COUNTY HEALTH SERVICES

NAIROBI CITY COUNTY

HEALTH SERVICES

GENDER POLICY GUIDELINES

SEPTEMBER 2016

Views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

azomac
AZITHROMYCIN
TEST PROCEDURE
Pads

Table of Contents

Foreword iii
Acknowledgment iv
List of Acronyms v
Definition of Terms vi
CHAPTER 1 1
1.1 Purpose 1
1.2 Objectives 1
1.3 Scope 1
1.4 Policy Statement 2
1.5 Responsibilities 2
CHAPTER 2 3
2.1 Strategies for Policy Implementation 3
2.2 Gender Mainstreaming Committees 3
2.3 Domestication of the Gender Policy 4
2.4 Capacity Building of Staff and Staff Sensitization on Gender Mainstreaming 5
2.5 Gender Advocacy and Awareness 5
2.6 Collection, Analysis and Use of Sex Disaggregated Staff Data Using IHRIS System 5
2.7 Implementation of Affirmative Action 6
2.8 Gender Sensitive Working Conditions and Practices 6
2.9 Workplace Sexual Harassment 7
2.10 Strengthening Partnerships with Stakeholders 8
CHAPTER 3 9
3.1 Policy Implementation: Roles and Responsibilities of Key Actors 9
3.2 Monitoring and Evaluation of the Policy 10
3.3 Indicators to Measure Policy Implementation 11
3.4 Review of the Policy Guidelines 11
Annex 1 12
References 16

Foreword

Kenya is party to various regional and international gender instruments, which demonstrates the Government's commitment to attaining gender equity and equality. These instruments include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Beijing Platform for Action; the AU Heads of State Solemn Declaration on Gender Equality in Africa; and the Optional Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.

The Constitution of Kenya under the Bill of Rights (Chapter 4) recognizes the rights and fundamental freedom of all citizens, and guarantees equality and freedom from discrimination on any ground, including sex. Furthermore, Article 27 in the Bill of Rights stipulates that women and men have the right to equal treatment including the right to equal opportunities in political, economic, cultural and social spheres.

The Government has established various institutions with specific mandates to promote gender equality and equity and empowerment of women and men in the development process. These include the Directorate of Gender in the Ministry of Devolution and Planning, National Gender and Equality Commission (NGEC), Kenya National Human Rights Commission (KNHRC) and the Anti–Female Genital Mutilation (FGM) Board.

Gender equality and empowerment of women is a priority in Vision 2030 and the 2nd Medium Term Plan. Some interventions in these policy documents are being implemented through the Ministry of Devolution and Planning. They include: Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF), Uwezo Fund and the ear-marking of 30% of total government procurement to Women, Youth and Persons with Disabilities. The Performance Contracts for all Ministries, Departments and Agencies have also incorporated gender mainstreaming targets.

Finally, to promote the realization of gender equality and empowerment of women whilst also tracking progress in the realization of the Millennium Development Goal (MDG) 3 (To Promote Gender Equality and Empower Women); Nairobi County Health Services has since established a Gender Mainstreaming Committee which has further developed a Gender Mainstreaming Guidelines to fast track the purpose of Gender Mainstreaming within the County Health Services and hence achieving the County's vision of a City of choice for all to invest, work and live.

Dr. Bernard Muia

County Executive Committee Member for Health Services,

Nairobi City County

Acknowledgment

The County Health Services Gender Policy Guidelines 2015 has been prepared through a participatory process involving the County Health Services Gender Mainstreaming Committee that is composed of appointed officers from various sections in the Health Services. The Committee sought inputs from the County Human Resources Department, County and Sub-county Health management

Much effort and commitment was put into the development of this policy guideline. I therefore wish to express my gratitude to the gender mainstreaming committee members for their effective participation and involvement. I wish to particularly recognize and acknowledge the core team members led by Dr. Gathoni Gatembu. Others include: Roselyn Mkabana, Florence Opiyo, Lillian Shikanda, Lincoln Kabanya and Alice Mburu. Their unwavering commitment and teamwork is duly acknowledged. Further I appreciate the input of the IntraHealth International Capacity Bridge Project for the technical and financial support throughout the planning and development.

