

Addressing HIV and Gender from the Ground Up

Maanisha Community Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya¹



Boats along the coast of Lake Victoria (Bondo, Nyanza Province, Kenya).

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The fishing villages situated on Lake Victoria in Kenya paint a peaceful picture with boats dotting the water and the quiet of rural life. But looking closer, the scene is less than idyllic. The Lake Victoria Basin is one of the poorest regions in the country, and HIV prevalence is high in communities where there is little access to information or prevention programs. In fishing villages, poverty contributes to practices such as “fish for sex,” where women trade sex for fish they can later sell in the market, or consume. Many people living with HIV do not know that they are infected because they have not been tested; as a result, many do not access care and treatment. Although the Lake Victoria Basin has some of the highest rates of poverty and HIV in Kenya, it is hardly atypical.

Thousands of local nongovernment organizations (NGOs) are working to help Kenyans better protect themselves and change practices that contribute to the HIV epidemic, including sexual and gender-based violence (GBV)², early marriage, cross-generational, and transactional sex, in addition to poor health-seeking behavior. Yet NGOs often lack the know-how and resources to be effective in preventing HIV. They

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² In the broadest terms, “gender-based violence” is violence that is directed at an individual based on his or her biological sex, gender identity, or his or her perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life (Khan 2011, 7).

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PEPFAR GENDER STRATEGIES ADDRESSED BY THE MAANISHA COMMUNITY FOCUSED INITIATIVE

- Reducing violence and coercion
- Engaging men and boys to address norms and behaviors
- Increasing women's and girls' legal protection
- Increasing women's and girls' access to income and productive resources, including education.

are unable to address the many interrelated needs of women and men, and lack the capacity or funding to address difficult issues such as engaging men in program activities, reducing GBV and other human rights violations, and alleviating poverty.

In 2004, the African Medical and Research Foundation (AMREF) began the Maanisha Community Focused Initiative to Control HIV and AIDS (hereafter referred to as Maanisha). The program works in Western, Nyanza, Rift Valley, and Eastern provinces to reduce the incidence and impact of HIV by providing grants and capacity building to civil society organizations (CSOs) to help them design and implement high-quality HIV prevention, care, and support interventions. It builds the capacity of CSOs to promote behavior change among vulnerable groups, promote safe sexual behaviors, and facilitate access to home-based care and referral services for people living with HIV. Through close linkages with CSOs and government structures, Maanisha also strengthens the HIV programming knowledge base to influence policy and promote the adoption of best practices. The Swedish International Development Cooperation Agency (SIDA) funded the program from 2004 to 2007, and in October 2007 Maanisha was scaled up with funding from SIDA and the U.K. Department for International Development, extending the life of the program through 2012.

This case study describes how the Maanisha program addresses multiple gender-related issues while working with diverse CSOs on a range of interventions and approaches. For this case study, AIDSTAR-One conducted in-depth interviews with key informants at the UN Development Fund for Women, the National AIDS Control Council, Liverpool VCT Care and Treatment, and the National Empowerment Network of People Living with HIV and AIDS in Kenya. They also conducted group and individual interviews with program managers in Nairobi; field staff from the Western, Rift Valley, North Nyanza, and South Nyanza regions; and program staff at Women Action Forum for Networking (WAFNET) and the Women in the Fishing Industry Project (WIFIP), both Maanisha implementing partners. Additionally, AIDSTAR-One held focus group discussions with community members accessing the Maanisha program through six CSOs to hear their perspectives on how Maanisha was addressing gender in the context of HIV. These focus group discussions comprised groups of women—some of whom are living with HIV—as well as male youth and mixed groups of men and women.

Gender and HIV in Kenya

In Kenya, HIV prevalence among adults is 7.4 percent. However, prevalence among women is 1.5 times greater than men—8.7 percent compared to 5.6 percent (Kenya AIDS Indicator Survey 2007)—and females aged 15 to 24 are five times more likely to be infected than their male peers (Ministry of Health 2003; National AIDS Control Council [NACC] 2005).

