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USAID KENYA FINAL GENDER ANALYSIS REPORT MARCH 2020

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**USAID/KENYA
FINAL GENDER ANALYSIS
REPORT 2020**

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ACRONYMS

ADS	Automated Directives System
ADVANTAGE	Advancing the Agenda of Gender Equality
ASAL	Arid and semi-arid lands
CBO	Community-based organization
CDCS	Country Development Cooperation Strategy
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CIDP	County Integrated Development Plans
COMESA	The Common Market for Eastern and Southern Africa
COR	Contracting Officer's Representative
CRS	Catholic Relief Services
CSO	Civil society organization
CVE	Countering violent extremism
DO	Development objective
DP	Development partner
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EAC	East Africa Community
FGD	Focus group discussion
FGM	Female genital mutilation
FSW	Female sex workers
GBV	Gender-Based violence
GDP	Gross domestic product
GEFE	Gender equality and female empowerment
GEWE	Gender equality and women empowerment
GoK	Government of Kenya
GRB	Gender-responsive budgeting
IFC	International Finance Corporation
IGAD	Intergovernmental Authority on Development
IOM	International Office of Migration
IP	Implementing partner
IPSTC	International Peace Support Training Center
IPV	Intimate partner violence
IR	Intermediate Result
J2SR	Journey to Self-Reliance
KDHS	Kenya Demographic and Health Survey
KEA	Kenya and East Africa
KES	Kenyan Shilling
KII	Key informant interview
KNAP	Kenya National Action Plan for the Implementation of United Nations Security Council Resolution 1325 (UNSCR1325) and Related Resolutions
KNBS	Kenya National Bureau of Statistics
LFPR	Labor-force participation rate
LGBTI	Lesbian, gay, bisexual, and transgender individuals
M&E	Monitoring and evaluation
MCA	Member of county assembly
MMR	Maternal Mortality Rate
MPSGA	Ministry of Public Service and Gender Affairs
MSM	Men who have Sex with Men

MSME	Micro, small and medium enterprises
NGEC	National gender and equality commission
NGO	Non-governmental organization
NRM	Natural resource management
OAF	One Acre Fund
SDG	Sustainable Development Goals
SDGA	State Department of Gender Affairs
SEZ	Special economic zone
SOW	Scope of work
SRH	Sexual and reproductive health
SSA	Sub-Saharan Africa
STEM	Science, technology, engineering, and math
TB	Tuberculosis
TO	Task order
ToC	Theory of change
TVET	Technical and vocational education and training
TVPA	Trafficking Victims Protection Act
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USD	United States dollar
VE	Violent extremism
VSLA	Village Savings and Loan Associations
WEEE (WE3)	Women's Entrepreneurship and Economic Empowerment
WEF	Women Enterprise Fund
WFP	World Food Program
W-GDP	Women's Global Development and Prosperity Initiative
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

The United States Agency for International Development (USAID)/Kenya contracted Banyan Global to undertake a countrywide Gender Analysis to inform the USAID/Kenya 2020–2025 Country Development Cooperation Strategy (CDCS). The purpose of the analysis is to identify key gender issues, inequalities, constraints, and opportunities in the country within the context of the following development objectives: 1. Transform systems—Kenyans transform key systems, especially markets, health, and governance, to serve every Kenyan with quality, inclusivity, accountability, and efficiency; 2. Citizen-responsive public and private Kenyan institutions partner with communities to increase resilience for Kenya’s vulnerable populations and environments; 3. Economic Transformation: Kenyans create and utilize collaborative platforms that increase employment and expand access to capital and skills to accelerate bottom-up growth for young men and young women; and 4. Regional partnerships— Kenya leads and enhances regional partnerships to improve the well-being of Kenyans. This report also addresses key themes and populations, including rural and urban populations, adolescent girls, gender-based violence (GBV) prevention and response, women’s economic empowerment (WE3), and self-reliance. The findings and recommendations put forth in this report are intended to support USAID/Kenya in the development of the 2020–2025 CDCS and to guide gender integration in the Mission’s programs, projects, activities, and in all aspects of the program cycle.

Methodology

This report was prepared at the culmination of a multi-stage process that included a literature review of secondary data and primary data collection in Nairobi, Isiolo, and Kilifi counties. The research team consisted of three consultants (Mia Hyun, Wendy Okolo, and Aurelia Munene) who were supported by the home-office team at Banyan Global. The main data-collection methods included semi-structured key informant interviews and focus-group discussions with USAID staff, partners, and stakeholders.

Most-Critical Findings and Recommendations

Table 1: Most Critical Findings and Recommendations

Findings	Recommendations
<p>DO 1: Transform systems—Kenyans transform key systems, especially markets, health, and governance, to serve every Kenyan with quality, inclusivity, accountability, and efficiency</p>	
<ul style="list-style-type: none"> - Though in principle a strong legal, policy, and institutional framework for gender equality and women’s empowerment (GEWE) exists, the vertical (national to subnational) and horizontal (across line ministries) linkages are weak in terms of policy implementation in a system of decentralized governance. - Gender-responsive planning and budgeting has not been rolled out fully to counties, and citizen participation in County Integrated Development Plans (CIDP) formulation is weak. Community-based organizations in the 	<p><i>Journey to Self-Reliance (J2SR) Sub-Dimensions: Open and Accountable Government, Government Capacity, Civil Society Capacity, Citizen Capacity, Inclusive Development</i></p> <ul style="list-style-type: none"> - Strengthen Gender Sector Working Group and civil society organization (CSO) partnerships at the county level to be platforms for honest, authentic dialogue and to implement evidence-based social-accountability processes. Strengthen CSO networks’ abilities to reach out to and channel women’s voices to county government, support grassroots women’s group organizing and capacity development, and administer gender-responsive social accountability processes. - Strengthen gender-responsive citizen participation and social accountability through the devolution of gender-mainstreaming functions and implementation of gender policy

<p>Gender-Sector Working Group play a strong role in ensuring communication between the national government and citizens. Thirteen counties do not have any budget allocated for gender, and most counties only allocate less than 5 to 7 percent of their budgets to gender activities.</p> <ul style="list-style-type: none"> - The lack of evidence-based programming approaches and sex-disaggregated data collection and usage leads counties not to address gender needs effectively in their interventions. - The “two-thirds gender rule” in the Constitution – which mandates that no more than two-thirds of members of an elected or appointive bodies be of the same gender – has had mixed success, with a significant percentage of women leaders nominated to fill the gaps in election results. Nominated women leaders face discrimination in decision-making forums. - Fewer than 9 percent of candidates in the 2017 election were women; however men and women candidates had the same success rate (13 percent). Devolution is an important entry point for women in politics, with women holding approximately one-third of several key county positions. - Health systems governance has been devolved to the county level, yet gender and other power relations at the county, community, and household levels that determine and shape access to health services have not always been acknowledged. Gender gets relegated to the periphery of health plans and policies, and they fail to systematically address specific gender needs. - Market systems in Kenya are traditionally gender blind, based on a false assumption of a level playing field, and thus fail to recognize and accommodate underlying gender inequalities that impact women’s abilities to compete with men for productive resources and opportunities. 	<p>and gender-responsive budgeting (GRB) and GBV guidelines at county level. WE3</p> <ul style="list-style-type: none"> - Coordinate with national training institutions (such as the Kenya School of Government) colleges, and universities to develop a curriculum on gender mainstreaming in public policy and planning, GRB, and gender-responsive data collection and analysis. WE3 - Increase women’s representation in decision-making and build capacity for transformative leadership as a transmission mechanism to promote gender-responsive government decision-making, resource allocation, and public services. Demonstrate the business cases for women in decision-making and showcase successful women leaders and their achievements at all levels. Increase the number and capacity of women candidates for elected and nominated positions by supporting women leaders’ networks and mentoring programs. Ensure that nominated women leaders have an equal voice in decision-making forums. - Strengthen the evidence base for gender-responsive planning and budgeting through systematic gender data collection and analysis, which is packaged and disseminated to government and civil-society planners as inputs to CIDPs. WE3 - Engender the health care system: conduct a health-systems gender audit to tease out all of the gendered implications of the legal and policy framework, as well as the institutional and operational mechanisms for service delivery (including planning, budget allocation, and human resources). WE3 - Increase women’s and girls’ access to health care: enhance county-level investments in rural and urban public health facilities, particularly for lower-tier hospitals and dispensaries that are closer to communities, including in the consistent availability of drugs; laboratory equipment; flexible working hours; and well-trained staff that can address the health needs of all key populations, particularly adolescents. WE3 - Engender specific market systems: identify markets that present strategic opportunities to increase women’s economic empowerment objectives and conduct a market-systems gender audit to tease out all the gendered implications of the legal and policy framework, as well as the institutional and operational mechanisms and human-resource structures of relevant market actors. WE3 - Ensure that the legal and policy framework, the planning and budgeting process, the service-delivery modalities, and the human-resource composition and capacity are aligned with and able to deliver on gender-equitable outcomes. Further details and recommendations on inclusive market systems development is included under DO3 in Section 5.3.
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DO2: Citizen-responsive public and private Kenyan institutions partner with communities to increase resilience for Kenya’s vulnerable populations and environments

- Chronic poverty is pervasive with more than one-third of the population living under the international poverty line. Female-headed households (single, divorced, and widowed women) are more likely to be poor compared to male-headed ones.
- Current government and donor social-protection mechanisms help vulnerable households cope with external shocks. But they only serve to absorb and cope with shocks, and do not necessarily anticipate or adapt to disruptions.
- Women play a key role in agriculture—the major contributor to poverty reduction—both in terms of income generation and provision of food for their families. But persistent gender inequality and women’s disempowerment sustains low productivity in agriculture and food insecurity.
- Women are the most dependent on natural resources, but their role in natural resource management (NRM) is limited.
- Access to family planning is improving, but less so for adolescents. Maternal mortality, HIV, and teen pregnancy, however, are still high risks. Access to sexual and reproductive health information and services is limited.
- Despite a strong policy framework, GBV prevalence is high at almost 50 percent. Prevention and response services are weak.
- Adolescent girls are the most-vulnerable population and subjected to school dropout and multiple forms of GBV, including female genital mutilation (FGM), transactional sex, teen pregnancy, and early marriage.
- Gender gaps are smaller in basic education but widen at tertiary and technical and vocational education and training (TVET). School environments do not recognize the needs of vulnerable adolescent girls.
- Women are involved in and are impacted by violent extremism; however their engagement in combating violent extremism (CVE) is limited.

J2SR Sub-Dimensions: Citizen Capacity, Government Capacity, Civil Society Capacity, Open and Accountable Government, Inclusive Development

- Apply a household-methodology approach as an entry point to highlighting the gender and generational dynamics that make women and adolescent girls vulnerable within the household.
- Reduce and redistribute women’s responsibilities for unpaid care and domestic work at the household level through increased male engagement and services, such as water and childcare. **WE3**
- Increase livelihood options for young men and women beyond agriculture by expanding their skills in higher value-added sectors and business entrepreneurship. **WE3**
- Involve women in NRM decision-making forums, build the capacity of county staff on gender-responsive natural-resource conservation, and strengthen policy and legal frameworks to support their implementation.
- Strengthen services’ utilization through provision of and access to efficient and effective service delivery using an approach to service delivery that is context specific and evidence based, intersectional and gender responsive, policy aligned, adequately resourced and funded, and multi-partner and multisectoral. **WE3**
- Enhance the capacity of the county health system to implement the Gender-Responsive Community Health Strategy.
- Increase women’s and girls’ access to healthcare by enhancing county investments in public health facilities and staff capacity.
- Support existing community networks on changing social norms in family planning, antenatal care, assisted delivery, GBV, early marriage, and FGM at the household and community levels.
- Adopt a community-dialogue approach that blends local and nonlocal knowledge to dismantle pervasive and harmful gender norms on early marriage and FGM. Work with respected community leaders, such as chiefs, to model positive masculinity and women’s empowerment.
- Support multi-sectoral GBV prevention and response mechanisms that are accessible, accountable, well funded, well equipped, evidence based, gender-responsive, decentralized, community focused, and contextually relevant.
- Address the complexity of adolescent girls’ vulnerability with evidence-based multi-dimensional approaches to examining and responding to the causes and consequences of their intersecting vulnerabilities.
- Ensure retention and transition in the education system by conducting periodic county-level gender analyses within the education sector to tease out barriers and opportunities at all tiers of education; share the data with communities; and use it as an advocacy, planning, and implementation tool. **WE3**

