

How is gender addressed in Kenyan community health policy?

We need to strengthen community health systems to achieve Universal Health Coverage by 2030. Gender intersects with community health in several ways. For example, gender norms can delay men from accessing healthcare because of cultural norms surrounding masculinity. Gendered labour roles that mean men are usually working during hours when community health care is provided. Gender inequality limits women's access to information and services and their autonomy over decisions about their health.

Community health workers (CHWs) are the lynchpin of community health systems and can help to overcome barriers in access and promote gender equity. But because CHWs come from the communities they serve they may have internalised harmful gender norms and can replicate them in their work. This limits the provision of high-quality services and may mean CHW programmes reinforce, rather than challenge, gender inequity.

Women, girls, boys and men all have distinct healthcare needs. Integrating a gender perspective in community health programming ensures that everyone's healthcare and psychosocial needs are met regardless of culture, age, sexual orientation, gender identity, ethnicity and religion. This will lead to equitable, effective and efficient programming and reach at community level.

This brief provides a summary of Kenyan community health policy documents to assess their gender focus and rank them in accordance with a continuum of approaches to action on gender and health (Figure 1). It suggests measures that can be taken to make these policies more gender equitable.

Strategy for Community Health (2014-2019)

This strategy outlines the approach for the provision of community health services for the period 2014-2018. The goal of the policy is to strengthen weaknesses found in the preceding policy. These weaknesses include: poor coordination mechanisms between community health committees and health facility committees, no mechanism for motivating and retaining community health volunteers, a lack of clear monitoring and evaluation mechanisms and a lack of community financing mechanisms.

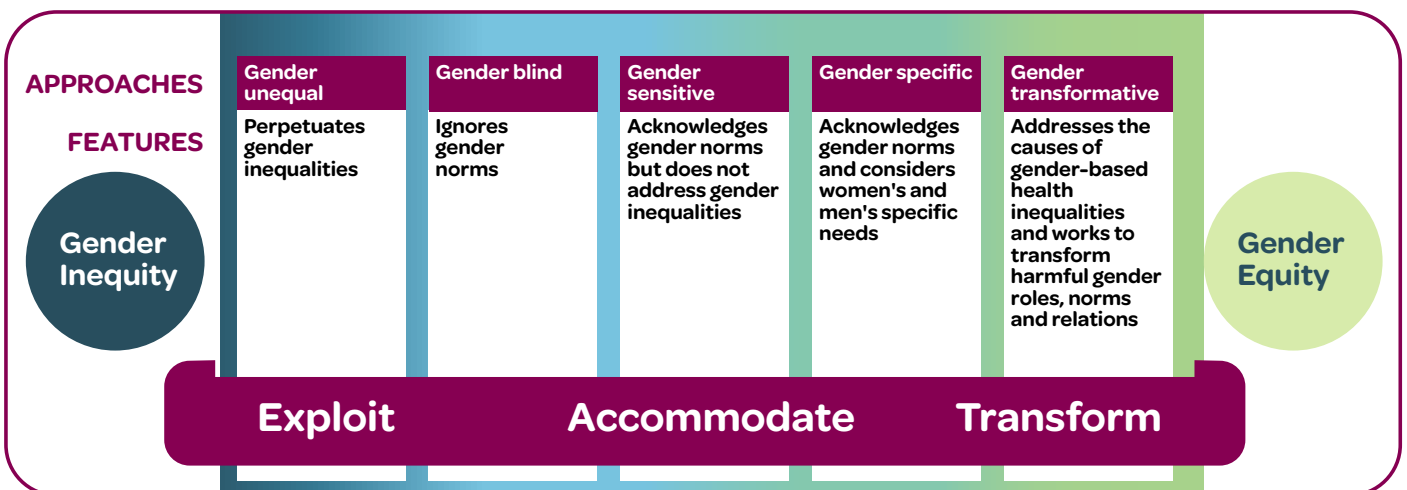
The strategy, "Envisages building the capacity of households to not only demand services from all providers, but also to know and progressively realise their rights to equitable, good quality health care as provided for in the constitution."

It has six guiding principles:

1. Health as a basic human right
2. Technical and cultural appropriateness
3. Participatory approach
4. Inter-sectoral, multidisciplinary, and inter-institutional collaboration
5. Use of innovation and appropriate technology
6. Due consideration for gender, equity, and the dignity of human life

Whilst it is a guiding principle of the policy, gender equity is not mentioned anywhere else in the document. Because of this, we would rank the policy as gender blind.