Women's and girls' relatively higher vulnerability can be tied to social, cultural, and economic risk factors, including practices such as female genital cutting, widow cleansing,³ wife inheritance,⁴ transactional and cross-generational sex, and early marriage (NACC 2009). A practice common in Kenya's fishing villages—as well as in similar communities in other countries—is “fish for sex.” At issue is the scarcity of fish, which has forced some women to provide sexual favors to fishermen in exchange for obtaining fish that can be later sold by the women. GBV between intimate partners is common throughout Kenya and condoned by men and women alike. This kind of GBV was found to be strongly associated with an HIV-positive status among women participating in a study in Nairobi (Fonck et al. 2005). The 2008–2009 Demographic and Health Survey found that nearly 47 percent of ever-married women aged 15 to 49 had experienced domestic violence, and over 20 percent of women aged 15 to 40 had experienced sexual violence (Kenya National Bureau of Statistics and ICF Macro 2010).

The Kenyan government's response to the epidemic is led by the Ministry of Health's National AIDS

and STD Control Program, established in 1987, and the NACC, established in 1999, to specifically coordinate the country's HIV prevention strategies. NACC designed and implemented three Kenya National AIDS Strategic Plans from 2000 to 2005 (KNASP I), 2005 to 2009 (KNASP II), and 2009 to 2013 (KNASP III)⁵ that embody the “Three Ones” principle in addressing HIV across multiple sectors.

Recognizing the interconnectedness between gender and HIV, NACC created the multi-sectoral Technical Sub-Committee on Gender and HIV and AIDS Task Force in 2001 to develop a strategy for mainstreaming gender activities into KNASP (NACC 2002). However, while the government is currently putting in considerable effort to address gender and HIV, some gaps still remain. In 2008, a gender audit of the KNASP II found that most implementers and stakeholders in the national HIV response lack an understanding of gender concepts and the role that gender plays in HIV vulnerability, and that this can stymie mainstreaming efforts. Further, the sex and age disaggregation of data collected under the KNASP's priority areas has been planned but is not yet fully operationalized (NACC and UN Population Fund 2009).

The Kenyan government has attempted to address gender-related vulnerability to HIV. In response to high rates of GBV among children, particularly girls, in 2001 the government passed the Children's Act, which criminalizes GBV against children as well as harmful traditional practices such as early marriage and female genital cutting (Government of Kenya, Office of the Vice President and Ministry of Home

³ A practice whereby a woman who has lost her husband subsequently has sex with a man in the community, or relative of her husband, to fulfill a ritual cleansing.

⁴ A practice whereby a woman who has lost her husband marries a male relative of the deceased, typically ensuring the deceased husband's property stays within the family.

⁵ The Kenya National AIDS Strategic Plan 2009–2012 (KNASP III) responds to new evidence from the Kenya AIDS Indicator survey signaling that the decline in the epidemic had stalled and incidence was concentrated in specific groups: discordant couples, sex workers, and people who inject drugs. KNASP III strengthens new approaches to prevention, care, and treatment and rearticulates the commitment to effective and sustainable programming.



Victoria Women Group participants.

Affairs, Heritage and Sports, Children's Department 2002). However, punishment is minimal, with incarceration of less than one year or a monetary fine. To further strengthen the response to HIV and GBV, in 2005 the Ministry of Health developed a policy framework (including standards of care) for post-rape care. Training materials for counseling victims of GBV and clinical care for victims of rape were developed in 2006. Also in 2006, the government passed the Sexual Offenses Act, which issues penalties including imprisonment for rape, attempted rape, sexual harassment, sexual assault, sex or attempted sex with a child, and deliberate infection of HIV. The act also provides for the medical care of GBV and of both victim and perpetrator in cases of HIV infection (Kenya Law Reports and Government of Kenya 2009, 3). However, enforcement of this act has been a challenge because of fear among victims and of perceived stigma and discrimination from service providers and the broader community. Furthermore, the act also does not recognize marital rape. In general, domestic violence is not formally recognized by law.