	<ul style="list-style-type: none"> - Mainstream gender in CVE using a comprehensive programming framework, based on the development–security nexus as well as the dynamic formed by the interdependent web of drivers, impacts, and responses. Adopt a broader socio-economic approach to the problem, while keeping efforts at the community level context driven and multi method.
<p>DO3: Economic transformation—Kenyans create and utilize collaborative platforms that increase employment and expand access to capital and skills to accelerate bottom-up growth for young men and young women</p>	
<ul style="list-style-type: none"> - Cultural norms limit women’s voice over economic decisions (such as related to investments, production, inheritance, and land and asset ownership). The Law of Succession Act, which provides for different treatment of male and female surviving spouses, is resulting in gender inequality in formal inheritance rights. - Women’s labor-force participation rate (LFPR) is high at 71 percent (men’s LFPR is 77 percent), but there are significant regional differences. Almost 50 percent of men and 30 percent of women are paid or waged employees. Women are paid just more than half of what men receive for similar jobs. Almost 55 percent of women work in agriculture compared to 40 percent of men, 5 percent of women and 18 percent of men work in industry, and 42.5 percent of men and women work in services. - Women are underrepresented in formal waged employment and at higher occupational levels, although there are some promising examples of the private sector promoting gender-responsive workplaces, such as Safaricom. - Just more than half (54 percent) of micro small and medium enterprises are owned by women; however women-run enterprises earn 43 percent lower profits than those that men run. Women’s access to formal finance in Kenya is low at 12.3 percent. More women (31 percent) than men (20 percent) rely exclusively on mobile money accounts, such as M-Pesa. 	<p><i>USAID J2SR Sub-Dimensions: Economic Policy, Inclusive Development, Citizen Capacity</i></p> <ul style="list-style-type: none"> - Adopt a sustainable, holistic, and gender-transformational market-systems approach to WE3 that incentivizes positive change in market actors’ behavior by increasing capacity and motivations to be more inclusive of marginalized women. WE3 - Target existing women-run businesses and cooperatives to expand their operations and create more employment opportunities for marginalized women through increasing access to formal finance and business-development skills, deepening the value chain through higher value-added processing, and packaging and distribution chains. WE3 - Promote women entrepreneur associations and women’s branches of chambers of commerce at the county level. Support these groups to reach out to remote rural women producers and entrepreneurs to bring them into value chains. WE3 - Partner with large national and international private-sector companies for corporate social responsibility-type interventions that increase employment and skills for young women and promote more-gender–responsive workplace environments. WE3 - Develop an information platform on access to different sources of finance and business-development skills as well as access to local, regional, and international markets. WE3 - Expand TVET to women, broaden their choices to include higher value non-traditional occupational skills (such as computers; information technology; hospitality; and science, technology, engineering, and math), particularly targeting manufacturing and service subsectors with high returns. WE3 - Promote decent, sustainable employment for women to shift them from the informal to the formal economy by incentivizing and building up medium-size women-run enterprises that can create more waged jobs for women. WE3
<p>DO4: Regional partnerships— Kenya leads and enhances regional partnerships to improve the well-being of Kenyans</p>	
<ul style="list-style-type: none"> - Transboundary conflicts over natural resources, such as water and livestock, adversely affect women farmers and pastoralists. - Women workers predominate in labor-intensive export sectors, such as cut 	<p><i>J2SR Sub-Dimensions: Economic Policy, Civil Society Capacity, Citizen Capacity, Government Capacity</i></p> <ul style="list-style-type: none"> - Invest in women’s capacities to lead and include women in peace committees’ decision-making spaces to facilitate conflict resolution.

<p>flowers and textiles but are at the low end of the value chain and not engaged in regional trade.</p> <ul style="list-style-type: none"> - Challenges of nontariff and tariff barriers exist, such as high levels of informality and information asymmetry, as do complex customs procedures that prevent women from participating in regional trade. - Policy and legislative frameworks largely favor men, who dominate as authorized economic operators. 	<ul style="list-style-type: none"> - Create alternative livelihood options for women whose livelihoods are at risk to reduce their vulnerabilities to transboundary conflict. WE3 - Engender regional-trade political economy analysis and conduct a gender analysis of the value chains that women are concentrated in to understand how policies and incentives impact men and women traders. WE3 - Reduce tariff and nontariff barriers (for example, putting in place quotas that favor women businesses), and implement affirmative-action plans to create an inclusive trade environment. WE3 - Invest in regional private-sector partnerships to apply an integrated approach to GEWE. Provide women-owned businesses with linkages for contracts with private-sector companies operating regionally. WE3
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I. INTRODUCTION

I.1 Background

In line with the requirements in United States Agency for International Development's (USAID) Automated Directives System (ADS) 201.3.2.9 and ADS 205, USAID/Kenya contracted Banyan Global to undertake a countrywide Gender Analysis to inform its 2020-2025 Country Development Cooperation Strategy (CDCS). The Gender Analysis aligns with the 2012 USAID Gender Equality and Female Empowerment Policy, the 2016 updated U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally, 2019 USAID Policy Framework, USAID Journey to Self-Reliance, and 2018 Women's Entrepreneurship and Economic Empowerment (WEEE) Act.

I.2 Purpose of the USAID/Kenya Gender Analysis

The USAID/Kenya Gender Analysis provides data to enhance the integration of gender equality and women's empowerment (GEWE) in the USAID/Kenya 2020–2025 CDCS. More specifically, the Gender Analysis addresses the following research themes, as specified in Annexes A and C of the report:

- Legal and policy frameworks, social norms and customs, gender roles and division of labor, access to resources and services, decision-making at all levels, and political participation
- The scope, impact, and intersection between gender-based violence (GBV) and the USAID/Kenya development objectives (DO) (discussed later); the availability of and access to GBV prevention and response services
- Gender issues related to chronic vulnerability, such as food insecurity, climatic variability, chronic poverty, and access to services with a focus on health and education
- Gender issues related to systems, such as governance and devolution, economic transformation and markets, and Kenya's role in the region with respect to trade and security

This report provides findings by USAID ADS 205 gender-analysis domain, and findings and recommendations by the following USAID/Kenya DOs:

- DO 1: Transform systems—Kenyans transform key systems, especially markets, health, and governance, to serve every Kenyan with quality, inclusivity, accountability, and efficiency
- DO 2: Citizen-responsive public and private Kenyan institutions partner with communities to increase resilience for Kenya's vulnerable populations and environments
- DO 3: Economic transformation—Kenyans create and utilize collaborative platforms that increase employment and expand access to capital and skills to accelerate bottom-up growth for young men and young women
- DO 4: Regional partnerships—Kenya leads and enhances regional partnerships to improve the well-being of Kenyans

The report also addresses the following crosscutting themes and populations per the scope of work (SOW) in Annex A: rural/urban populations, adolescent girls, GBV, and intersectionality. As well, the report addresses leadership, devolution, accountability, and citizen engagement; poverty, vulnerability, and access to services; women's economic empowerment (WE3) and inclusive market systems; and regional trade and security. Key target regions include the national level and the Nairobi, Isiolo, and Kilifi regions.

The gender analysis' findings and recommendations point to linkages by development objective with [the USAID Journey to Self-Reliance](#) (J2SR) sub-dimensions (see the following graphic). The report's findings and recommendations also point to opportunities for the mission to consider related to the 2018 WEEE Act and the [White House's Women's Global Development and Prosperity Initiative \(W-GDP\)](#) (using a **WE3** tag). To do so, the team used tools that Banyan Global developed under the Advancing the Agenda of Gender Equality Indefinite Delivery, Indefinite Quantity Women's Entrepreneurship and Economic Equality Task Order. Such tools consist of methodologies to nuance research and interview questions to include a WE3 focus in all USAID/Kenya DOs and across the program cycle.



Section 2 of the report provides the country context and background, Section 3 proposes a USAID/Kenya gender equality and women's empowerment theory of change, Section 4 provides a country overview of gender equality by USAID ADS 205 gender analysis domain, and Section 5 presents the gender analysis findings and recommendations by USAID/Kenya DO. Annex A includes the Gender Analysis's SOW, Annex B provides the Gender Analysis's methodology; Annex C lists the key documents consulted, Annex D provides the Gender Analysis's research matrix, Annex E includes the interview guides for the Gender Analysis, Annex F lists key interviewees, and Annex G provides an index of illustrative gender equality and women's empowerment indicators, by development objective, for the mission to consider in its strategic framework development process.

2. COUNTRY CONTEXT AND BACKGROUND

Since the introduction of a human-rights–based constitution in Kenya in 2010 and its Kenya’s Vision 2030 Blueprint, the country has made significant strides in enhancing gender equality and women’s empowerment. Over the past decade, legislative and policy reform has established a basis for gender equality across all sectors. The Government of Kenya (GoK) has invested equally in creating a variety of institutional mechanisms and positions, programs, capacity-development initiatives, regional accords, and information resources. As well, the process of devolution (of government authority, resources, and functions) has established a basis for community-responsive development and opened new opportunities for women’s engagement in leadership and decision-making at the county level.

Despite Kenya’s progressive policy and legal frameworks and governance structures, men participate more in the labor force, they earn more than women, and they have greater opportunities to participate in the formal economy and political sphere. These disparities are due in part to unequal gender norms, which are reflected in the social, economic, and political institutions (formal and informal) that shape how women and girls experience gender bias and discrimination throughout their lives.

Women tend to be poorer than men and have less access to the capital and assets necessary for livelihoods, despite, for example, contributing the bulk of farm labor. Although there is near gender parity in elementary education, differences persist in educational attainment across regions, including in higher education, especially in science, technology, engineering, and math (STEM). Acute health risks for women and girls include teen pregnancies, HIV/AIDS, and GBV (including FGM).

Regional economic integration has created opportunities for women’s economic empowerment, both in burgeoning domestic production for export markets as well as in regional economic migration. The GoK has improved security and working conditions for women in these areas. Structural inequalities (including unequal land rights for rural women), however, continue to prevent women from accessing higher levels of value chains and trading opportunities in different areas of production.

In the political realm, there have been some improvements in women’s leadership. Yet Kenyan women face steep barriers to entry into political life—including GBV and intimidation—and limited opportunities to influence and participate in decision-making, even when they accede to elected or appointed office.

There is a growing and vibrant layer of community-based women’s organizations and self-help groups with the potential to be greater forces for change if they harness and leverage their energy and commitment through stronger coordination, networking, partnerships, and capacity development. This potential is mirrored by an equally promising private sector that has made bold investments in promoting employment for women and youth, including Mastercard and Safaricom. Scaling up these initiatives in the private sector is necessary to address the chronic poverty and vulnerabilities that women and girls in many communities face. Critical issues include addressing the vulnerability of adolescent girls (particularly with respect to teen pregnancy and GBV, including early marriage) and rural/urban and regional disparities.

3. USAID/KENYA GENDER EQUALITY AND WOMEN’S EMPOWERMENT THEORY OF CHANGE

THEORY OF CHANGE

The proposed theory of change for Kenya’s CDCS is articulated as follows:

IF Kenyans create and facilitate strong public, private, and community networks to demand and incentivize elites’ commitment to better systems, more-resilient households and communities, economic transformation for youth, and stronger regional partnerships,

AND apply a transformative-lens approach that addresses the structural, institutional, and cultural factors perpetuating young girls and women’s disempowerment and patterns of harmful masculinity that result in power imbalance and gender inequality,

THEN Kenya will better own, lead, and manage inclusive growth and sustainable well-being for its eventual self-reliance and lay the foundation for gender equality.

The following table contains a proposed DO and intermediate results (IRs) on gender equality and women’s empowerment to operationalize the theory of change in the next CDCS.

Table 2: Proposed Development Objectives and Intermediate Results

DO: Apply a transformative-lens approach that addresses the structural, institutional, and normative factors perpetuating young girls and women’s disempowerment and patterns of harmful masculinity that result in power imbalance and gender inequality.
IR 1: Patriarchal gender norms dismantled through increasing positive female role models in leadership and decision-making at all levels (government, markets, community, households), challenging harmful models of masculinity through positive deviance.
IR 2: Vulnerable households graduated from poverty using the Household Methodology that makes visible the gender and generational norms and practices at household and community levels that the increase vulnerability of women and girls, and offers a holistic package of ongoing support and mentoring across a range of dimensions, including livelihoods, access to services, and intrahousehold decision-making.
IR 3: Vulnerability of adolescent girls reduced through prevention and response to practices (such as child marriage, rape, and FGM) and increased access to sexual and reproductive health (SRH), education, and enhanced economic agency via a multisectoral and multi-stakeholder approach.
IR 4: Governance processes engendered by increasing women’s representation, voice, and leverage over policy, program, and budgetary decisions; strengthening gender-responsive procedures in all governance operations; and strengthening gender-responsive transformative leadership and decision-making capacities across government agencies.
IR 5: Market systems are more inclusive and gender-responsive through increased incentives and capacity-building for market actors to enhance the inclusion of women and marginalized groups in value chains and to enhance the growth and expansion of existing women-led enterprises to create more sustainable jobs for women.

4. COUNTRY OVERVIEW, BY ADS 205 DOMAIN

4.1 Laws, Policies, Regulations, and Institutional Practices

Gender Policy Frameworks

Kenya's Constitution presents major gains for gender equality and equity. It delivers on many issues that have been at the heart of pro-women movements in Kenya since the 1980s. In the Bill of Rights, it states that women and men have the right to equal treatment, including the right to equal opportunities in the political, economic, cultural, and social spheres. It also stipulates that every person is entitled to fundamental rights and freedoms regardless of her or his race, sex, pregnancy, marital status, health status, ethnicity or social origin, color, age, disability, religion, conscience, belief, culture, dress, language or birth. Furthermore, the Bill of Rights declares that every person is equal before the law and has the right to equal protection and equal benefit of the law.