Special thanks go to the County Executive Committee Member for Health Services Dr. Bernard Muia for his leadership and support in the development of this policy guideline. I specifically thank him for mapping out the policy guidelines' direction that will enable integration of gender concerns into the County health department. I also wish to thank the Director of Medical Services, Dr. Sam Ochola, and Dr. Thomas Ogaro for offering policy direction and availing resources for the team that worked to develop this guideline.

It is my conviction that on the basis of this policy guideline, the County Health Services is well placed to integrate gender concerns in execution of its mandate. To those not mentioned here but contributed in one way or the other to the production of this policy, I salute you.

Dr. Sam Ochola

Chief Officer – Nairobi City County Health Services

List of Acronyms

FGM Female Genital Mutilation

GBV Gender Based Violence

HIV Human Immunodeficiency Virus

iHRIS Integrated Human Resources Information System

ILO International Labour Organization

OSH Occupational Safety and Health

PWD Persons with Disabilities

SGBV Sexual and other forms of Gender-Based Violence

Definition of Terms

Access	The ability or right to approach, enter, exit, communicate with or make use of.
Affirmative Action	A policy or program of taking steps to increase the representation of certain designed groups seeking to redress discrimination or bias through putting in place active measures. It is intended to promote the opportunities of defined minority groups within a society to give them equal access to that of the privileged majority population.
Empowerment	A process through which men, women, boys and girls acquire knowledge, skills and attitudes to critically analyze their situation and take appropriate action to change the status quo of the underprivileged and other marginalized groups in society.
Engender	The process of ensuring that planning and programming is appropriate for and takes into account the female and male differences and concerns.
Gender	This refers to the socially and culturally constructed differences between men and women; as distinct from sex which refers to their biological differences. The social constructs vary across cultures and time.
Gender Analysis	Means examining the differences in women's and men's lives, including those which lead to social and economic inequity between women and men.
Gender Awareness	This is the understanding that there are socially determined differences between men and women based on learned behavior, which affect ability to access and control resources.
Gender-Based Violence	Refers to any act of violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, girls, boys and men on the basis of gender
Gender Discrimination	Refers to unequal or preferential treatment of individuals or groups on the basis of their gender that results in reduced access to/ or control of resources and opportunities.
Gender Equality	Refers to the equal treatment of women and men, girls and boys so that they can enjoy the benefits of development including equal access to and control of opportunities and resources.

Gender Equity	Refers to the practice of fairness and justice in the distribution of benefits, access to and control of resources, responsibilities, power, opportunities and services.
Gender Mainstreaming	Means ensuring that the concerns of men and women form an integral dimension of all policies, laws and administrative procedures including budgeting and budget implementation and the monitoring and implementation of programs implementing such policies, laws and administrative procedures in all political, economic and societal spheres, so as to ensure that women and men benefit equally, and that inequality is not perpetrated.
Gender Management System	A network of structures, mechanisms and processes put in place within an existing organizational framework, to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of the organization's work in order to achieve greater gender equality and equity within the context of sustainable development.
Gender Needs	These are needs of women or men that relate to responsibilities and tasks associated with their gender roles or to immediate perceived necessity.
Gender Sensitivity	This is the ability to perceive existing gender differences, issues and equalities, and incorporate these into strategies and actions.
Sex Disaggregated	Classification of information on the basis of sex; that is male and female data.
Sexual Harassment	Means any persistent and unwelcome conduct of a sexual nature, including unwelcome sexual advances, unwelcome physical contact or unwelcome verbal conduct of a sexual nature.
Health	The state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity.
Health Work Force	A health professional (also known as a health worker) may operate within medicine, surgery, midwifery (obstetrics), dentistry, nursing, pharmacy, psychology or allied health professions.
Health Workers	Health workers are people whose job it is to protect and improve the health of their communities.

Client	A person seeking services or advice.
Health System Strengthening	The process of identifying and implementing the changes in policy and practice in a country's health system so that the country can respond better to its health and health system challenge (ii) Any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency.
Disability	Disability includes any status that results from an interaction between a person with impairment and attitudinal and environmental barriers that hinder the person's full participation and effectiveness in society on equal basis with others.
Disability Mainstreaming	Disability mainstreaming is a strategy for making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that persons with disabilities have the same access to all as non-persons with disabilities (Handicap International, 2009).
HIV/AIDS at Workplace	An intervention to address HIV and AIDS specific issues within the workplace.