The establishment of a gender desk at all police stations in the country is another government effort to address GBV. This desk uses a referral process in which a female officer with experience in dealing with GBV is an entry point for victims of GBV to receive

police, health, and legal assistance (Government of Kenya, Kenya Police 2006). However, the quality of services varies depending on the gender desk officer's availability and assessment of the victim upon arrival at the police post.

Kenya's laws on women's rights to property and inheritance at the present time are not clearly operationalized. The new constitution, passed in August 2010, guarantees freedom from gender discrimination with respect to property and inheritance, but guidance has yet to be released on how to ensure this freedom. Most customary laws prevent women from owning or inheriting assets, including property, and traditionally these have taken precedence over national laws. However, the government has drafted a land policy that prohibits gender discrimination in property ownership, including customary law (Barasa 2009). Another bill under consideration, the Kenyan Matrimonial Property Bill, outlines division of marital property between a couple, including those residing in polygamous households, although inherited assets or assets held in trust are not included in the bill (Mathenge 2009). Though this is a step toward gender equality, this property bill does not address gender discrimination in inheritance, which is now mandated to be addressed under the new constitution.

The Maanisha Approach

Maanisha is Swahili for "giving meaning to," which captures the program's philosophy that involving communities in their own health and in the design, implementation, and evaluation of health programs is crucial to addressing HIV. Accordingly, Maanisha addresses multiple gender-related vulnerabilities to HIV infection by fostering the capacity of CSOs to provide integrated services in three ways. First, when CSOs identify gender-related challenges to the delivery of their services, interconnected with those they already address,

Maanisha provides them with training on new approaches that address these challenges that can be incorporated into their existing activities. For example, in response to CSO concerns about the challenge of involving men in behavior change efforts around safe sex and GBV, Maanisha staff provides training on male engagement using guides drafted by AMREF.

Second, Maanisha develops networks for CSOs and government structures to encourage sharing of lessons, approaches, and practices to address complex, interrelated gender factors that drive the epidemic. For example, a project addressing behavior change around sexual practices in fishing villages added an income-generation component for women and began targeting men on risky sexual behavior to discourage the practice of “fish for sex.” This project’s staff members learned about these approaches in exchanges with other CSOs and during network meetings that were organized by Maanisha.

Third, in working with hundreds of CSOs to address a wide variety of community needs, many of which include addressing gender-related barriers to HIV prevention, the program coordinates efforts across CSOs to avoid duplication and provide communities with complementary services that address interconnected needs.

Development and Implementation

Project start-up and activities: The Maanisha program started in 2004 in Nyanza and Western provinces with the aim of reducing HIV incidence and improving the quality of life for people living with and affected by the disease. In particular, the program supports communities to develop and implement HIV interventions through more than 730 CSOs, believing that

communities should not be passive recipients of services but rather active contributors to solving health problems. Maanisha targets CSOs that address HIV in conjunction with cross-cutting issues such as human rights violations, stigma, gender inequality, and poverty. Examples of CSO interventions include educating youth on HIV prevention, providing home-based care to people living with HIV, addressing the needs of widows and orphans, and changing harmful practices and behaviors such as widow cleansing and violence against women and children.

In 2006, AMREF conducted a capacity assessment in Nyanza and Western provinces and found that the thousands of CSOs working to address HIV (including those supported and not supported by Maanisha) were having little impact in their communities and required more experience, skills, and resources to be effective. They also found there was duplication in efforts, that CSOs were not following national guidelines on addressing HIV, and that coordination with and support from government were limited. Further, Maanisha found that existing HIV programming did not align with the Paris Declaration⁶ nor did much evidence exist regarding the extent to which HIV actors embraced the “Three Ones” approach⁷ in their programmatic efforts. Maanisha therefore began to strengthen the capacity of CSOs and private sector organizations to improve their interventions.