The Constitution also stipulates a two-thirds gender-quota system to promote women's political leadership. Kenya's parliament has made several unsuccessful attempts to pass legislation to implement the two-thirds quota. The Constitution also makes provisions to enhance gender equality and women's empowerment through enhanced land ownership and political leadership, and putting in place a legal framework to address GBV.¹ The parliament has passed numerous laws to implement the constitutional provisions on gender equality. These include the following:

- The Matrimonial Properties Act (2013) provides women with the right to buy and register land individually, inherit land from their parents, and make decisions about land that is bought and sold in their names. These stipulations safeguards women's property rights during marriage and upon the dissolution of the marriage, and they define rights for women in polygamous marriages.² Despite these rights and protections, inheritance for women still lags behind men's due to patriarchal traditions and women's lack of awareness of their rights, as well as loopholes in the laws and conflicting rules among Kenyan courts.³
- The Marriage Act (2014) gives effect to constitutional provisions on equality between parties to a marriage.
- The Land Act and Land Registration Acts (2016) establishes equal access for men and women to land.
- The revision of the Succession Act (chapter 160) is at an advanced stage and is expected to address gender issues in succession.
- The Prevention Against Domestic Violence Act (2015) outlaws domestic violence, including child marriage; psychological, economic, and physical abuse; sexual violence within marriage; virginity testing; interference from in-laws; and widow cleansing.
- The Counter-Trafficking in Persons Act (2010), the Prohibition of Female Genital Mutilation Act (2011), and the Sexual Offences Act (2006) also outlaw specific forms of violence against women and girls.

The National Policy on Gender and Development (2019) provides a framework for the state to reduce gender imbalances and inequality by providing guidance to different sectors and agencies. This policy affirms the government's commitment to international conventions to which Kenya is a signatory, including the Convention on the Elimination of All Forms of Discrimination Against Women, the Beijing Platform for Action, and the Sustainable Development Goals (SDGs). It also provides the guiding frameworks for

the national and county-government sectoral policies, practices, and programs on gender mainstreaming, GBV, and gender-responsive budgeting (GRB). The 2019 National Policy on Gender and Development is a revision of a previous gender policy and includes measures to strengthen the linkage between two-tiered governments at the county and national levels.⁴ A stronger linkage creates the opportunity to shape gender equality and women's interventions at the county level through County Integrated Development Plans (CIDPs).

The GoK also has developed sector-level policies, such as the National Land Policy (2009), which recognizes women's rights to own property on an equal basis with men; the National Policy for Prevention and Response to Gender-Based Violence (2014); and the National Policy for the Abandonment of Female Genital Mutilation (2019). As well, the GoK has put in place several policies to enhance access to education, especially for girls. These guidelines include Low-Cost Boarding Schools and Mobile Schools in Arid and Semi-Arid Lands (ASALs), Free Primary Education (2003), Free Day Secondary Education (2008), re-entry of girls who drop out of school because of pregnancy, affirmative action in the allocation bursaries, admission of girls in universities, and appointment of qualified female education managers at schools and administrative levels.

In the health sector, the GoK has developed several policies to improve the access of women to services. One such example is the Free Maternity Service Policy (2013), which provides women with free reproductive health services. Another is the Kenya National Health Policy 2014–2030, which speaks to the importance of gender mainstreaming in planning and implementation of all health programs.⁵ The National Nutrition Action Plan 2012–2017 addresses malnutrition through a multisectoral response to nutrition with a focus on prevention and response. The 2015 National Adolescent Sexual and Reproductive Health Policy⁶ provides a basis for combating harmful traditional practices, especially FGM, child marriage, and other forms of GBV.

To protect vulnerable groups against shocks, the government also recently developed the National Policy on Family Promotion and Protection, which speaks to the family as a unit and aims to develop a broad-based framework for families to be included in development processes.⁷ Some line ministries (such as energy, agriculture, foreign affairs and defense) also have developed sectoral gender policies. The State Department for Gender Affairs (SDGA) also recently developed its Strategic Plan 2018–2022.⁸

Kenya's national development plans, such as Kenya's Economic Recovery Strategy for Wealth Creation (2003–2007); Kenya Vision 2030; and the Medium-Term Plans 2008–2012, 2013–2017 and 2018–2022 also have recognized that women should have equal access as men to opportunities and assets for the purpose of sustainable development. The Vision 2030 includes flagship projects under the sectors of gender, youth, and vulnerable groups, namely the Women's Enterprise Fund (WEF), the Uwezo Fund, the Youth Enterprise Development Fund, the consolidated Social Protection Fund, and the Gender Mainstreaming Affirmative Action Plan.⁹

Kenya also has instituted a policy to address countering violence extremism (CVE) and its effects on women and youth, supplemented by the Kenya National Action Plan for the Implementation of the United Nations Security Council Resolution 1325 (KNAP), which focuses on women, peace, and security.¹⁰

At the regional level, Kenya has signed on to the implementation of the African Continental Free Trade Area, the East Africa Community (EAC), Intergovernmental Authority on Development (IGAD), and the Common Market for Eastern and Southern Africa (COMESA) policies and agreements, which are expected to boost regional trade in East Africa.¹¹ The GoK also has signed on to the 2019 regional Declaration and Action Plan to End Cross-Border FGM.¹²

Institutional Frameworks for Gender Equality and Women's Empowerment

The SDGA, under the Ministry of Public Service and Gender Affairs (MPSGA) is the main government agency responsible for enhancing gender equality and women's empowerment. The SDGA integrated gender into current and future policy formulation, planning, and implementation. Its key functions are to formulate and review gender-responsive policies across sectors and the national budget to ensure integration, facilitate the domestication of international conventions, and promote the generation of sex-disaggregated data and gender equality indicators. The SDGA has oversight of four semi-autonomous government agencies: the WEF, the Uwezo Fund, the National Government Affirmative Action Fund, and the Anti-FGM Board.

Under the leadership of the SDGA, the Gender-Sector Coordination Group synchronizes technical support on gender issues within the government, development partners (DPs), and nonstate actors. It has Thematic Sectoral Groups covering GBV, socioeconomic empowerment, women in peace building and conflict resolution, and women in leadership and decision-making. In principle there should be a similar structure at the county level under the country's devolution scheme; however not all counties have rolled out that plan.¹³

The Head of the Public Services Commission under the MPSGA also has issued a directive for the appointment of gender officers at higher levels in the public service, but this directive has not been implemented fully. The Ministries of Livestock and Fisheries Development; Trade, Water, and Irrigation; and Education have established gender focal points; however, they often are appointed at levels too low within their organizational hierarchies to have significant clout and they lack the mandate, capacity, and budgets to carry out their work effectively.

The GoK established the National Gender and Equality Commission (NGEC) in 2011 to promote gender equality and freedom from all forms of discrimination in Kenya, especially for special interest groups by ensuring compliance with policies, laws, and practices. Nearly 60 percent of its core functions focus on monitoring, auditing, and investigating the implementation of constitutional provisions centered on all aspects of gender equality and freedom from discrimination. The NGEC provides legal services that include investigating complaints of rights abuses, coordinating and offering redress in line with the commission's mandate through public-interest litigation, providing alternative dispute resolution, and responding to public inquiries. It also has a mandate for public education, awareness-raising, and knowledge management.

Specifically on GBV, the SDGA, under the UN-GoK Joint Programme, is implementing a framework to address GBV prevention and to provide guidelines for psychological support and care for GBV survivors and legal recourse to punish perpetrators. The NGEC is complementing these efforts by providing guidelines to county governments on developing appropriate GBV policies.

In general both the SDGA and the NGEC suffer from serious financial and staffing constraints, as well as responsibility and mandate overlap. This situation has hampered their ability to mainstream gender across all sectors and at all levels of governance.

4.2. Cultural Norms and Beliefs

There have been significant advances on legal and policy frameworks on gender equality and women's empowerment, including in property and inheritance law and political representation. Cultural norms and beliefs both advance and constrain their implementation. Gender unequal norms on women's land title ownership and participation in political office affect access to credit and leadership positions. As well,

gendered norms on the distribution of domestic work and unpaid caregiving to women constrain women's mobility and limit their ability to participate and advance in high-level value chains.

Women often have limited voices in household decision-making. Consultations in Kilifi revealed, for example, how married women are considered the property of men, because of what is considered the Mwenye Syndrome.¹⁴ Traditional cultural norms limit women and girls' access to service delivery. A gender analysis report by the USAID Afya Halisi (Real Health) Activity revealed that men had some level of control over their wives' bodies especially when dowry had been paid. The implication was that women were not expected to complain—even when unwell. They were expected to make extra efforts to serve in the home and to fulfill their duties as wives and mothers at all times.¹⁵ Men made the ultimate decisions on family planning and associated methods, such as condoms.

In terms of service provision, health-provider biases impact service delivery to key populations and adolescents, cultural and religious sexuality norms hinder delivery of comprehensive sexuality education in school, discrimination against young mothers in schools prevents their continuing education, and GBV victim-blaming results in underreporting of GBV and GBV survivors not seeking health and legal services.

Cultural norms contribute to teenage pregnancy (18 percent) and the practice of several forms of GBV, including to early marriage and FGM (21 percent), and intimate partner violence (47 percent for ever-married women aged 15–49), which contribute to the subjugation of Kenyan women and girls. Other traditional practices also play a part in the subjugation of women, including taboos or practices that prevent women from controlling their own fertility, son preference, female infanticide, early pregnancy, and bride price.¹⁶ As well, beliefs in some communities that men can only marry circumcised women (Samburu Morands, for example), perpetuates FGM, as young women also believe that to be married that they have to be circumcised.¹⁷

4.3. Gender Roles, Responsibilities, and Time Use

In general, women are regarded as the second sex in Kenya. Gender roles ascribe menial tasks, labor, and childcare to women and consider politics and religious leadership as male domains. While labor force participation (LFP) is almost the same for women (71 percent) as men (77 percent), women largely engage in unpaid family labor or self-employment in or around the home, and are less visible in formal or informal waged employment outside the home, as doing so is sometimes considered taboo.¹⁸ Almost 50 percent of men and only 30 percent of women are paid or waged employees. There are also gender gaps within different sectors of the labor force: almost 55 percent of women work in the agriculture sector compared to 40 percent of men, 5 percent of women and 18 percent of men work in industry, and 42.5 percent of both men and women work in services.¹⁹ Religion and ethnicity correlate strongly with women's probability of being employed as well as the type of work that they perform. Protestant women and women with no religion are more likely to be employed than Catholic and Muslim women. Muslim women are less likely to be in waged employment outside their home or to be self-employed. There are significant intrahousehold gender inequalities between spouses: women are more likely to work where their education levels are similar to that of their spouses and they are more likely to undertake paid work outside the household where the age difference between the spouses is small.²⁰

Kenyan women work longer hours than Kenyan men. On average, Kenyan women work 15 to 17 hours a day while men worked only six to seven.²¹ For rural women especially, demands on their time use are exacerbated by climate change, which results in reduced access to water and fuel wood, thus forcing women to travel longer distances to find fuel and water. Society assigns women and girls reproductive gender roles that may increase their vulnerability to infection. For example, women are at risk of

contracting tuberculosis when they care for sick patients. Intensified productive and reproductive burdens increase women's vulnerability to poor health and malnutrition.

Dominant-breadwinner masculinities put pressure on men to provide for their families, and when they cannot live up to these expectations, they may adopt negative coping mechanisms such as substance use and violence. For example, consultations with Samburu Morans revealed how they face pressure to marry and get assimilated as elders in the community despite not being able to support themselves financially (within a larger context of poverty and limited livelihood opportunities). Because of this pressure, Samburu Morans are compelled to look for alternative incomes, in some cases engaging in crime, giving up, or getting involved in substance abuse.

4.4. Access to and Control Over Assets and Resources

Disproportionate workloads and a lack of control over productive assets and income impacts women's economic empowerment. For example in terms of income, overall women earn 58 percent less than men,²² and women-run enterprises earn 43 percent lower profits than those run by men.²³ Male entrepreneurs are twice as likely to have access to formal savings accounts, and three times more likely to have access to formal loans than female entrepreneurs.²⁴ ICT is an important productive resource in terms of facilitating access to information and markets; its accessibility has helped promote women's economic empowerment, as it allows women to function across multiple (domestic, productive) roles simultaneously. The gender gap in access to ICT is shrinking; mobile phone ownership is equal for both men and women (47 percent nationally, 40 percent in rural areas, and about 62 percent in urban areas). Internet use is 25 percent for men and 20 percent for women. In rural areas, these figures drop to 16 and 11 percent respectively. Computer use is almost equal—11 percent for men and 9 percent for women nationally, 6.3 and 4.4 percent in rural areas and 24 and 19.3 percent in urban areas.²⁵

Control over and access to resources is affected by culture, literacy, and location. Men tend to advise women on which economic activities to engage in, and men make the majority of the decisions on the use of intrahousehold assets and incomes. Women's limited access to and control over productive assets increases their financial dependence on men, which may hinder their access to education, health services, and finance. Such access and control is limited, for example, by barriers in inheritance and land ownership. Despite legal reforms in the 2010 Constitution, customary law, traditional norms, legal gaps, and a lack of awareness of such reforms have delayed meaningful change. For example, few women own property; thus they do not have collateral for formal loans. Kenya has three systems of land tenure: individual (freehold), leasehold, and customary. In certain contexts, women are unable to own customary administered land because men control it. Registered freehold land ownership in rural Kenya is estimated between 95 and 99 percent for men, and 15 percent for women. Women own 1 percent of registered land titles, with 5 percent of registered titles being in joint names. In many parts of Kenya access and control of land is determined mainly through male kinship.²⁶ This situation is exacerbated by the fact that customary law, which is underpinned by patriarchal sociocultural norms, undermines other related inheritance and family legislation, including the Land Act, Community Land Act (2016), the Matrimonial Property Act (2013), and the Marriage Act (2014).

In terms of education, enrollment rates are fairly equal even up through University, but there are gaps in the selection of subjects to pursue. For example, 11 percent of female and 21 percent of male students have completed STEM courses.²⁷ Because so few women pursue STEM, which are the "higher value-added" subjects, it holds women back from reaching higher status and paying professional careers.