CHAPTER 1

1.1 Purpose

The purpose of the gender guideline is to establish within the County Health Sector a framework for gender mainstreaming

The overall effort is to provide an enabling environment for the Health Sector and strengthen gender sensitivity within Nairobi City County.

1.2 Objectives

This County Health Sector Gender Policy seeks to provide a framework to promote gender equity and equality in the department. Specifically, the policy guidelines seek to:

- Undertake gender responsive planning, implementation and evaluation of policies, programs and projects;
- Increase coverage, efficiency and effectiveness of interventions on gender issues in Human
- Resources for Health;
- Promote equity and equality of women and men and ensure that interventions promote equity in gender roles and relations;
- Provide quantitative and qualitative information on the influence of gender on diverse sectoral
- issues;
- Provide guidelines on capacity building, knowledge sharing and research on gender issues in the Health Sector;
- Promote and implement gender, disability mainstreaming and HIV/AIDS workplace policies;
- Build mutual relationships that are accepted in the workplace.

1.3 Scope

The policy guidelines apply to all staff, students, volunteers, partners, and clients working within the Health Sector in the County. It will ensure that there is no discrimination in the workplace (staff &clients), gender, sex, race, disability, equal pay for equal work; free from sexual harassment, stigmatization in regards to HIV&AIDs and religion, recruitment and promotion – Constitution of Kenya Article 27(3).

1.4 Policy Statement

The County Health Sector is committed to promoting and mainstreaming gender to ensure an enabling environment that promotes equity and equality.

1.5 Responsibilities

This section outlines the responsibilities of the Gender Mainstreaming Committee, County Health Sector Leadership and Health Workforce in developing, maintaining, monitoring and implementing the policy. The responsibilities include but are not limited to:

1. Developing gender tools and guidelines for efficient implementation of gender equity and equality in the workplace;
2. Implementing the gender policy guidelines;
3. Maintaining gender mainstreaming in the sector;
4. Monitoring of gender responsive activities in the county;
5. Ensuring establishment of gender mainstreaming committees in the Sub-County and health facilities and at the community level.

If there are consequences for not complying with the policy, sanctions shall be applied e.g. workplace sexual harassments, disciplinary measures shall be taken according to public service code of regulations within the context of Nairobi County government procedures.

CHAPTER 2

2.1 Strategies for Policy Implementation

The following are the strategies that the County Health Department will use to implement the policy. The strategies have been formulated from existing National Gender Policy, based on context analysis, the opportunities in place and the identified challenges.

2.2 Gender Mainstreaming Committees

Gender mainstreaming committees will be established with clear terms of reference. The committees will be established from the County Health Department headquarters to the community level. The County Health Sector gender committee will be composed of members from the County Health Department and appointed by the Chief Officer from departments within the Health Department. The Committee shall be chaired by a Chairperson appointed by the County Chief Officer. The Composition of the gender committee will be replicated at the Sub-County and health facility level.

2.2.1 County Gender Committee

The County Occupational Gender Committee shall coordinate gender mainstreaming within the health sector at the County level. The gender committee will provide feedback on gender issues within the County to the health sector leadership. The committees' roles and responsibilities shall include but not be limited to the following:

a. Gender sensitization for County Health Officers including section heads of departments;

b. Carry out surveys on gender mainstreaming;

c. Participate in the development of gender sensitive indicators;

d. Identify capacity needs and facilitate capacity building on gender for County Health Staff including section heads of departments and the Sub-County;

e. Disseminate and formulate guidelines and work plans for mainstreaming gender including disability in the County Health Sector;

f. Submit quarterly reports to the County departments per prescribed report templates;

g. Hold gender meetings on a quarterly basis with clear documented meeting minutes; however, the Chair can convene an ad hoc meeting on need bases.