The Maanisha program consists of five components:

1. The *capacity building component* to improve the ability of CSOs to design and implement interventions through

⁶ The Paris Declaration on Aid Effectiveness is about program implementation measures improving the effectiveness of foreign aid and stresses five principles: ownership, alignment, harmonization, mutual accountability, and managing for results.

⁷ Kenya is a signatory to the “Three Ones” principle—one agreed AIDS action framework, one national AIDS coordinating authority, and one country level monitoring and evaluation system.

training and support. Capacity building needs are identified in collaboration with local stakeholders, and training and support are operationalized using an organizational development and systems strengthening approach, which uses one-on-one mentoring with CSOs on eight topics ranging from vision and strategy development to administrative topics such as budgeting and human resources management.

2. The *grants component* for CSOs to undertake HIV interventions. Prior to 2007, Maanisha solicited grant proposals using a “reactive” approach, where CSOs submitted proposals based on their own identification of local needs and solutions to these needs. However, a review showed that this approach missed marginalized groups, such as mobile populations, men who have sex with men, drug users, and prisoners, because these groups lacked the capacity to compete for grants. In response, Maanisha now also uses a “proactive” approach to grant-making, wherein Maanisha selects priority areas to be addressed and limits competition for these funding opportunities by targeting recipients that have not participated in past “reactive” funding opportunities in order to build these organizations’ capacity in developing programming.
3. The *behavior change communication component* promotes safer sexual behavior among youth, teachers, parents, people living with HIV, caregivers, widows, people who inject drugs, sex workers, men who have sex with men, people with disabilities, and mobile populations. Maanisha works intensively with CSOs to develop their capacity to design and deliver tailored

messages and approaches to change risky behaviors and practices among CSO target communities.

4. The *care and support component* helps CSOs improve health care access and referrals for people living with HIV, and provides care and support to orphans and vulnerable children, as well as widows and widowers who lost a spouse to an HIV-related illness. Through this program component, Maanisha coordinates with relevant government agencies to close gaps between community care and the formal health system. The program also encourages health care workers to support, supervise, and train CSO staff members.
5. The *knowledge management component* documents Maanisha’s activities and results, and identifies CSO strengths and needs related to their ability to document and share lessons learned, which guides Maanisha’s continued training and mentorship to each CSO. By building the capacity of CSOs to exchange lessons learned with each other and with Kenyan policymakers, the program and its partner organizations have been able to transfer skills to communities and influence policy and practices.

Integrating gender: In 2006, the Maanisha project developed a Gender Mainstreaming Strategy to identify gender gaps in CSO activities and address them by developing program priorities, guidelines and strategies, and plans for resource allocation. The strategy calls for the development of a gender-sensitive monitoring and evaluation framework and gender-sensitive HIV programming among all civil society and government service providers. (This strategy was under review for a three-year period and was rolled out in 2010.) Maanisha also developed

a Gender Analysis Tool for CSOs to assess their level of gender sensitivity.

Formative research conducted by AMREF shows that men's behaviors and practices often put them and their partners at risk of HIV, that they are significantly less likely than women to seek health care, and that their involvement in HIV mitigation, including caregiving or serving as community health workers, is minimal. In response, in June 2008 Maanisha developed Male Involvement Guidelines. The guidelines review the current situation of male engagement in HIV efforts and outline male-related determinants of vulnerability. They also suggest strategies for increasing male involvement, some of which include greater investment in CSOs that work with men, building the capacity of CSOs to increase male involvement and promote male behavior change, and disseminating lessons and best practices on male involvement to influence programs and policies.