4.5 Patterns of Power and Decision-Making

Hegemonic masculinity pervades in Kenyan social, political, and economic spheres. Women have subordinate roles and are marginalized from autonomous decision-making and control of resources in most spaces. At the household level, men generally are considered to be the primary breadwinners and they wield indecision-making authority, set priorities, and determine the distribution of resources. In general, women are not able to make independent spending decisions and even sometimes have to get permission from their husbands to take their children or themselves to a health clinic for treatment. Despite women working to earn household income, they are perceived to be financially dependent on men who control the household spending decisions, preventing women from taking action independently. Adolescent girls have the least power and rights within the household and society because of their young age and gender bias and are subject to unfair treatment as a result.

Although women's rate of political leadership has improved over the past decade, barriers to entry in the political realm are significant. Women who do accede to elected and appointed office face limits on their ability to influence decisions and often are subject to harassment and gender-based political violence. Men still dominate public leadership roles and elected offices, despite efforts to legislate quotas and promote women's political leadership. Backlash and violence against women who seek public leadership roles demonstrate the challenges in breaking norms around women's roles. At the national level, women occupy 23 percent of the National Assembly and Senate, and 33 percent of the Cabinet. At the county level, women represent 5 percent of all governors, 15 percent of deputy governors, 10.6 percent of county assembly speakers, 32 percent of county executive committee members, 24 percent of county chief officers, and 34 percent of MCAs.²⁸ There are no women Kadhis, and only 5.3 percent are chiefs while 8.6 percent are assistant chiefs.²⁹

In the private sector, there are even higher gender gaps in decision making. For example, only four out of 62 CEOs (6 percent) of companies listed in the Nairobi Stock Exchange are women, and only three of these companies (5 percent) have women serving as the chair on their board of directors.³⁰

5. GENDER ANALYSIS FINDINGS AND RECOMMENDATIONS, BY DEVELOPMENT OBJECTIVE

5.1 DO 1: Transform systems—Kenyans transform key systems, especially markets, health, and governance, to serve every Kenyan with quality, inclusivity, accountability, and efficiency.

IR 1.1: Kenyan leaders more accountable, ethical, and effective in leading change.

IR 1.2: Kenyan institutions and organizations more efficient, transparent, accountable, and responsive to citizens' collective demands.

IR 1.3: Priorities to address key development challenges driven by inclusive Kenyan voices.

IR 1.4: Kenyan devolution deepened (economic, governance, and social).

Snapshot of DO 1 Data and Statistics

- **National Assembly:** Women occupy 21.8 percent of elected positions and 18 percent of nominated ones. Women are chairs of only 11.1 percent (3 of 27) National Assembly committees.³¹
- **Senate:** Women occupy 26.9 percent of elected positions and 86 percent of nominated positions. Women do not chair any committees in the Senate.³²
- **Executive branch:** Seven of the 22 cabinet members are women (32 percent). Women cabinet secretaries have been assigned to the following influential ministries: Defense, Education, Science and Technology, Foreign Affairs and International Trade, Lands and Physical Planning, Health, and Public Service and Gender.³³
- **Diplomatic corps:** Only 23 percent of the diplomatic corps is women.³⁴
- **County Governments:** Two governors (4 percent), seven deputy governors (15 percent), and five county assembly speakers (10.6 percent) are women.³⁵
- **County executive-committee members:** 32.4 percent are women, ranging from 55.6 percent in Machakos and Nyeri to 18 percent in Kakamega.³⁶ The counties with the lowest representation of women are Kakamega (18 percent), Kisii and Kajiado (20 percent), Murang'a (22 percent), and Kitui (25 percent). The counties with the highest representation of women are Machakos (55.6 percent), Nyeri (55.6 percent), and Migori and Kilifi (50 percent).
- **County chief officers:** Overall 24.3 percent of officers are women, ranging from 56 percent in Isiolo to 12 percent in Mandera.³⁷ The counties with the lowest representation of women are Mandera (12 percent) and Garissa and Wajir (16 percent). The counties with the highest representation of women are Isiolo (56 percent); Mombasa (52 percent); and Tana River, Taita Taveta, and Nyeri (50 percent).
- **Members of county assemblies (MCAs):** Overall women represent 34 percent of MCAs: 96 (13 percent) were elected and 650 (87 percent) were nominated. The highest proportion of women is 41 percent in Lamu and Samburu, while 12 counties have no elected women.³⁸
- **Women are invisible at the community levels:** There are no women Kadhis, and only 5.3 percent are chiefs while 8.6 percent are assistant chiefs.³⁹
- **Health and market systems** are blind to the underlying gender dynamics, which create unequal access to services, resources and opportunities.

5.1.1. DO 1: Findings by Key Issue

National Machinery for gender equality and women's empowerment and Devolution: The SDGA recently launched the National Policy on Gender and Development (2019), and the SDGA Strategic Plan 2018–2022, which lay out government priorities on gender equality and women's empowerment and provide a framework for stakeholders (such as sector line ministries and counties to operationalize gender

equality and women's empowerment and for development partners and civil society organizations (CSOs) to align their support. Of significance to devolution, the gender policy provides the guiding frameworks for national and county government sectoral policies, practices, and programs on gender mainstreaming, GBV, and GRB.⁴⁰ Under the leadership of the SDGA, the Gender-Sector Coordination Group organizes technical support on gender issues with government, DPs, and nonstate actors. The gender equality and women's empowerment machinery includes both vertical (national to subnational levels) and horizontal (across sector line ministries) axes, but these structures have been rolled out and operationalized unevenly. Only a few line ministries and counties have appointed gender focal points and developed sector gender policies, and implementation is still in the early stages. Under the devolution system, there is a county-level Directorate of Gender and a county-level Gender-Sector Coordination Group with a similar structure as the national level.

Several governmental functions are not devolved fully in practice, including areas relevant for this analysis (such as gender and social protection), which leads to a lack of clarity on responsibilities between the two levels of government. Counties, as a result, tend to give lower priority to budgets that support social inclusion activities and target marginalized groups. Public participation in and emphasis on social sector planning and gender-responsive and child-sensitive budgeting is limited.⁴¹ The county-level gender-sector working groups' structure includes government and civil society and provides a platform for government-citizen dialogue through active participation of CSOs, community-based organizations (CBOs) and grassroots women's networks. Though the GBV Policy Guidelines for Counties have been issued at the central level, they have not been operationalized widely at the county level. Some exceptions include in Kajiado County, which recently launched an anti-FGM policy, and Meru, Kisumu, Bomet and Kitui counties (the latter two have the only two women governors), which have launched GBV programs. Isiolo is in the process of completing its gender policy, while Kilifi has drafted a gender policy, but it has not been ratified by Parliament yet and thus cannot be implemented.

Gender-Responsive Budgeting, Citizen Participation, and Accountability: As part of the participatory planning and budgeting process, the GoK has formulated GRB guidelines and a gender-mainstreaming guidance note for the development of CIDPs. Parliament, however, has not approved these guidelines and therefore they are not enforceable. Progress has been made mainly in terms of raising awareness on GRB, but there has not been much success in pushing for change in the budget-making process and related outcomes. An analysis of county-level resource allocation in 2018 shows that 13 counties do not have any budget allocated for gender and that most counties only allocate under 5 to 7 percent of their budget to gender activities.⁴² Furthermore budgets are not always accessible online and thus are not open to public scrutiny.⁴³ For GRB, adequate sex-disaggregated data for sectoral gender analysis is needed and lacking to engender sector programs and their budgets.

According to the United Nations Development Programme (UNDP), there are inadequate platforms for public participation, which hinder citizens' voices and accountability. A lack of inclusiveness and citizen feedback in public-planning meetings at the county levels is seen as a major factor in inefficient public-service delivery. The number of women and youth involved in county government-organized planning meetings is low and there are no feedback systems to CIDPs.⁴⁴ The USAID Agile Harmonized Assistance for Devolved Institutions Program has established systems of community civic educators, who engage localities across the entire budget cycle, perform social audits, and administer community scorecards. This system has not been rolled out consistently in all counties. That said, it is worth noting that mostly women attended meetings in the areas where it has been operating.

As well, consultations with informants and focus group discussions (FGDs) at the national and county levels unanimously emphasized the need to increase women's representation in decision-making to promote gender-responsive government decision-making, resource allocation, and public services.

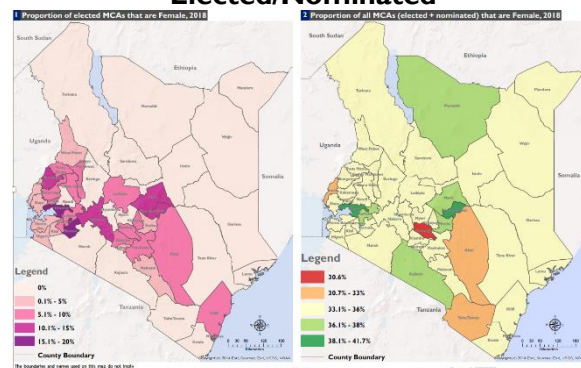
Furthermore, they called for a more “transformative leadership” style that promotes more-equitable and redistributive processes and outcomes, as opposed to “business as usual.”⁴⁵

Gender Data Collection and Analysis: As mentioned above, there is a lack of sex-disaggregated data to inform GRB, in particular at the county level. This situation has resulted in counties’ interventions not addressing citizen needs effectively or tracking and measuring progress as they implement CIDPs, particularly as they impact women and marginalized vulnerable groups and areas.⁴⁶ UN Women, however, launched [County Gender Data Sheets](#) in collaboration with Kenya’s Council of Governors in 2019 for 10 counties, in partnership with the Kenya National Bureau of Statistics (KNBS). The data sheets now provide a baseline for gender data and information to be used in tracking progress on gender equality and women’s empowerment.⁴⁷ Expansion of this initiative to other counties is contingent on the availability of additional funding. In addition the Country Gender Data Sheets, the KNBS will create an online platform that can serve as a repository for gender-related information for knowledge management. The World Bank’s (WB) Devolution Program also has integrated core gender indicators in monitoring and evaluation (M&E) support to governments in selected counties, in collaboration with KNBS and NGEIC, which will be available through an open county portal hosted by the Council of Governors. As well, the Kenya Demographic and Health Survey (KDHS) provides estimates for selected demographic and health indicators (including GBV, FGM, and adolescent pregnancy) at the county level, but is only updated about every five years. The most-recent survey was carried out in 2019. The results of this survey will be available in the coming months.

In addition to USAID, several development partners (such as the WB, UN Women, and the African Development Bank) are preparing country-level gender analyses. In other countries (for example Vietnam, Cambodia, Indonesia, and the Philippines), there have been successful joint-country gender analysis exercises whereby DPs coordinate to co-fund and provide technical support to the national machinery for gender equality and women’s to develop a joint gender assessment. Those reports then became the basis for the national gender strategy and policy, as well as the DP’s own initiatives.

Women in Leadership and Decision Making: In 2017, the GoK launched the National Strategy for the Empowerment of Women in Political Leadership to support greater participation of women in elected positions.⁴⁸ Furthermore, the two-thirds gender rule in the Constitution, which mandates that each gender has at least one-third representation in both appointive and elective positions, has had mixed success, with a significant percentage of women leaders nominated to fill the gaps in election results (see maps in Figure 1).⁴⁹

Figure 1: Representation of Women in County Assemblies by County, Elected and Elected/Nominated



Source: USAID/Kenya, January 2020

At the national level, women represent 21.8 percent of elected and 18 percent of nominated positions in the National Assembly, and chair only 11.1 percent (three of 27) of its committees.⁵⁰ They hold 26.9 percent of elected and 86 percent of nominated positions in the Senate, but do not chair any committees there. In the executive branch, seven of the 22 cabinet members are women (32 percent). Women cabinet secretaries have been assigned to the influential ministries of Defense, Education, Science and Technology, Foreign Affairs and International Trade, Lands and Physical Planning, Health, and Public Service and Gender.⁵¹ At the county level, women represent 34 percent of MCAs. Ninety-six (or 13 percent) were elected and 650 (87 percent) were nominated, with wide variations across counties. The highest proportion of women is 41 percent in Lamu and Samburu, while 12 counties have no elected women.⁵²

Nominated women leaders at all levels experience discrimination and marginalization. They are not permitted to vote on any decisions and are denied access to office spaces and other resources necessary to carry out their functions.⁵³ This phenomenon has been documented with empirical research,⁵⁴ and it was reinforced during interviews with stakeholders during primary data collection. Young women are left out of leadership circles, due to gender and generation biases in politics, compounded by their lack of political networks and financial and political backing.⁵⁵

Devolution is a key transmission mechanism for increasing women's participation in leadership—in the 2013 and 2017 elections, county assemblies were the most-popular entry point for women into politics, with 73 percent of the women in the 2017 primaries vying for county assembly seats.⁵⁶ Furthermore, while only 8.7 percent of candidates at this level were women, male and female candidates had the same rate of election, 13 percent.⁵⁷ A principal conclusion is that given the opportunity, voters (49 percent of which are women)⁵⁸ are willing to elect women, and will do so at rates equal to that of men. The binding constraint seems to be that few women make it far enough in the electoral process to have the opportunity to gain access to higher office: approximately just 9 percent of the candidates in the 2017 elections were women.⁵⁹ The reasons for this outcome appear to be related to the hostile environment surrounding elections, particularly for women who are subjected to GBV, including sexual violence, intimidation, and threats, and who often do not have the financial resources and political networks required to succeed in elections.⁶⁰

Women virtually are invisible at the community levels of governance—there are no women Kadhis⁶¹ and they represent only 5.3 percent of chiefs and 8.6 percent of assistant chiefs.⁶² According to consultations conducted for this analysis, this layer of leadership is influential over community activities. Changing norms and practices therefore are an important entry point for behavior change.