2.2.2 Sub-County Gender Committee

The Sub county committee shall coordinate gender activities within the Sub-County. The Committee will provide feedback to the County Gender Committee on gender issues. The committees' roles and responsibilities shall include but not be limited to the following:

a. Publicizing, promoting and ensuring compliance of gender mainstreaming at the sub-county evel;

b. Implementing measures required for functional facility gender committees;

c. Monitor implementation of the County Gender Strategies;

d. Responsible for capacity building and disseminating policies and guidelines at the sub-county level in liaison with the County Gender Committee;

e. Submit quarterly reports to the County departments per prescribed report templates;

f. The Gender meetings will be held at a quarterly basis with clear documented meeting minutes;

g. The Chair can convene an ad hoc meeting on need bases.

2.2.3 Facility Level Gender Committee / Focal Person

The Facility Level Gender Committee/ Focal Person will be responsible for gender mainstreaming at the facility. The Gender Committee membership and operations will be guided as stipulated by the gender committee at the County level. The Gender committee will be chaired by the Facility Head or nominee, and composed of facility members in the clinical and non-clinical departments. The committees' roles and responsibilities shall include but not be limited to the following:

a. Complying with the guidelines and related polices, and enforce corrective measures in cases of non-compliance at the facility level;

b. The committee will coordinate capacity building of the facility level staff and disseminate policy guidelines at the facility level;

c. Implementing measures required for functional facility gender committees;

d. Monitor implementation of the County Gender Strategies.

2.3 Domestication of the Gender Policy

The County Health Services shall domesticate, disseminate, implement and review the gender mainstreaming policy. This will be done through the Gender Mainstreaming Committee.

2.4 Capacity Building of Staff and Staff Sensitization on Gender Mainstreaming

Capacity development is critical in ensuring gender mainstreaming within the County Health Services. Most of the staff within the County Health Sector are unaware of gender mainstreaming issues since they have not been adequately sensitized. This has led to misinterpretation of gender and negative perception of gender as a women's affair. To address the above, the Department of Health through the Gender Mainstreaming Committee will undertake the following:

a. Incorporate gender training in the sector training plan;

b. Enhance capacities of all staff including Gender Mainstreaming Committee Members through relevant training on gender;

c. Sensitization of newly employed staff on gender during induction through the Human Resources Department;

d. Sensitization on gender issues during County Health Sector meetings and forums and functions as appropriate;

e. Capacity training at the sub-county level should be done by health promotion to the community level;

f. Collection of data and development of reports at the sub-county level.

2.5 Gender Advocacy and Awareness

Regular advocacy and awareness creation shall be undertaken through the following:

a. Dissemination of gender related policies;

b. Awareness creation on gender through the Nairobi County Website;

c. Involvement of County Health sector staff in gender related activities e.g. 16 Days of Activism against SGBV, Zero Tolerance against FGM and International Women's Day, Human Resources for Health conferences etc.

2.6 Collection, Analysis and Use of Sex Disaggregated Staff Data Using IHRIS System

Sex disaggregated data is essential in guiding policy decisions especially in line with Human Resources for Health Planning. The gender committee shall on regular basis in collaboration with Human Resources for Health Department collect timely sex disaggregated data, analyze, and use it as a guiding principle in policy formulation and decision making. This will be through the use of the Integrated Human Resources of Health Information System (iHRIS).

The County Health Services Sector will also undertake gender analysis of documents such as County Health Polices, County Health Strategies, Training Reports and County Health Work Plans.

2.7 Implementation of Affirmative Action

To ensure equity and equality, the County Health Sector will:

a. Continue implementing the not more than 2/3 gender rule on appointment, recruitment and promotion;

b. Continue implementing the 30% public procurement preference and reservations for women, youth and PWDs;

c. Have gender sensitive and gender balanced recruitment panels;

d. Where a woman and a man have equally qualified for a position, in a category in which there is gender imbalance, the sex that is underrepresented will be given priority;

e. Work towards ensuring gender balance of staff at all levels and cadres;

f. Work towards ensuring gender balance in Committees, Taskforces and Boards under the County Health Sector.