What Worked Well

According to project staff and participants, Maanisha has been successful in improving the HIV-related activities of CSOs, including the quality of care for people living with HIV and access of people living with HIV to microcredit. It has also increased the capacity of CSOs to address gender-related HIV vulnerabilities and to reach more people, including marginalized groups such as prisoners, men who have sex with men, and sex workers.

According to a client satisfaction survey, the Maanisha program has successfully connected communities to health systems. District-level government structures are also increasingly working with CSOs in improving health systems as well as mentoring CSOs (Kombo 2007). Maanisha program staff, in interviews for this case study, reported that community knowledge of services has increased, as has the way women and girls are valued, because of CSOs' community sensitization activities. Community members now know that post-exposure prophylaxis is available in cases of rape, for example. They also recognize that investing in women improves the entire family's welfare.

Among Maanisha's successes is its ability to respond to specific community needs as they arise. In response to CSO feedback that people living with HIV were left out of community programs and that prevention

PROGRAM INNOVATIONS

- Building the capacity of hundreds of CSOs working on diverse, locally targeted issues allows the program to address a range of gender-related barriers within and across communities.
- Targeting funding and capacity building to marginalized groups allow the program to focus on vulnerable populations.
- Building the capacity of CSOs and private sector organizations, as well as creating coordination mechanisms between CSOs and with government, can help increase program effectiveness, relevance, and sustainability (Wafula and Ndirangu 2009).
- Coordination efforts to build networks among CSOs, and between CSOs and government structures, allows service providers to share lessons, approaches, and best practices on addressing often challenging gender-related barriers to HIV prevention and mitigation.
- The program has flexibility to add in new training topics based on issues identified by CSOs, allowing organizations to address a multitude of related issues together.



Support group meeting attendees.

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messages ignored their sexual and reproductive health needs and rights, in 2008 and 2009, Maanisha participated in a Ministry of Health–led technical working group to develop Prevention with Positives (PWP)⁸ training manuals. These manuals, now available to HIV service providers, aim to meet the health needs of people living with HIV and scale up HIV prevention. Maanisha is currently training CSOs to disseminate community PWP messages to people living with HIV and community members. In addition to promoting PWP interventions, Maanisha also reviews and restructures the budgets of a selected number of target CSOs in order to enhance the roll-out of this type of intervention.

To meet requests for assistance in addressing the legal protection of women, Maanisha has linked CSOs to other organizations providing legal support and to the Council of Elders, which provides training on the inheritance rights of

widows and helping women retain property. To address the challenge of engaging men, Maanisha partners with the Movement of Men against AIDS in Kenya and the Network of Positive Men in Kenya, who train CSOs in male involvement and changing harmful male behaviors such as multiple partnerships and gender-based violence. The program also uses the One Man Can campaign (Sonke Gender Justice Network 2006) module for engaging men and plans to adapt it for local use.

CSOs interviewed as part of this case study explained how the Maanisha program has helped them address multiple, interrelated gender barriers to HIV prevention and mitigation. For example, through Maanisha’s technical support, WIFIP now works to end the practice of “fish for sex” through community sensitization on the links between “fish for sex” and HIV, and provides training for alternative livelihoods such as fishing, farming, and income-generating activities. Maanisha has worked with WIFIP staff on designing messages and approaches to address sociocultural factors associated with this practice, including poverty and traditional gender norms.

Through WIFIP, Maanisha supports the Victoria Women Group, a small group of women living with HIV in a village outside Kisumu, to address a range of HIV-related issues in their community. The Victoria Women Group provides HIV prevention, care, and treatment to community members, develops income-generation activities to discourage “fish for sex,” and sensitizes community members on gender-based violence experienced by some women after disclosing their HIV test results to their partner or family members. Their work on GBV has been so effective that one Victoria Women Group member said, and others affirmed, “These days women (in our community) are so empowered that a man wouldn’t dare slap us, because we know our rights.” This group also partners with another Maanisha- and WIFIP-supported CSO in the

⁸ PWP (also known as Positive Health, Dignity, and Prevention) is a concept that recognizes that people living with HIV have a role to play in HIV prevention activities based on basic epidemiological principles that indicate that transmission of an infectious disease can only be brought to a halt if prevention activities focus on infected individuals.