Within the judicial system, women constitute 43 percent of practicing lawyers, 42 percent of High Court judges, and 47 percent of the magistrates (but only 13 percent of the police).⁶³ This finding suggests that there is a critical mass of women with the capacity to be successful leaders.

Health Systems: Health systems governance in Kenya rests on three frameworks: legal, planning, and political. The legal framework is bounded by the Constitution of Kenya and the auxiliary Health Act (Health Act no. 21 of 2017). The political governance framework is shaped by a nascent political agenda in health, while the planning framework is guided by technical plans and documents in health.

The Fourth Schedule of the constitution identifies the provision of health services as a county government function. Therefore, even though health policy is a preserve of the national government, resourcing, planning and administrative decisions made at the county level have a bearing on access to health services and thereby have implications on equitable access to health services. The constitution sought to transfer power as much as possible to the people, through the devolved system where counties were viewed as elementary units through which service users could shape decisions that affected them. The gender and

other power relations at county, community, and household levels that determine and shape access to health services, however, have not always been acknowledged.

The Kenyan Health Policy acknowledges that gender disparities between Kenyan regions exist and that health interventions need to address these regional disparities. In addition, the policy identifies other social determinants of health, such as the literacy level for women having a strong correlation with women and maternal health. However none of the six policy objectives are gender related. Although the policy makes substantial mention to the governance of the health system, it pays insufficient attention to gender. The significant emphasis it places on the health system through organizational lenses as opposed to institutional ones also ignores the social-cultural attributes like gender that either inhibit or enhance access to health.

At the planning level two trends emerge, the first is that gender gets relegated to the periphery of plans and policies, and second, that there is a failure in health policy and programs to address specific gender needs. Programs targeted towards improving women's health at the national level point towards an understanding that health services need to address the needs of specific groups who are marginalized due to gender roles, norms and relations. However, as the provision of health services is a domain of county governments, a wider understanding of the status of gender and health can only be made through a review of resourcing and decision-making with regards to health at the county level. County-level leaders play a key role in setting county health priorities, allocating resources received from the national level, and undertaking various forms of local resource mobilization to strengthen service provision, highlighting the crucial role of local governance and leadership in the health sector. Women are a significant proportion of the health workforce but are under-represented in higher professional and decision-making levels. Medical doctors (70 percent of which are men) are preferentially appointed to leadership positions, while women are mostly employed as nurses, community and public health workers.⁶⁴

GBV response and referral mechanisms are weakened by limited coordination of reporting, limited budgetary allocation, poor investigation, lack of approved county-level gender and GBV policies, poor medical services, and low levels of prosecution.⁶⁵ This situation undermines access to referral, care, and justice through formal legal mechanisms. The lack of trauma counselors at health facilities to support survivors impedes their comprehensive mental health care.⁶⁶ Section 5.2 provides further insight into service delivery issues that are manifesting at the local level as a result of the gender bias in the health and GBV systems.

Market Systems: Market systems in Kenya are traditionally gender blind, based on a false assumption of a "level playing field" and thus fail to recognize and accommodate for underlying gender inequalities which impacts on women's ability to compete with men for productive resources and opportunities. As with the health system described above, in order to assess the level of gender responsiveness of market systems, one must start by analyzing the legal and policy framework. The VWB's 2020 Women Business and the Law Report, which covers 190 countries, measures legal frameworks and their impact on women's economic empowerment to build evidence on the relationships between legal gender equality and women's entrepreneurship and employment. Kenya's score is 80.6, slightly greater than the median and the SSA average of 69.9 and the global average of 75.2.⁶⁷ Cultural norms embedded in Kenya's legal frameworks continue to limit women's voice over economic decisions (related to issues such as investments in factories or production, inheritance, land, and asset ownership). The 2012 Law of Succession Act is particularly problematic as it provides for differential treatment of male and female surviving spouses, thus embedding gender inequality in formal inheritance rights.⁶⁸

Analysis of specific sub-sectoral market systems also reveal gender bias: while women predominate in the formal workforce of important labor-intensive export sectors, such as cut flowers (65 to 75 percent of workers), and textiles (75 percent), and high value horticulture products such as avocados, they are

concentrated at the lower end of these value chains and excluded from the more profitable retail and international trade end (this will be covered more fully under section 5.4.) Financial systems are also gender biased: three times more men than women have access to formal sources of credit, twice as many men as women have formal savings accounts,⁶⁹ while more women (31 percent) than men (20 percent) rely solely on mobile money accounts.⁷⁰ A significant market failure is reflected in the fact that market systems do not recognize the double burden that women already bear in terms of their domestic and productive roles, and that the structure of formal sector employment is designed for (mostly male) workers who do not have domestic responsibilities, making it difficult for women who have to juggle both roles to compete in the formal labor market. Inclusive market systems development is increasingly recognized as an approach that empowers poor and marginalized people. By explicitly taking gender dynamics into account, inclusive market systems can empower women, leading to wide-ranging development dividends for both women and men, their families, and the economy. Section 5.3 provides a menu of potential gender indicators to include in USAID’s strategic planning to measure advances and gaps in each of the key aspects of market systems, including in formal and informal employment, entrepreneurship, and access to finance and training.

5.1.2. DO I: Recommendations

Recommendation: The following recommendations align with the USAID Journey to Self-Reliance (J2SR) sub-dimensions on *open and accountable government, civil society capacity, and government capacity*, and apply to IR 1.1, *Kenyan leaders more accountable, ethical, and effective in leading change*.

Increase women’s representation and voice in all spheres of decision-making and leadership by strengthening the enabling environment for women in leadership at the county and subcounty levels.

- **On the demand side:** Consistently collect and analyze evidence and make the business case for women in decision-making (key points include women tend to address issues related to gender inequality and vulnerable groups, in general they are less corrupt and more transparent, and they are better connected to their electorate); showcase successful women leaders and their achievements. **WE3**
- **On the supply side:** Create a critical mass of women leaders from the bottom up, through CBOs (such as Sauti Ya Wanawake, “the voice of women”), CSOs, grassroots women’s networks, and county-level Gender-Sector Working Groups, and Gender Technical Working Groups. Increase the number and capacity of women candidates for elected and nominated positions by supporting women leaders’ networks, mentoring programs, and the MCA women’s caucuses. Address GBV during elections through targeted prevention and response programs.
- Build women’s and male leaders’ capacities for transformative gender-responsive leadership from the national to subnational levels through channels such as the Kenya School of Government (which offers courses on women in leadership, transformative leadership for county women executives, GBV, GRB, and a gender and development program),⁷¹ the MCA women’s Caucus, and the Gender-Sector Working Group on Women in Leadership. Provide training on the electoral process, campaigning, branding, and presentation skills for new women leaders and those entering the political sphere. **WE3**
- Support the GoK to ensure that constitutional rights are enforced, develop and publicize a women-in-leadership scorecard for all government agencies at all levels to keep them accountable to the two-thirds gender rule, and monitor and ensure that nominated women leaders are able to participate equally in decision-making processes.

Recommendation: The following recommendations align with the USAID J2SR sub-dimensions on *open and accountable government, civil society capacity, and government capacity*, and they are relevant for IRs 1.2, *Kenyan institutions and organizations more efficient, transparent, and responsive to citizens’ collective demands*, and 1.3 *Priorities to address key development challenges driven by inclusive Kenyan voices*.

Strengthen gender-responsive citizen participation and social accountability through devolving gender-mainstreaming functions and implementation of gender policies and GRB and GBV guidelines at the county level.

- Work with the SDGA, the Gender-Sector Working Group, the Council of Governors for Devolution, and the Devolution-Sector Working Group to strengthen the capacity of county-level gender government agencies and functions by ensuring adequate human-resource deployment and development; budget allocation; and drafting, ratifying, and implementing county-level gender policies and related guidelines for GRB and GBV. Coordinate with national training institutions such as the Kenya School of Government and other colleges and universities, to develop a curriculum on gender mainstreaming in public policy and planning, GRB, gender-responsive data collection, and analysis.

WE3

- Target appropriate entry points. The county-level Directorate of Gender should lead the GRB process and provide empirical evidence on the relevance of GRB by compiling sex-disaggregated data, research, and analysis, with a specific focus on gendered budgetary implications. The Treasury should incorporate GRB guidelines into budget circulars to ensure sector reports consider gender issues. The NGEN (in collaboration with civil society, academia, and the public) is mandated to carry out GRB audits at national- and county-government levels to ensure accountability, as per the Constitution and Public Finance Management Act (2012).⁷² **WE3**
- Use a whole-of-government approach to spread gender mainstreaming across horizontal (line ministries) and vertical (counties) axes through systematic and regular gender analysis, plans, budgets, and audits. Ensure feedback loop mechanisms to monitor outcomes with county governments and constituents. **WE3**
- Strengthen Gender-Sector Working Group and CSO partnerships at the county level to be platforms for honest, authentic dialogue and to implement evidence-based social-accountability processes. Build capacity for participatory consultation and gender-responsive facilitation, problem solving, and planning.
- Strengthen and provide support to CSO networks to reach out to and channel women's voices to county governments, support grassroots women's groups organizing and capacity development, and administer gender-responsive social-accountability processes, including through citizen scorecards. Provide communities and women's groups with information about their rights and entitlements and the responsibilities of duty bearers. Use media (such mass media, social media, and community theater) to disseminate information to women.
- Support the Kenya School of Government to mainstream gender in other programs such as policy formulation, strategic planning, research skills, disaster management, conflict resolution, public prosecution, public financial management, and program-based budgeting. **WE3**

Recommendation: *The following recommendations align with USAID J2SR sub-dimensions on open and accountable government and government capacity, and are relevant for IRs 1.2, Kenyan institutions and organizations more efficient, transparent, and responsive to citizens' collective demands, and IRI.3, Priorities to address key development challenges driven by inclusive Kenyan voices*

- Strengthen the evidence base for gender-responsive planning and budgeting through systematic gender data collection and analysis, which is packaged and disseminated to government and civil-society planners as inputs to CIDPs and annual workplans.
- Strengthen the partnerships between the national gender machinery and thematic working group at national and county levels and the KNBS to support collecting and tracking of sex-disaggregated data and indicators and support capacity building in gender analysis across all key sectors. Scale up existing initiatives (such UN Women and UNDP, and the WB). **WE3**

- Enhance broad-based capacity across government, academia, and civil society for gender research, data collection, and analysis, and its application to policy, planning, and budgeting process through the Kenya School of Government, KNBS, colleges, universities, and research institutes. **WE3**
- Develop national and county-level data dashboards to show gender indicators, gaps, and trends in partnership with and building on the UN Human Development Index dashboards, the UN Women data sheets, the KNBS online platform, and the WB's M&E), including related to all forms of GBV. Package and disseminate gender data and analysis to increase stakeholders' abilities to monitor service delivery and government programs. **WE3**
- Coordinate with the SDGA and other DPs through the Gender-Sector Working Group to agree to and develop a process for common country gender assessments that would be government-owned and led and DP supported, (financial and technical), providing the evidence base for national policy implementation and subsequent DP gender strategies and programs. The process should be structured sustainably to build national capacity for gender research and analysis and its application to policy and planning.

Recommendation: *The following recommendations align with USAID J2SR sub-dimensions on open and accountable government, citizen capacity, inclusive development, and government capacity, and are relevant for IRs 1.2, Kenyan institutions and organizations more efficient, transparent, and responsive to citizens' collective demands, and IRI.3, Priorities to address key development challenges driven by inclusive Kenyan voices.*

- Strengthen health and market systems to ensure more gender-responsive outcomes through policy, institutional, and human-resource reforms.
- Engender the health care system: conduct a health-systems gender audit to tease out all the gendered implications of the legal and policy framework and the institutional and operational mechanisms for service delivery including planning, budget allocation, and human resources. Ensure that the legal and policy framework, planning and budgeting process, the service delivery-modalities and the human-resource composition and capacity are aligned with and able to deliver on gender equitable outcomes.
- Increase women's and girls' access to health care: enhance county-level investments in rural and urban public health facilities, particularly lower tier hospitals and dispensaries that are closer to communities, including in the consistent availability of drugs; laboratory equipment; flexible working hours; and well-trained staff that can address the health needs of all key populations, particularly adolescents. (See DO 2 recommendations for further details on health.)
- Engender specific market system: identify a set of markets that present strategic opportunities to increase WE3 objectives (such as agro-food processing, export oriented horticulture and manufacturing, and ICT services) and conduct a market-systems gender audit to tease out all the gendered implications of the legal and policy framework, as well as the institutional and operational mechanisms and human resource structures of relevant market actors (including government, private sector, civil society, etc).
- Ensure that the legal and policy framework, the planning and budgeting process, the service delivery modalities, and the human resource composition and capacity are aligned with and able to deliver on gender-equitable outcomes. Further details and recommendations on inclusive market systems development is included under DO 3 in Section 5.3.