2.8 Gender Sensitive Working Conditions and Practices

Good working conditions and practices are essential in providing a platform for addressing gender concerns and improving health worker motivation, retention and productivity. Women and men may be exposed to different physical and psychological risk at the workplace, thus requiring different control measures. The County Health Department shall undertake the following measures:

a. Sensitization on gender sensitive workplace related policies such as paternity leave, maternity leave, child adoption leave (Employment Act 2007) and implementation of the National OSH policy guidelines of the health sector, adhere to work place code of ethics and regulations;

b. Provide gender sensitive working conditions and practices; provide facilities in consideration to the gender specific needs. This includes: toilets, toiletries, staff changing rooms in health facilities and office space; advocate for provision of baby day care facilities, flexible working hours for nursing mothers and provision for mothers with young children to travel with them for work related activities where appropriate;

c. Provide security measures and safety in isolated health facilities for health workers working in isolated areas and during night shift as stipulated in the OSH ACT and Occupational Safety and Health Guidelines for the Health Sector;

d. Strengthen partnerships with key departments in the County and at the National Government, and the Private Sector; both for profit and not for profit.

2.9 Workplace Sexual Harassment

Sexual harassment is discriminative and a gross violation of the rights of the individual. Both men and women can be victims of sexual harassment. An employee is sexually harassed if the employer or a representative of that employer or a co-worker:

a. Directly or indirectly requests an employee or a fellow employee for sexual intercourse, sexual contact or any other form of sexual activity with either (a) a promise of preferential treatment in employment, (b) a threat of detrimental treatment in employment, or (c) a threat about the present or future employment status of the employee;

b. Uses language whether written or spoken of a sexual nature; c. Uses visual material of sexual nature;

c. Shows physical behavior of sexual nature, which directly or indirectly subjects the employee to behavior that is unwelcome or offensive to that employee and that by its nature has a detrimental effect on that employee's employment, job performance, or job satisfaction.

Towards this, the County Health Sector shall lay a focus on prevention of sexual harassment through targeted action, including regular staff awareness activities. Other initiatives to be undertaken are:

a. Implement the Gender Based Violence Policy; all health facilities should have a gender hotline/person, where staff can report on any sexual harassment issues;

b. Sensitize and train staff on all legal instruments regarding sexual harassment (including the Sexual Offences Act No. 3 of 2006 ;) through action and continuous communication;

c. Look at some forms of sexual harassment, summarize them and include them in the guidelines;

d. Institute complaints procedures and a reporting system on sexual harassment at the workplace;

e. Establish a mechanism for quick action and redress for sexual harassment cases;

f. Advocate for open office policy.

2.10 Strengthening Partnerships with Stakeholders

Partner coordination is key to the efficient and effective implementation of gender projects and programs and enhancing resource mobilization. To remain strategically positioned, the County Health Sector through the Gender Mainstreaming Committee will continue to coordinate all key partners' state corporations, public bodies and non-state actors supporting gender mainstreaming. In so doing, the Health Sector will undertake the following:

- Map out key stakeholders;
- Enhance Strategic Partnership and networking with various stakeholders implementing gender related projects and programs;
- Ensure that projects and programs implemented by partners are aligned to the gender policy;
- Advocate for partner support (financial and technical) in implementation of gender related projects and programs in the County Health department;
- Provide technical backstopping on gender to stakeholders.

CHAPTER 3

3.1 Policy Implementation: Roles and Responsibilities of Key Actors

This policy will be implemented by all sections and units of the County Health Services in Nairobi County. There will be a County Health Gender Mainstreaming Committee and Sub-County Committees/ facilities and communities to oversee the implementation of the policy.

The success of the policy implementation will depend largely on how clearly the roles of different stakeholders have been defined. This part outlines the roles of different actors to ensure efficient and effective coordination, implementation, monitoring and evaluation of this policy.

Key actor: Top management

Roles and responsibilities

- Ensure gender mainstreaming in County health department plans, projects, programs and policies;
- Provide leadership in implementation of the policy;
- Mobilize resources for the implementation of the policy;
- Hold different sections accountable for specific activities and targets on gender mainstreaming and empowerment of women as articulated in the policy;
- Provide leadership in dissemination of the policy.

Key actor: County Health Department Gender Committee

Roles and responsibilities

- Gender sensitization for County Health Officers including section heads of departments;
- Carry out surveys on gender mainstreaming;
- Participate in the development of gender sensitive indicators;
- Identify capacity needs and facilitate capacity building on gender for County Health Staff including section heads of departments;
- Develop guidelines and work plans for mainstreaming gender including disability in the County Health Department;
- Collect, collate, analyze and report on not more than 2/3 gender rule on recruitment, promotions and appointments in the County Health Departments.