EVALUATION

A 2006 assessment conducted by AMREF revealed that the organizational development and systems strengthening approach had significantly improved the processes, systems, and technical capacity, including gender mainstreaming, of CSOs. An independent midterm evaluation by SIDA in 2007 documented that all CSOs had shown significant improvement in management, governance, finance, and resource allocation (Kieria, Muriithi, and Mbugua 2007).

same community, the Super Victoria Youth Group. The Super Victoria Youth Group uses theater performances to target messages to men around prevention, alcohol use, multiple sexual partners, condom use, and drug adherence.

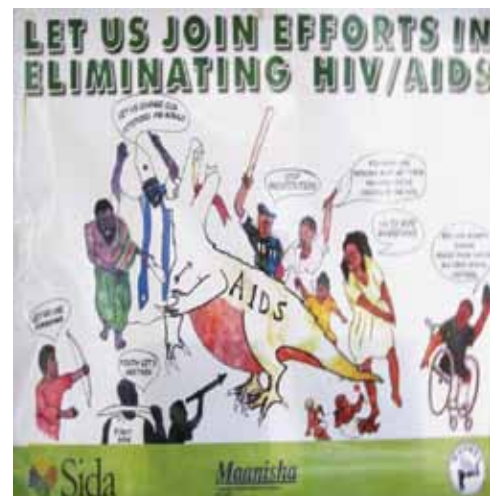
Maanisha also funds an urban group in Kisumu called Women's Concern, which began in 2002 as a support group for women living with HIV. As a result of training and linkages to other service providers facilitated by Maanisha, Women's Concern soon expanded to address related needs, including community sensitization on property inheritance, GBV, and early marriage. Women's Concern also engages in income-generation activities, and members are being trained as paralegals by Community Action on Violence Against Women, another Maanisha partner.

Lessons Learned

Community-driven participatory approaches are not always sufficient to identify the most vulnerable groups in a community. Many marginalized groups may be left out of the grant-making process because they do not have the capacity to prepare competitive proposals or are

so silenced that they need help finding a voice. The most vulnerable groups, including female sex workers, young girls, and young women, must be actively brought into the grant proposal development and implementation process through initial outreach and capacity building. In short, it is important to mix community-initiated projects with targeted support of vulnerable groups, including young girls and young women, to ensure the needs and issues of all groups are being addressed.

Engaging men is crucial to HIV prevention and mitigation, according to the CSOs interviewed for this case study. "Many men are the gatekeepers, so changing the mindset of men is very important. [Otherwise] they block the gates," said one CSO member. Kenya currently has no national guidelines for engaging men, but some CSOs have attempted to develop their own approaches with varying levels of success. Among their lessons learned is to approach men differently than women and with a greater intensity of effort. "Men like being [sensitized] slowly. They really need to be convinced...[but] when they accept, they become more committed than women," said a member of the Society of Women and AIDS in Kenya (SWAK).



Maanisha poster.

WAFNET's experience is typical of many Maanisha implementing partners' efforts to address the sociocultural factors associated with HIV prevention and mitigation. Program staff advised that on-the-ground service providers have learned that gender norms—and the community attitudes, beliefs, and traditions in which they are reflected—are entrenched and often take a long time to change. A focus on short-term results or programs cannot achieve sustained change in harmful behaviors and practices, they say. These lessons have taught them the importance of ongoing funding and support for phased projects so that there is continuity in program activities.

Challenges

Addressing violence: In multiple interviews for this case study, Maanisha staff, program staff at network organizations, and CSOs all reported that because GBV is common, and often considered acceptable in Kenya, women experiencing GBV have very little social support and have little access to GBV-related services.