Assumptions and Risks

1. Assumptions and risks related to not addressing gender equality and women's empowerment in DO I:
 - By not addressing the gender gaps in representation and voice in leadership and decision-making forums and processes—and by not supporting and facilitating participatory implementation of gender policies, strategies, and guidelines across sectoral and county levels—the CDCS will not be able to achieve DO I's objective to transform key systems to serve with quality, inclusivity, accountability, and efficiency. Furthermore, there is a risk of undermining the rule of law and jeopardizing gains enshrined in the constitution if the government is not able to realize the two-thirds gender rule and to ensure that nominated women leaders are given an equal voice and rights.
 - Electoral politics is a zero-sum game: in the absence of creating more seats, a higher representation of women means a lower representation of men. There is a risk of resistance to change—and in the worst-case, backlash against women who challenge entrenched power. This result can be mitigated by coordinating a united front to support this initiative, including by DPs and non-governmental organizations (NGOs), women's civil society groups, government networks and caucuses, and the private sector.
 - There is a risk that more equal representation will expand the public wage bill and overall cost of devolution according to the Institute of Economic Affairs and Commission of Revenue Allocation. This outcome, however, is only in the event that insufficient rate of women are elected and that additional seats need to be added to meet the two-thirds gender rule. Furthermore, the additional cost to taxpayers would be minimal.⁷³
2. Assumptions and risks related to the recommendations

Successful implementation of these recommendations is based on the following assumptions:

- The 2022 election will provide an opportunity to increase the number of women candidates and women elected into leadership positions at national and county levels.
- Counties need to have the capacity to absorb and use sex-disaggregated data as evidence for planning and budgeting.
- DPs supporting devolution need to coordinate and align their support to the government, particularly around gender data collection and analysis as input to participatory planning, citizenship engagement, and government accountability.

Risks that could compromise implementation of these recommendations include the following:

- Continued election related GBV targeting women candidates discourages more women from seeking office.
- Government officials' focus pre- and post-election will be on consolidating power and seeking office, rather than on carrying out their functions as duty bearers.
- The Parliament refuses to pass the constitutional two-thirds gender rule.
- Nominated women leaders continue to be marginalized and not allowed to participate in decision-making forums.
- Adequate resources will not be made available at the county level to support the devolution of functions, such as budget disbursement, staffing, and capacity-building opportunities.

5.2 DO 2: Citizen-responsive public and private Kenyan institutions partner with communities to increase resilience for Kenya's vulnerable populations and environments

IR 2.1: Quality and well-financed services converged for comprehensive improvements in the lives of vulnerable Kenyan families.

IR 2.2: Kenyan families' and communities' preparedness and behaviors strengthened to mitigate shocks, risks, and stressors in their lives.

IR 2.3: Kenyan natural resources sustainably managed and utilized to promote biodiversity and enhance livelihoods for communities.

IR 2.4: Kenyan children within the home, community, and school thrive through refocused and innovative Kenyan social and economic investments.

IR 2.5: Capabilities of communities and families to reduce drivers of conflict, GBV, and violent extremism strengthened.

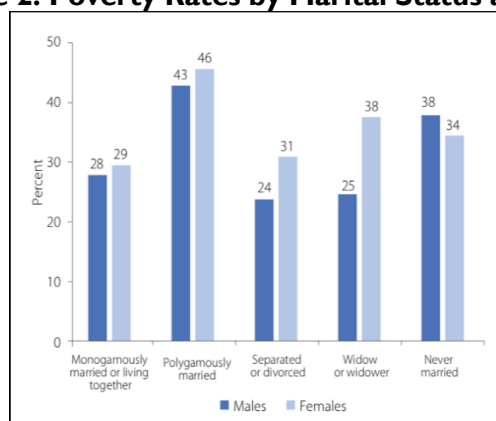
Snapshot of DO 2 Data and Statistics

- More than one-third of the population lives under the international poverty line. Agriculture was the main driver of poverty reduction over the last decade.⁷⁴
- Women aged 20 to 59 are more likely to live in poor households than men. Women are more likely than men to reside in a poor household if they are separated or divorced (31 versus 24 percent) or widowed (38 versus 25 percent).⁷⁵
- The labor burden of rural women exceeds that of men, and women perform a disproportionate amount of unpaid household work. Women spend 11.1 hours per day on care work compared to 2.9 hours per day for men.⁷⁶
- Disasters and shocks disproportionately affect women, young adolescent girls, and children. Young girls often are married off for a bride price and are vulnerable to commercial sex in the aftermath of a shock or disaster.⁷⁷
- Maternal mortality rate was halved from 708/100,000 live births in 2000 to 342 in 2017, though it is still almost five times higher than the SDG target of 70/100,000 live births by 2030. Skilled medical professionals assist 62 percent of deliveries.⁷⁸
- Of 1.4 million people living with HIV, 65 percent are women, and the prevalence is higher among women (5.2 percent) than men (4.5 percent). Prevalence among males and females aged 15 to 24 was estimated at 1.34 percent and 2.61 percent respectively in 2017.⁷⁹ Young women aged 15 to 24 accounted for one-third of all new HIV adult infections in 2017.⁸⁰
- Lifetime physical or sexual intimate partner violence (IPV) for ever-partnered women aged 15 to 49 years is 47 percent.⁸¹
- 6.5 percent of women 15 to 19 have experienced sexual violence, though this figure increases to 17.5 percent for women by the time they reach the age of 49.⁸²
- The national median age by first marriage among women aged 25 to 49 is 20 years. In 13 of 47 counties, one in every two women marry before age 19 years.⁸³
- The national prevalence rate of FGM is 21 percent (ages of 15 to 49), and 12 percent of girls aged 15 to 19 have undergone FGM.⁸⁴
- In regions with high poverty rates, as few as 19 percent of girls are enrolled in primary education. Rural-urban disparities are significant, with as much as a 20 percentage point difference.⁸⁵ Despite improvements in girls' education, adult women are twice as likely to be illiterate as adult men.⁸⁶ Girls are less likely than boys to attend both primary and secondary school over-aged (for the level at which they are enrolled). It also indicates that girls and boys have similar same levels of at-age primary school enrolment, but that girls have higher levels of enrollment in at-age secondary school.⁸⁷

5.2.1 DO 2: Findings by Key Issue

Chronic Poverty, Economic Vulnerability, and Shocks: Chronic poverty is pervasive in most of Kenya. More than one-third of the population lives under the international poverty line, which is high compared to other middle-income countries.⁸⁸ Poverty and vulnerability are highly correlated. Most non-poor-but-vulnerable households are clustered just above the poverty line, meaning that even a moderate shock could push them below the line. Poorer households are more vulnerable to external shocks.⁸⁹ Examples of shocks include severe weather, particularly drought and floods, which affect crops and livestock. This situation in turn affects women and men in rural households for whom crops and livestock are the main livelihoods. External weather shocks affect men and women differently; men generally migrate to search for pastures during droughts whereas women walk longer distances for water. Women have the added responsibility of finding alternative options to feed their families, and they are left to care for the young, elderly, and sick.⁹⁰ Poverty exacerbates the vulnerability for women and adolescent girls. Female-headed households (single, divorced, and widowed women) are more likely to be poor compared with male-headed ones (see Figure 2).

Figure 2: Poverty Rates by Marital Status and Sex



Source: World Bank 2018

Women are more likely to face systemic and sociocultural barriers in accessing social protection, in particular where there are external shocks. For example, 44 percent of the poorest households (in all counties, not just the target ones) reduce their food consumption when faced with drought shocks and food scarcity.⁹¹ Key stakeholder interviews and FGDs revealed that poor households married off adolescent girls for bride prices and women often were left to fend for the young, sick, and old as men migrate to find jobs. Though women and male and female youth rely strongly on social networks, such as self-organized social groups during external shocks, they still need external support through targeted social-protection measures to address vulnerabilities with respect to poverty and access to and control of resources, food security, and household nutrition.⁹²

Though there are GoK and international-donor initiatives to support vulnerable households to cope with external shocks, these programs only serve to absorb and cope with disturbances, and do not necessarily help anticipate or adapt to them. For example, in the priority target counties for this gender analysis, the World Food Programme provides food aid and cash transfers as the first layer to absorb shocks. Additionally, the Kenyan Ministry of Labor and Social Protection offers cash-transfer programs through its National Safety Net Program, which it has rolled out across counties experiencing external shocks. The GoK has plans to bolster how households absorb, anticipate, and adapt to external shocks. The focus is broadly on households and children (orphaned and vulnerable), but is not specific to women and aims

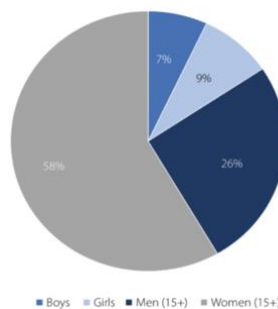
to mitigate the negative impacts of shocks. Some measures address structural challenges, however, as they are conditional on children remaining in school (for households with children receiving support).⁹³

Agriculture is the mainstay of Kenya’s economy and is the major contributor to poverty reduction.⁹⁴ Women play a key role in agriculture, both in terms of income generation and provision of food for their families. Persistent gender inequality and women’s disempowerment sustains low productivity in agriculture and food insecurity.⁹⁵ Women have little access to and control over land and capital: their low level of land ownership – often used as collateral for credit – means that they have limited access to capital. They face market inclusion barriers, such as high import and transport costs, which make access to seed and fertilizer more expensive than anywhere else in the world.⁹⁶ The gender division of labor and roles in households (women’s burden of unpaid care work) also adversely affects their production, time burden, and mobility (access to markets).⁹⁷ Because women play a fundamental role in all stages of food production, their disempowerment has implications for food security of the whole household.

The GoK’s Agricultural Sector Transformation and Growth Strategy generally addresses the importance of raising the incomes of small-scale farmers, pastoralists, and fisherfolks; increasing agricultural output and value added; and boosting household food resilience. Within this context, it includes tailored measures for women and youth, with a focus on increasing incomes and enhancing their share of procurement contracts through a quota requiring that 30 percent of such contracts be designated for women, youth, and people with disabilities.⁹⁸

Natural Resource Management: Women play a primary role in providing food, water, and energy within households and farms. As a result, they are the core users of natural resources and key to NRM. An estimated 80 percent of Kenyan women spend one to five hours a day looking for firewood. In the ASALs, women spend three to five hours a day seeking water—and longer during droughts.⁹⁹ They depend on natural resources for their livelihoods, which renders them vulnerable to fluctuations in the availability and quality of these resources.¹⁰⁰ Yet they are excluded from NRM decision-making, such as community water-management initiatives. Women face resource-based conflict, as for example in the ASALs, where insufficient water for domestic and livestock use has led to intrahousehold conflicts.¹⁰¹ Consultations revealed that women are excluded from community conservancy initiatives because of sociocultural norms that keep women out of the decision-making spaces of benefit sharing.¹⁰² As a result, conservation impacts are not maximized, and women do not receive benefits obtained from community conservancy. Furthermore, consultations revealed gender bias within the structures of rangeland management, which is largely male dominated (only 19 percent of rangeland staff are women), and where women are viewed as children regardless of their age.¹⁰³

Figure 3: Share of Time Spent by Household Members Fetching Water, 2015 to 2016



Source: World Bank, 2018

Women are more likely to report experiencing many climate-related shocks (including floods, droughts, and heat waves) than men. Though they have less access to information about climate and agricultural

issues than men, they are more likely to adopt mitigation measures once they obtain the facts.¹⁰⁴ There is limited awareness and knowledge on wildlife conservation and management in the general public, including on how to engage women as the primary users of natural resources.

Health: While Kenya's maternal mortality has declined from 708 per 100,000 live births in 2000 to 342 in 2017, it is still higher than the SGD target of 70 per 100,000 live births by 2030.¹⁰⁵ Nearly half of Kenyan women who are pregnant are under the age of 19. Skilled medical professionals assist in 62 percent of all deliveries; the rest often result in birth trauma, hemorrhage, infection, and maternal or neonatal death. One in every 26 Kenyan children will die before reaching their first birthday, and one in every 19 will not survive to his or her fifth birthday.¹⁰⁶

Kenya exceeded its 2020 target of 58 percent modern contraceptive use by married women. The GoK is focusing its efforts on expanding equitable access at the county level, where rural-urban disparities exist. Family-planning budget allocations have increased but remain a small share of health budgets.¹⁰⁷ 23 percent of married and unmarried sexually active women aged 15 to 19 have an unmet need for family planning.¹⁰⁸ Unmarried women have higher unmet demand than married women. Unmet need in rural areas was 20 percent while it was 13 percent in urban areas. Sexual and reproductive health (SRH) education is still a contested issue and is not taught comprehensively in schools in Kenya. Some aspects of SRH are addressed under the component of life skills in the education curriculum, which adolescents feel is inadequate.¹⁰⁹ Teacher bias, limited teacher preparation, and weak multi sector coordination constrain SRH education implementation.¹¹⁰ SRH information is also not easily available outside the education context as well. As a result, adolescents rely on peers to learn about contraception, sex, opposite and same sex relationships, and condom use.¹¹¹ Adolescent girls are not comfortable buying or taking condoms from health facilities due to fear of judgement; hence unprotected sex is common. The USAID Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) Project is one initiative addressing this issue successfully, through a peer mentoring program for adolescent girls, and it has potential for scale up.¹¹²

HIV/AIDS: In 2017, the national adult HIV prevalence rate was estimated at 4.9 percent with it higher among women (5.2 percent) than men (4.5 percent).¹¹³ HIV-related stigma affects disclosure, which in turn negatively impacts HIV prevention and care, particularly for intimate partners. More females than males are likely to disclose their status after diagnosis, many people living with HIV delay disclosure, and adolescents' adherence to treatment is affected by nondisclosure.¹¹⁴ IPV hinders access to treatment, care and outcomes of care for HIV patterns.¹¹⁵ Early IPV screening by health providers for this population is not widely practiced.¹¹⁶ HIV testing combined with IPV screening during antenatal clinic visits with linkages to a counselor can identify and support survivors of IPV.¹¹⁷