Key actor: Sub-County/ Facility / Community Gender Committee in the County Health Department

Roles and responsibilities

- Implementation and supervision of gender mainstreaming within their sub-counties;
- Dissemination of key gender polices and guidelines;
- Collect, collate, analyze and report on not more than 2/3 gender rule on recruitment, promotions and appointments in the County Health Departments;
- Submit quarterly reports to the Gender Committee at the County on the level of gender mainstreaming;
- Monitor and advice on 30% public procurement provisions for youth, women and persons with disabilities within the directorates;
- Identify capacity needs and facilitate capacity building and gender sensitization within their respective sub-counties.

Key actor: All County Health staff

Roles and responsibilities

- Familiarize themselves and adhere to the provisions of the policy
- Participate in Gender Mainstreaming Capacity Building Programs and Activities

Key actor: Client

Roles and responsibilities

- Adhere to the stipulated policies

3.2 Monitoring and Evaluation of the Policy

Implementation of the Gender Policy will be regularly monitored and evaluated to measure progress. The key responsibility for Monitoring and Evaluation (M&E) remains with the Gender Committee. This Monitoring and Evaluation process will be guided by a gender committee work plan which will be developed with clear gender mainstreaming indicators. Each section will be required to contribute towards mainstreaming gender actions in the County Health Sector.

3.3 Indicators to Measure Policy Implementation

The following Gender Sensitive Indicators will examine changes in gender relations over time and will be used to track the progress of the policy implementation:

- Gender responsive plans, projects, programs and policies;
- Gender mainstreaming systems in place;
- Percentage of financial resources allocated to gender programs in relation to sector budget;
- The number and quality of gender training programs undertaken;
- The number and categories of officers trained on gender, disaggregated by sex;
- Gender responsive guidelines for recruitment committees in place;
- Gender responsive training manual in place;
- Mechanism to deal with gender-based discrimination and sexual harassment;
- Updated sex disaggregated data and statistics;
- Number of surveys and research on gender undertaken;
- Number of advocacy fora/meetings on gender.

3.4 Review of the Policy Guidelines

This policy will be reviewed periodically or when need arises to take into account emerging issues and trends.

Annex 1

QUATERLY PROGRESS REPORTING FORMAT ON MAINSTREAMING ACTIONS IN THE GOVERNMENT OF KENYA

Public Sector Quarterly and Annual Mainstreaming and Freedom from Discrimination Activities Reporting Tool FY 2014/2015			
Name of Organization	Type of Institution/Organization (Tick where applicable)		
	Ministry/Department [1]	Public University [3]	County Government [5]
	State Corporation [2]	Tertiary Institution [4]	Others (specify)_____ [6]
	Check as appropriate: Report for		
	Quarter 1 [1]	Quarter 3 [3]	Annual [5]
	Quarter 2 [2]	Quarter 4 [4]	

Actions as per the Institutions' Performance Contract 2013/2014	Max score (%) [100]	Annual Target (%)	Quarter achievements							Cumulative achievement for the year							Actual annual variance in (%
			Actual achievements							Actual annual achievements							
			Total	Sex		Persons with disability	Age category			Total	Sex		Persons with disability	Age category			
				M	F		<35	35 - 59	60+		M	F		<35	35 - 59	60+	
1.1Capacity development Continuous gender training and sensitization of employees on gender mainstreaming ***(attach participant lists showing ranks)***																	
Actions as per the Institutions' Performance Contract 2013/2014	**Max score (%) [100]**	**Annual Target (%)**	**Quarter achievements**							**Cumulative achievement for the year**							**Actual annual variance in (%**
			Actual achievements							Actual annual achievements							
			Total	Sex		Persons with disability	Age category			Total	Sex		Persons with disability	Age category			
				M	F		<35	35 - 59	60+		M	F		<35	35 - 59	60+	
1.2Baseline and benchmark on compliance level with the 2/3 gender representation policy on appointments, employment and promotions in the public services as per the constitution																	
1.3 Baseline and benchmarks measuring progress of the number women-led, youth-led and PWDs-led enterprises accessing 30% public procurement tender opportunities																	
1.4 Evidence of MDA annual plans subjected to sex disaggregated data (benefit incidence analysis)	1.4.1Sex Disaggregated Data Available	1.4.2Has data informed MDA planning and programming showing evidence of added value of interventions to men and women?								1.4.2.1 Explain (in bullet form)							
	Yes	No	Yes			No											