GBV presents a different challenge for women. Police must first determine that GBV has occurred before hospitals can provide services to rape survivors. Women have reported that the police stigmatize them and sometimes refuse to assist them entirely, which is demeaning for women in need of urgent medical care and trauma counseling. Not surprisingly, community organizations report that women often do not seek any assistance after being physically or sexually abused. In some cases, women turn to paralegals who may be able to help them directly access health services. CSO staff suggest that women should be able to seek care from hospitals first, and then have the option to work with the police to address the criminal aspects of their experience. They also said that legal services should be

coupled with other GBV services so that women can more easily obtain legal support.

Engaging men: CSO staff interviewed for this case study reported that engaging men in HIV prevention and mitigation activities is extremely difficult. Men's health-seeking behavior is minimal, often because they see disease as a woman's issue and because there are few health facilities providing services that address men's health concerns. At the same time, interventions often target women and leave men out. "Telling a man to accompany his wife [for prevention of mother-to-child transmission] is a serious joke [if facilities don't welcome men]," explains a Maanisha staff member in the field.

Finding appropriate ways to engage men in HIV-related interventions has been challenging. Women's Concern, for example, opened its membership to men because they discovered that disclosure for women was difficult when men were left out of counseling and support groups. However, men who joined found it difficult to be affiliated with the group, as they were scorned by men in the community who support practices such as wife inheritance. SWAK's Male Initiative program, which seeks to train men in prevention of mother-to-child transmission, has had low participation. Program staff say that the tendency to assume that gender is a women's issue "has jeopardized development work in Kenya."

However, Maanisha staff report that younger men are being socialized differently as a result of sensitization efforts by NGOs and exposure to media messages. As a result, these men are more open to rejecting harmful traditions, and there is more of an opportunity to work with them to change harmful male norms.

Programmatic challenges: While the Maanisha program has demonstrated commitment



Community members attend a Women's Concern meeting.

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to addressing gender-related barriers to HIV prevention and mitigation, gender is addressed only within the behavior change communication component of the program. The program would benefit by mainstreaming gender into all other components and could achieve this through training all project component managers in gender, perhaps in the design of programmatic approaches that are gender-responsive, although training of this nature would require additional support. Having in place a resident gender expert on staff who could train component managers on gender issues could be another measure to support such gender mainstreaming efforts.

Also, Maanisha program staff and partners are stretched in efforts to maintain regular support to all 730-plus CSO partners, particularly those in remote communities. Rural CSOs interviewed for this case study reported receiving less capacity building support and less access to tools to help them address community needs, and were less likely to be engaged in network activities, a valuable resource for coordinating services.

Addressing gender at the national level:

According to interviews with key experts in Kenya, addressing gender in the national response to HIV has achieved results in part because many gender experts are selected based on demonstrated interest and expertise, are well positioned within ministries and agencies, and are retained to ensure that activities promoting gender equity are ongoing. However, senior ministry officials often see gender as an issue to be addressed solely by gender experts, and because these experts are usually steering this process, these officials can fail to develop their own understanding of or commitment to gender. This can be a barrier to programs like Maanisha as leadership is crucial for addressing gender and its association with HIV across sectors.

Future Programming

Maanisha plans to expand efforts to address the prevention, care, and support needs of most-at-risk and vulnerable populations in four provinces of Kenya, including their ability to address gender inequalities, human rights violations, and harmful social cultural practices. Maanisha will accelerate prevention efforts through a combination of interventions including enhancing access to counseling and testing by youth, couples, and most-at-risk populations; PWP; and promoting greater uptake of voluntary medical male circumcision. The program will promote involvement of CSOs in local and national planning by supporting advocacy efforts, including those on gender-sensitive programming and effective capacity building of CSOs. Finally, the program is also planning to support continuous learning among implementers through exchange of lessons and best practices and improving and developing tools and approaches to address challenges such as engaging men and addressing GBV. ■

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RESOURCES

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