Shame and stigma shape the experiences of vulnerable and key populations surrounding HIV/AIDS, limiting their utilization of health care services.¹¹⁸ Gender, stigma, religious beliefs, and sexuality norms influence women's family-planning access and uptake, and adolescent non-adherence to treatment.¹¹⁹ Factors affecting family planning uptake among married women largely relate to male disapproval and social norms, which dictate that women should refrain from using contraception in order to have large families. Women who use family planning are perceived to be unfaithful by their spouses, which affects HIV-prevention efforts. Furthermore women need permission and transport money from their husbands to go to the health centers.¹²⁰ Men and adolescents tend not to seek family-planning advice and SRH care due to stigma, norms on masculinity which do not encourage men to seek out SRH care and advice, and health care provider biases.¹²¹

The key populations most at-risk for HIV include adolescent girls, adolescent sex workers, persons who inject drugs, men who have sex with men, and female sex workers (FSWs). They are vulnerable to many forms of GBV including sexual, physical, and emotional violence. There can be multiple perpetrators of

such violence, and the type of violence varies in severity and occurrence.¹²² HIV prevalence among FSWs, men who have sex with men, and persons who inject drugs was 29.3 percent, 18.2 percent, and 18.3 percent respectively.¹²³ HIV service coverage is between 65-76 percent for the three populations.¹²⁴ Consultations with urban-based lesbian, gay, bisexual, and transgender individuals; FSWs; and transsexual sex workers in the coastal region revealed that they often experience discrimination, violence from clients, and police harassment. This situation is exacerbated by the criminalization of anal sex which further pushes LGBT issues underground. FSWs are highly stigmatized in the communities that they live in because they are perceived to be highly promiscuous, immoral, and the ones at highest risk of HIV transmission. This community includes police, health workers, neighbors, and in some cases family.¹²⁵ For example, a national study on stigma indicated that 55 percent of study participants believed that sex workers were responsible for spreading HIV in the community.¹²⁶ Stigmatization is reflected in institutions where FSWs face poor quality of care and unethical behaviour. Personal beliefs and prejudices affect the attitudes of some healthcare workers towards sex workers, as they face discrimination and poor health care service provision.¹²⁷ Additionally, sex work is criminalized in Kenya rendering FSWs more susceptible to violence, with limited if any access to legal resources, court systems, and social support.¹²⁸

USAID-funded targeted services for key populations—such as the International Centre for Reproductive Health; *Afya Kamilisha* (Complete Health); *Afya Nyota ya Bonde* (Health Stars of the Valley); *Tamba Pwani* (Walk in Coast); Comprehensive Assistance, Support, and Empowerment of Orphans and Vulnerable Children Program; and *Afya Pwani* (Health in the Coast)—have improved access to and outcomes of care. The USAID Academic Model Providing Access to Healthcare Plus Project also set up male-only health facilities to improve early testing for HIV and outcomes of care for their partners. It also launched male health clinics that operate on specific days.¹²⁹

Gender-Based Violence: Despite comprehensive GBV laws and policies, sexual harassment, exploitation, violence, and abuse are still rampant—the national median age by first marriage among women aged 25 to 49 is 20 years, meaning half of women in Kenya marry (early) by this age. And in 13 of 47 counties, one in every two women marry before age 19.¹³⁰ Though outlawed in 2011, FGM continues and is characterized by regional disparities. The national average prevalence rate is 21 percent (ages of 15 to 49), and 12 percent of girls aged 15 to 19 have undergone FGM.¹³¹ The rates of FGM, however, vary regionally from 17 to 99 percent of girls in 12 of the 47 counties.¹³² Other traditional practices also contribute to the subjugation of women, include taboos or practices that prevent women from using contraception and controlling their own fertility, the preference for large families, son preference, female infanticide, early pregnancy, and bride price.¹³³ Sexual violence also is an issue: according to the KDHS 2014, 6.5 percent of respondents aged 15 to 19 had experienced sexual violence, and this figure increases to 17.5 percent for women by the time they reach the age of 49.¹³⁴ Lifetime physical or sexual IPV for ever-partnered women aged 15 to 49 years is 47 percent.¹³⁵

Engaging men in GBV prevention is necessary because in most instances of sexual abuse and GBV, men are the perpetrators. Male engagement programs, such as *Afya Pwani* (USAID-funded) and *MenKen*, have gained momentum as a way to respond to GBV and gender inequality and promote positive masculinities. But there is limited evidence of their impact.¹³⁶ Community elders, *Kaya* elders, CBOs (such as *Kilifi Dads*), and male chiefs have been engaged in projects to dismantle pervasive norms around early marriage, early pregnancy, and FGM. Few programs, however, engage men in understanding how gender relations influence their experiences as men and their aspirations, as well as how contexts influence different forms of masculinities.¹³⁷ Men also experience sexual violations but few report them due to stigma and social norms surrounding masculinity and sexuality.¹³⁸ These social norms and are mirrored institutionally among health-, legal-, and justice-service providers, as men who seek services face stigma and prejudice.

Before, during, and after the 2013 and 2017 elections in Kenya, GBV was used to discourage women from taking leadership positions. Female political aspirants and candidates faced multiple episodes of violence, such as sexual harassment, threats, intimidation, and ridicule.¹³⁹ More than 200 cases of sexual violence were recorded in the 2017 elections—and even more cases went unrecorded. Weak preparation and coordination hindered timely and adequate responses during this period.¹⁴⁰

Kenya is rated Tier 2 according to the U.S. Trafficking Victims Protection Act (TVPA),¹⁴¹ as the GoK has not met the standards but has made efforts to do so.¹⁴² In the National Crimes Report on GBV, Mombasa County had the most cases of trafficked women and children amongst other counties at 28.9 percent.¹⁴³ Common forms of trafficking affecting children and adolescent girls in Kenya's three cities include domestic servitude, sex tourism, and forced begging.¹⁴⁴

Kenya has policy and legislation in place to eliminate GBV, including the Prevention Against Domestic Violence Act (2015), the National Plan of Action for Combating Human Trafficking, and the Sexual Offences Act. The Sexual Offences Act (2006) criminalizes 14 different transgressions, including rape, sexual assault, gang rape, defilement, trafficking, and incest, and the act provides for minimum mandatory sentencing.¹⁴⁵ The SDGA launched the National Policy for Prevention and Response to Gender-Based Violence in 2014, which established community structures to respond to GBV, increase awareness of GBV and male participation, and train law enforcement to address cases of GBV.¹⁴⁶ In 2017, the government issued model legislation on GBV, that provides guidance to county-level governments; however, it has been rolled out in only a few counties.¹⁴⁷

Consultations during this study revealed that GBV response and referral mechanisms are weakened by limited coordination of reporting, limited budgetary allocation, poor investigation, lack of approved county-level gender and GBV policies, poor medical services, and low levels of prosecution.¹⁴⁸ This situation undermines access to referral, care, and justice through formal legal mechanisms. The lack of trauma counselors at health facilities to support survivors impedes their comprehensive mental health care.¹⁴⁹ Additionally, costs of transport; unavailability of post-rape care forms; lack of necessary equipment for health providers, such as GBV kits, private rooms, and safe shelters, hinders access to and utilization of health care facilities.¹⁵⁰ Incidence data on GBV is not decentralized and is inaccessible because of weak regulation and monitoring.¹⁵¹ Technology-based pilot projects are in place to improve reporting and access to services, such as the University of Nairobi's health application (called the RADA App) and the Sexual Violence Case Study Mobile Application by Wangu Kanja Foundation.¹⁵²

Education: In 2016, gender parity in gross enrollments—defined as the ratio of female to male enrollment rates, which includes children of any age enrolled in a school—was 0.97 at the primary level and 0.95 for secondary schools. The primary gross enrollment rate—the number of children enrolled in a level (primary or secondary, regardless of age) divided by the population of the age group that officially corresponds to the same level—is 1.06 for females and 1.09 for males, and the secondary primary gross enrolment rate is 0.73 and 0.77 for females and males respectively. The network enrolment rate—the number of children of the age for a particular level of education who are enrolled in that level of education—is 0.82 for girls and 0.78 for boys at primary level, and 0.44 for girls and 0.41 for boys at secondary level. The data indicate that girls are less likely than boys to attend both primary and secondary school over-aged (for the level at which they are enrolled). It also indicates that girls and boys have similar levels of at-age primary school enrollment, but that girls have higher levels of enrollment in at-age secondary school.¹⁵³

With 50 percent of girls in rural Kenya marrying by the age of 19,¹⁵⁴ Adolescent mothers are unable to complete their education due to stigma and lack of childcare¹⁵⁵, and families often prioritize boys education. Head of household (mostly male) approval is important in deciding whether young mothers

resume schooling after childbirth.¹⁵⁶ At school, mocking, gossiping, and name calling by students and teachers is an inhibiting factor, and in the community, young mothers are perceived as immoral and bad role models for their peers.¹⁵⁷ Sexual abuse of students, especially girls, also continues to be a problem in schools, as reported in key stakeholder interviews.

Gender norms on masculinity (such as the imperative for men to earn an income to support the family) combined with financial pressure keep some boys out of school. Once boys engage in economic activities, they are likely to marry early.¹⁵⁸ For example, the young Moran men in Samburu have no access to schooling and are groomed to protect the community and herd livestock, which has limited the type of economic activities in which they can engage.¹⁵⁹

Countering Violence Extremism: For more than two decades, Kenya has been the target of violent terrorist attacks due to violent extremism (VE). The intersecting drivers of VE in relation to women and youth include poverty, unemployment, low skills and knowledge, peer influence, school dropout, exposure to drugs, and substance abuse. Young men specifically face uncertain marriage prospects, lack of a sense of belonging, need for respect and pride in their identity.¹⁶⁰

The primary radicalization hotspots in early 2016 included Nairobi; the Coast region, especially Mombasa, Kwale and Kilifi; and the North East, especially Isiolo County, Moyale sub-County and Marsabit town. Due to ease of communication, however, radicalization can spread easily throughout the country.¹⁶¹ Male youth are the population most vulnerable to radicalization; however, women and girls also are affected as they experience emotional and psychological trauma, sexual violence, rape, and forced marriage by violent extremists.¹⁶² Men are the chief actors in leadership, combat, and operational roles of violent extremism. Young men are more likely drawn into joining extremist groups when they are struggling to fulfill their perceived needs and identities as men.¹⁶³ Recruiters take advantage of traditional notions of masculinity to recruit young men into VE. These notions include men being perceived as the main income earner, being respected and honored, and having access to sexual partners of choice. Recruiters use these narratives to lure men, for example the portrayal of fighters as hypermasculine defenders of the faith or community.¹⁶⁴ Known as hegemonic masculinity, they are a normative set of behaviors, actions, values, and practices that men are conditioned to adhere to in order to be seen as proper men in their community. When men are unable to fulfill these expectations, they may turn to destructive and illicit means to do so and recruiters manipulate this to get men involved in VE.¹⁶⁵

Women also play a significant role in fueling and mitigating VE. Women's traditional roles as the custodians of religious and cultural values can be manifested in decision-making on whether to support recruitment of their children into extremist groups.¹⁶⁶ Women also play several other roles including perpetrators, sympathizers, supporters, recruiters, spies, brides, cooks, and cleaners. The Council of Europe's Counter-Terrorism Committee has divided the role of women in VE into three main categories: necessary agents of statebuilding, recruiters, and militants.¹⁶⁷ In the first category, women run the logistical operations of terrorist organizations as well as through the roles of wife and mother, teacher, doctor, and nurse. As recruiters, women spread propaganda and provide guidance on how to overcome objections posed by recruits' families before departure. Finally, women play an active role in encouraging terrorist acts where women participate directly in acts of terrorism.¹⁶⁸

The current responses to radicalization and VE in Kenya do not address the impact of VE on women nor their role in CVE. Furthermore, the link between the national policy and county levels is weak as there is no clear implementation mechanism. For example despite the gendered implications of CVE, the National Strategy To Counter Violent Extremism¹⁶⁹ does not mention women or gender at all.¹⁷⁰ On the other hand, the Ministry of Defense (which is led by a woman) issued a Gender Policy in 2017 in recognition for the need to understand and address the differential impacts of conflict on men and women.¹⁷¹ The Kenya

National Action Plan for the Implementation of United Nations Security Council Resolution 1325 (UNSCR 1325) and Related Resolutions aim to strengthen women's participation in decision making; end sexual violence and impunity; and affirm the centrality of gender equality and women's political, social, and economic empowerment in efforts to prevent sexual violence in armed conflict and post-conflict situations. The GoK is updating the KNAP, which provides an entry point to further emphasize and mainstream gender. The National Counter Terrorism Centre has developed a CVE strategy with a specific gender pillar, which has yet to be cascaded to counties and incorporated in county gender development plans or strategies. These efforts should be linked to community efforts of countering violent extremism.

While women's roles in decision-making on VE and peacebuilding has been marginal, there are some entry points. As mentioned previously, the current Minister for Defense is a woman, and she recently launched a gender policy for her ministry. And there have been increases in women in county peace committees, (from 14 percent in 2014 to 29 percent in 2017) and the deployment of female military and police officers.¹⁷² Several counties have developed CVE Action Plans. Addressing the root causes of VE can start at the community level. Therefore, it requires addressing the socioeconomic marginalization of groups vulnerable to recruitment into VE, such as with the inclusive and intersectional developmental approaches suggested under DOs 1, 2, and 3.