Actions as per the Institutions' Performance Contract 2013/2014	Max score (%) [100]	Annual Target (%)	Quarter achievements							Cumulative achievement for the year							Actual annual variance in (%
			Actual achievements							Actual annual achievements							
			Total	Sex		Persons with disability	Age category			Total	Sex		Persons with disability	Age category			
				M	F		<35	35 - 59	60+		M	F		<35	35 - 59	60+	
1.5 Workforce: Total number of employees																	
1.5.1 % of employees by sex, PWD, and age group																	
1.5.2 Of all employees, % in job group M and above																	
1.5.3 Of all employees, % promoted to job group M and above																	
1.5.4 Number of persons on internship program																	

N/B: For all data on PWDs, indicate the sex and age.

Status of Implementation of Mainstreaming Actions as per current year Performance Contracting Guidelines (attach progress reports and copies of evidence of work done where applicable)											
Name of policy	Max score	Does the MDA have the following policies or strategies		Has relevant activities of this policy been included in the 2013/2014 annual work plan		What percentage of total budget was allocated to these main-streaming activities	What percentage of total budget was actually spent on the mentioned activities	Support structure Does the institution;			
								have ____ machinery (dedicated staff/ committee)		have the dedicated staff/committee received relevant training (refresher) on the policy?	
		Yes	No	Yes	No			Yes	No	Yes	No
1.6 Development and implementation of the ministerial policy in line with the National Gender and Development Policy to guide the gender mainstreaming activities (attach copy)											
1.7 Development/implementation of a work place policy on Gender based violence (attach copy)											
Please highlight some of the emerging issues or challenges faced in the process of mainstreaming and integrating principles of gender equality and freedom from discrimination in your institution.											
I certify that the report submitted to the National Gender and Equality Commission is accurate. Submitted to NGEC, P.O. Box 27512-00506; Tel 020-272 7778; Email: pcontracting@ngeckenya.org Cc: tnyambura@ngeckenya.org and genderdcc@gmail.com											
Name of reporting officer	**Designation**			**Telephone Number**			**Email address**			**Date**	

N/B: *All reports should be submitted to NGEC by the 15th day of the month succeeding the ended quarter. A copy of the report to be submitted to Directorate of Gender, Ministry of Devolution and Planning*

References

a. County HR manual, 2013; Public Service Commission

b. Code of Regulations, 2006; Public Service Commission

c. Ministry of Labour and Human Resource Development workplace policy on HIV/AIDS, June 2007

d. Republic of Kenya, (2010); The Constitution of Kenya

e. Republic of Kenya, (2000); National Gender and Development Policy

f. Republic of Kenya (2009); National Framework towards response and prevention of Gender Based Violence in Kenya, National Commission on Gender and Development

g. Republic of Kenya. (2011); National Policy on Gender and Development (Final Draft)

h. Republic of Kenya, (2011); Ministry of Gender, Children and Social Development Gender Policy

i. Republic of Kenya, (2008); Ministry of State for Planning National Development, Vision 2030 and Second Medium Term Plan

j. Republic of Kenya, (2003); Public Officers Ethics Act

k. Republic of Kenya, (2013); Ministry of Energy, Gender Mainstreaming Policy

l. The Ethics and Anti-Corruption Commission Act, 2011

m. Persons with Disability Act, 2003

n. Kenya National Youth Policy, 2007

o. Kenya Labour Laws 2007

p. The Leadership and Integrity Act, 2012

q. The County Health sector Performance Contract (2013-2014)

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

HARAMBEE
Government of Kenya
Ministry of Health

HUMAN
RESOURCES for
HEALTH
Capacity
Bridge
TOWARD KENYA'S SUSTAINABLE HEALTH WORKFORCE

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.