry also has an Education Sector policy on HIV/AIDS which is implemented by the AIDS Control Unit at the Ministry of Education. Through this policy the Ministry has produced a number of IEC materials among them the HIV and AIDS Prevention and Life Skills Training Manual which is to be used in education institutions.

There is also the Nomadic Policy which is currently enrolling bright and disadvantaged students from North Eastern Province in Secondary schools in Nairobi and other urban areas to ensure that they receive top quality education as other children in Kenya. The Policy has also established feeder (mobile) schools in North Eastern Province which provide accessible culturally friendly education to promote education for the girl child.

Quality assurance is another role undertaken by the Ministry to ensure that gender provisions are included in education. Ministry of Education officers are trained on gender relations and child-friendly (gender balanced) model schools have been established. The Ministry has also eliminated gender bias in curriculum support material.

The girl child is in a different set of circumstances as compared to other children. The Ministry is working with other stakeholders to provide sanitary towels and learning materials to vulnerable girls in such areas as informal settlements in Nairobi, North Eastern Province and other poverty stricken areas to promote learning. Sanitary towels for girls have been a major challenge to increased access to education. The Ministry has allowed school heads to dedicate a part of the FPE monies to purchasing sanitary towels for a number of girls in their schools. All that is required is approval by the Board of Governors but the uptake of the proposal has been very low.

The CSOs can support government's efforts by providing sanitary towels and learning materials to girls in challenging circumstances, supporting vulnerable and orphaned children and by promoting BCC in rural areas to empower the girl child and eliminate cultural practices that suppress her development and empowerment. There is also a need for communities to be sensitized on MDGs and how their achievement can be accelerated by use of local resources.

4. Conclusion

The activities undertaken during this project show that the Government has made considerable effort to formulate some policies to accelerate the achievement of these MDGs but there is a great need to hold it accountable. CSO's need to work together to hold the government accountable and to see to the full implementation of the policies formulated and further formulation of better policies for Kenya. Since the CSO's came up with a time bound action plan, it is important to follow up and monitor some of the activities under the action plan to ensure success of the project. Sharing of information, case studies and experiences within and among partners is also important in harnessing progress made at all levels.

The four interviews highlighted the need for all partners to continue working together to strengthen their advocacy activities. Clearly, the advancement of women's empowerment and gender equality is critical to making progress on all MDGs, and especially important in achieving the health related MDGs 5 and 6. Improving maternal health or halting the HIV/AIDS epidemic cannot be achieved without guaranteeing the basic conditions that will allow women to exercise their fundamental human rights, including sexual and reproductive rights.

5. Appendices

Annex I: LIST OF PARTICIPANTS

	Name of participants	**Name of Organization**	**Contact Information**
1.	Ruth Dede	African Women development and Communication network (FEMNET)	0724157035
2	Jedida Mueni	Kenya Agricultural and Health Innovative Initiative (KAHII)	0720822898
3	Assumpta Mbesa	Girl Child Network	0750471115
4	Virginia W. Wanyee	Kibera Community Feeding Programme(KICOF)	0722805090
5.	Suzanne Majani	Federation of Women Lawyers(FIDA-KENYA)	0721466003
6	JB Aungo	Centre for Research and Development(CRED)	0712662323
7.	Mary Wangeci K	Nation Organisation of Peer Education(NOPE)	0723800882
8	Jane Mukiri	Kenya voluntary Women Rehabilitation Centre.(KVOWRC)	0721571116
9	Tafle Omar	World Much of Women	0722333090
10	Njoki Njehu	Daughters of Mumbi.(GRC)	
11.	Nancy Monyangi	Imagine Kenya	O726272463
12.	Simon Ng'ang'a	P.C.E.A Ndeiya	0722506885
13.	Nancy Muriu	Society for Women and Aids in Kenya(SWAK)	0722369086
14	Joy Masheti	The Caucus For Women Leadership	0722824422
15.	Sheila .C		0717555609
16	Esther Gitau	Nairobi Outreach Service(NOSET)	0722422221
17	Winnie Otieno	Kibera Community Self Help programme(KICKOSHEP)	0722771910
18	Irene Muhunzu	Family Health Options	0729219157

		Kenya(FHOK)	
19	Lawrence Kinyua	Aids Orphans Care And Support Programmes(AOCASP)	0721501454
20	Wachira Mary Wambui	Society for women and Aids in Kenya(SWAK)	0725273732
21	Connie Mureithi	Society for Women and AIDS in Kenya(SWAK) and Africa	0722373782
22	Linda Kinyua	United Nations Millenium Campign(UNMC)	0722816296
23	Jane .M	Women Fighting Aids in Kenya(WOFAK)	0723299566
24	Rachel Kageiya	African Women Development and Communication Network(FEMNET)	2712971/2
25.	Peter Abwao	Network of People Living with HIV/AIDS(NEPHAK)	0720209694
26	Joseph Kuria	Centre for Innovative development solutions(CIDES)	0722688564
27	Adrine Muteri	Community –Based Training development Consultants(COBTRAD)	0722725927
28	Lonah Wajama	Kenya Network of Women with AIDS(KENWA)	0711424007
29	Edna . N	Kibera Community Self Help Programme(KICOSHEP)	0722777361
30	Lucy Simiyu	National Partnership Platform c% KANCO(N.P.P)	0720241888
31	P.Njoki Mburu		0725157950
32	Annah W. Irungu	Teenagers Plus(T-PLUS)	0722376711
33	Cecilia Njeri	Pambazuko Group	0720709494
34	Florence .K	Designers 2000 plus	0721643586
35	Alice Machichi	Society for women and AIDS in Kenya(SWAK)	0720100893
36	Perpetua Gaciuki	Society for Women and AIDS in Kenya(SWAK)	0721386053

Annex 2: PROGRAMME

Advocacy Workshop for Strategies from the South 24th Feb 2011

TIME	SESSION	FACILITATOR
8 : 00	Arrival and Registration	Alice/ Ruth
8 : 30	Welcome and introduction of participants	Rachel
9. : 30	Presentation on Strategies from the South	Dr. Connie Mureithi
10 : 30	**Tea break**	
11 : 00	UN Millennium Campaign Presentation : MDGs and the progress made in Kenya	Linda Odhiambo
12 : 30	Plenary Session	Perpetua / Rachel
1 : 00	**Lunch**	
2 : 00	Group Work	Jedidah
3 : 00	Action Planning	Perpetua
4 : 30	Vote of thanks and Closing remarks	Prof. E. Ngugi
4 : 45	Tea and departure	