Figure 1: A continuum of approaches to action on gender and health



Inspired by remarks by Geeta Rao Gupta, PhD, Director International Center for research on Women (ICRW) during her plenary address at the XIIIth International AIDS Conference, Durban, South Africa. July 12, 2000

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Taking Kenya Essential Package for Health to the community (2006)

This policy aims to ensure that Kenyan communities have the capacity and motivation to take up their role in health care delivery.

The goal is to, "Enhance community access to health care in order to improve productivity and thus reduce poverty, hunger, and child and maternal deaths, as well as improve education performance across all the stages of the life cycle."

The policy does mention gender but in an opaque way. It says that households have a responsibility to "ensure gender equity" and acknowledges that "women, disabled persons, orphans and others (differently-abled) who may be exposed to jeopardy but are unable to protect their rights." Outlining village health committees, the following functions are included:

- Promoting equal opportunities for decision making and control of resources at village level.
- Promoting gender equality and the empowerment of women.

However, there is no discussion on how these activities will be promoted.

The strategy encourages communities to discuss challenges, find solutions and address power relations. It suggests that participatory communication can change household behavior. However, the policy does not make a link here to gender relations.

While issues related to CHW payment, retention, morale and career progression are discussed there is no mention of the ways that gender norms, roles and relations can affect these issues.

The strategy does not include practical measures or indicators to monitor progress in these areas. Without including any gender specific activities or indicators, there is a high chance of policy evaporation and limited accountability.

We consider this document to be gender sensitive. It acknowledges but does not address gender inequalities.

Further reading

IFRC (2013) Integrating gender and diversity into community health, Guidance note. Geneva, <https://www.ifrc.org/PageFiles/148352/1266300-CBHFA%20Guidance%20note-EN.pdf>

Muraya KW, Jones C, Berkley JA, Molyneux S. (2017) "If it's issues to do with nutrition...I can decide...": gendered decision-making in joining community-based child nutrition interventions within rural coastal Kenya. *Health policy and planning*. 2017;32(suppl_5):v31-v9.

Theobald S, MacPherson E, McCollum R, Tolhurst R. (2015) Close to community health providers post 2015: Realising their role in responsive health systems and addressing gendered social determinants of health. *BMC Proceedings*. 2015;9(Suppl 10):S8-S.

Steege R, Taegtmeier M, McCollum R, Hawkins K, Ormel H, Kok M, et al. (2018) How do gender relations affect the working lives of close to community health service providers? Empirical research, a review and conceptual framework. *Social Science & Medicine*. 2018;209:1-13.

Steege R, Hawkins K, Wurie H, Baba A, Kollie K, Dean L, et al. Gender and Community Health Worker programmes in fragile and conflict affected settings. Findings from Sierra Leone, the Democratic Republic of the Congo and Liberia.; 2018.

Acknowledgements

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What next?

The review found limited consideration of gender norms in community health policy in Kenya. This is a missed opportunity to promote change in gender equity at the community level.

Because of the limited discussion of gender in the documents, and a lack of gender-specific activities and indicators, it is difficult to know whether progress has been made. The 2014-2019 policy appeared to narrow, rather than expand, the focus on gender equity compared to the original 2006 policy.

Kenyan community health policy could be strengthened through the inclusion of the following gender considerations under each of its strategic objectives

| Strategic Objective | Consideration |
|--|---|
| 1. Strengthen the delivery of integrated, comprehensive, and quality community health services for all population cohorts | Incorporate a gender focus into the operational guidelines for the community health strategy as gender norms affect how the strategy will operate on the ground Include an indicator for number of female-headed households aware of/able to access community health services |
| 2. Strengthen community structures and systems for effective implementation of community health actions and services at all levels | Reflect on gender bias in governance and leadership and acknowledge that women may be given less space to input into community health policies and community health committees. Include an indicator to ensure the active participation of women in agenda setting for community health Include an indicator to ensure the active participation of women in agenda setting for community health |
| 3. Strengthen data demand and information use at all levels | Fully disaggregate data at the community level by sex to allow a clear picture of how different groups interact with community health services |
| 4. Strengthen mechanisms for resource mobilization and management for sustainable implementation of community health services. | Use disaggregated data to inform gender-transformatory budgeting |