Adolescent Girls: The intersection of gender, age, and poverty increases the vulnerability of adolescent girls. Forty-five (45) percent of children under 18 years of age (9.5 million children) are severely poor and deprived of three to six basic needs, services, and rights.¹⁷³ The highest child-poverty rates are in Turkana (85 percent), West Pokot (83 percent), and Wajir and Tana River (81 percent).¹⁷⁴ No current official data are available on sexual violence against girls, though studies dating back to the 2009 DHS highlight that it is an issue. Data on early and child marriage indicate that the national median age by first marriage among women aged 25 to 49 is 20 years, meaning half of women in Kenya marry by that age. And in 13 of 47 counties, one in every two women marry before age 19 years.¹⁷⁵ Child marriage marks the beginning of frequent and unprotected sexual intercourse, leading to a greater risk of sexual transmitted infections (STIs), HIV, early pregnancy, and a high number of children with limited spacing. Child marriage has been indicated as a major cause of teenage pregnancy (KDHS, 2014). Furthermore when young women marry early, their formal education often terminates, which prevents them from acquiring knowledge and skills that determine their prospects for employment opportunities.¹⁷⁶ With limited economic opportunities, families see early marriage as a means of alleviating the financial burden on them of supporting their female children.¹⁷⁷

Teen pregnancy and motherhood rates in Kenya stand at 18 percent. Marriages for girls younger than 18 are common in Samburu (76.2 percent), Migori (69.5 percent), Kilifi (60.4 percent), Busia (21.2 percent), and Kisii (14.3 percent).¹⁷⁸ Between June 2016 and July 2017, 378,397 adolescents in Kenya aged 10 to 19 got pregnant, and complications during pregnancy are the second leading cause of death for 15- to 19-year-old girls.¹⁷⁹ The concept of youth in policy and practice often is framed as male (focusing on issues like their high-risk behavior and unemployment)—girls and young women are invisible in that narrative, their needs are overlooked, they experience marginalization, and they have diminished agency.¹⁸⁰

The national average FGM prevalence rate is 21 percent for ages 15 to 49 and 12 percent of girls aged 15 to 19.¹⁸¹ The region with the highest FGM prevalence is in the North East at 98 percent. More than 2 percent of women aged 15 to 49 who have undergone FGM were cut between the ages of 10 and 14.¹⁸² More than 80 percent of FGM is carried out by traditional circumcisers.¹⁸³ It is worth noting that once girls have undergone FGM, it increases their likelihood of early marriage.¹⁸⁴ The GoK has issued a National Policy and Plan of Action for the Eradication of FGM, and the president also recently expressed a commitment to eradicate FGM by 2022.¹⁸⁵

A 2016 study by KIT in Kajiado County, found that child marriage, teenage pregnancy, and FGM are interrelated manifestations of deeply rooted gender inequality and social norms, poverty and limited economic perspectives, inadequate access to (comprehensive sexuality) education and adolescent sexual and reproductive health (SRH) services, and voiceless youth. Child marriage and teenage pregnancy have comparable impacts on the health and education of young women and girls, and therefore on the economic opportunities, decision-making, and agency of young women and girls. FGM also has a negative influence on agency and empowerment of young women and girls. Besides sharing common causes and consequences, these three issues can be mutually reinforcing: child marriage increases the likelihood of teenage pregnancy and the other way around (Williamson 2012). FGM or cutting and child marriage seem to be directly linked to each other: in many areas where FGM is practiced, it is a prerequisite for marriage (World Vision 2014).¹⁸⁶ Most study participants indicated that FGM has an effect on child marriage and that child marriage is mainly beneficial to the young women's parents or family with negative effects on young women's health and education.¹⁸⁷

Adolescent girls also often are exposed to battering, rape, emotional abuse, sexual harassment, and transactional sexual relationships¹⁸⁸ with older men that are forced or coerced.¹⁸⁹ The perpetrators often include parents, teachers, boyfriends, neighbors, and transport and domestic workers. As a consequence, adolescent girls are trapped in cycles of vulnerability. Young unmarried mothers are expected to contribute to their families' income, yet they are faced with limited livelihood opportunities, causing some to engage in unprotected transactional sexual relationships.¹⁹⁰ Most of the transactional sexual encounters were unprotected and took place at the partner's home, house parties, Disco Matanga¹⁹¹ parties at funerals, and at the beach.

Consultations with adolescents and parents revealed that parent-adolescent relations increasingly are strained, with changes in the socioeconomic context, increased access to communication, and information via social media. Adolescents have changing expectations and pressures to navigate, which requires more-meaningful interaction around a number of issues (such as sexual education) than parents or caregivers are able to provide.¹⁹² Generational norms, where girls are not supposed to talk to their fathers and mothers are expected to pass on traditional values and behaviors, deepens this disconnect.¹⁹³ Experience from USAID interventions such as Afya Jijini (Health in the City), Afya Pwani (Health in the Coast), and the DREAMS projects aim to address these gaps by providing in-school and out-of-school girls with safe spaces to learn life skills, build peer communities, access HIV testing and treatment, engage in holistic sexuality education, and obtain protective items such as condoms.

Other initiatives take a holistic life-skills and economic empowerment approach: Akili Dada, a national NGO, works with adolescent girls by offering scholarships, mentorship programs, and graduation programs to access university. It also offers seed capital to young women social entrepreneurs and innovators. The strength of its approach is that it works with the same cohort of young adolescent girls addressing a comprehensive set of issues, ultimately graduating them to employment. Akili Dada would be a strategic partner on interventions with young adolescent girls as it is their core target group. Another strategic partners would be Plan International, which focuses on ensuring that adolescent boys and girls have access to quality information on SRH and HIV. It works with teenage mothers by providing them with information to help them return to school or access vocational training and encourages them to form support groups.

Adolescent FSWs were reported as the most vulnerable to GBV because of limited information on how to protect themselves and where to report violations.¹⁹⁴ They have weak networks and unequal power relations with older clients, hampering their room for negotiation. A study conducted in the coastal region Kwale found that 40.8 percent of child respondents were victims of commercial sexual exploitation of

children.¹⁹⁵ Adolescent boys mainly are affected by drug use and demands to provide for their families economically, which often leads them to drop out of school.¹⁹⁶

5.2.2 DO 2: Recommendations

Recommendation: The following recommendations align with USAID J2SR sub-dimensions on *citizen capacity, civil society capacity, and government capacity, and apply to IR 2.2 Kenyan families' and communities' preparedness and behaviors strengthened to mitigate shocks, risks, and stressors in their lives.*

Chronic Poverty and Vulnerability: Reducing gender impacts of poverty, chronic vulnerability, and shocks requires applying a household-methodology approach as an entry point to making the gender and generational dynamics visible that make women and adolescent girls vulnerable within the household. This approach involves household members working with trained community facilitators to create a shared household vision. Tools used include gender-action learning systems, case studies, family-life models, and household mentoring.¹⁹⁷ An action plan is designed and implemented, and progress is monitored. USAID and DPs should examine, document, and address intrahousehold gender inequalities within their populations in terms of decision-making, access, control, benefit sharing, agency, and generational and gender norms. They can use this information to contextualize programming and apply a gender-responsive, nuanced, and intersectional approach. The following interventions are recommended:

- Recognize, reduce, and redistribute the disproportionate load of unpaid care and domestic work. Interventions that recognize women's time use and time poverty include partnerships with national and county governments to reduce unpaid care work through improved infrastructure and service delivery, such as water and early child care education centers; and male engagement to increase men's awareness, recognition, and willingness to redistribute responsibility for unpaid care and domestic work at the household level. **WE3**
- Increase livelihood options for young men and women beyond agriculture by expanding their skills in higher value-added sectors¹⁹⁸ and business entrepreneurship. Activities should have a poverty graduation objective. **WE3**
- Strengthen women's self-organizing collectives. Leverage these networks to strengthen the adaptive capacity of households. **WE3**
- Work with women's collectives as the community voices that hold the government (national and county) socially accountable. Engage women's collectives in public participation on county budgeting processes so that development plans and budgets reflect the voices of women and marginalized populations. **WE3**
- Strengthen private partnerships with county governments for information and knowledge sharing, buy in, and sustainable change. County administrators have a strong footprint on the ground and are knowledgeable; partnering with them leverages these competencies.

Recommendations: The following recommendations align with USAID J2SR sub-dimensions on *government capacity and civil society capacity, and apply to IR 2.3, Kenyan natural resources sustainably managed and utilized to promote biodiversity and enhance livelihoods for communities.*

Natural Resource Management: Decision-making in NRM is male dominated, and women are marginalized. Inclusion of women in NRM should put them in decision-making spaces and be anchored in national and county frameworks.

- Involve women in NRM decision-making forums and strengthen culturally appropriate ways to involve them in management and governance of conservation, rangeland, and water.
- Build the capacity of county staff on gender-responsive NRM and conservation and strengthen policy and legal frameworks to support implementation.

Recommendation: The following recommendations align with USAID J2SR sub-dimensions on *citizen capacity, government capacity, open and accountable government, and inclusive development and apply to IR 2.1, Quality and well-financed services converged for comprehensive improvements in the lives of vulnerable Kenyan families.*

Access to Education and Health Services: Improving human-development outcomes for vulnerable groups starts with strengthening utilization of services through increasing provision of and access to service delivery. This strategy requires an approach to service delivery that is context specific and evidence based, intersectional, gender responsive, policy aligned, adequately resourced and funded, multipartner, and multisectoral. Specific interventions include the following:

- Ensure retention and transition in the education system by conducting periodic county-level gender analyses within the education sector to identify barriers and opportunities at all tiers. Share this data with communities and use it as an advocacy, planning, and implementation tool. **WE3**
- Support inclusive school environments by encouraging government provision of menstrual hygiene products; arranging childcare to enhance re-entry of young mothers to schools; and addressing GBV, bullying, and harassment. Apply an integrated multi-partner approach to changing gender and social norms about schooling, engaging county gender and education departments, school management, community leaders, gender champions, positive deviants, parents, and students.¹⁹⁹ In particular, target parents of adolescents to raise awareness about the emerging issues faced by adolescent girls and boys and the need to model positive gender equal roles within the family.
- At the county level, partner with the private sector to increase employment and scholarship opportunities for women and girls, as well as target young mothers who dropped out of school within the education bursary systems. **WE3**
- Enhance communities and households, and especially women's and girls' awareness and knowledge on SRHR and access to health care. **WE3**
- Enhance the capacity of county health systems to implement the Gender-Responsive Community Health Strategy, which is a component of the health care system in Kenya. It utilizes community health volunteers who identify and refer individuals at household levels. This approach is effective for enhancing assisted delivery and access to family planning. **WE3**
- Support existing community networks (such as women and men, youth, CBOs, and sexual violence survivors) with resources and training to enable them to change social norms in family planning, antenatal care, assisted delivery, GBV (including early marriage, and FGM) at the household and community levels.
- Develop a comprehensive approach to addressing adolescent girls' and boys' issues through the education and health services. Shift to adolescent-responsive health and education systems integrated within mainstream services, and address the systemic exclusion of adolescent girls' in education and health systems. Address the policy and legal frameworks (national, county, and community levels on education and health) to ensure they are inclusive for adolescent girls. Invest in research and data on emerging and persistent adolescent issues. Mainstream adolescents' services in schools and community health centers, and strengthen engagement at the community and household levels to create an enabling environment for adolescent girls to access health and education. **WE3**
- Promote county-supported and community-led safe spaces for adolescent girls, boys, and youth to improve access to health care in rural and urban areas as well as provide care and protection for girls who are victims of early marriage, FGM, and transactional sex. **WE3**
- Adopt the community-dialogues approach that blends local and nonlocal knowledge to dismantle pervasive and harmful gender norms on early marriage and FGM. Work with respected community leaders, such as chiefs, to model positive masculinity and women's empowerment.
- To address the complexity of adolescent girls' vulnerability, invest in evidence-based multidimensional approaches to examining and responding to the causes and consequences of their intersecting vulnerabilities. These sources would include their relationships with family and peers, their agency,

social cultural norms, economic vulnerabilities within the households, and the fluid contexts in which they live.²⁰⁰

- The concept of youth in policy and practice often is framed as male (focusing on issues like their high-risk behavior and unemployment). Girls and young women are invisible in that narrative, their needs are overlooked, they experience marginalization, and they have diminished agency. This situation can be addressed by disaggregating youth-related analyses and programming to reflect the different needs of young men and women.

Recommendation: The following recommendations align with USAID J2SR sub-dimensions on *citizen capacity and open and accountable government*, and apply to IR 2.1, *Quality and well-financed services converged for comprehensive improvements in the lives of vulnerable Kenyan families*, and IR 2.2, *Kenyan families' and communities' preparedness and behaviors strengthened to mitigate shocks, risks, and stressors in their lives*.

Gender-Based Violence: Addressing GBV requires developing multi-sectoral GBV prevention and response mechanisms that are accessible, accountable, well-funded, well equipped, evidence based, gender responsive, decentralized, community focused, and contextually relevant. These approaches include the following:

- Assessing and documenting the current approaches used to engage men in GBV and gender equality. Conducting studies that provide a better understanding of men's perceptions, vulnerabilities, norm-changing practices, identity, and masculinities within their contexts. Apply the proposed household methodology, and work with households and community elders to propagate behavioral norm changes and produce and amplify new narratives of masculinities that challenge toxic masculinity.
- Contextualizing behavior change communication to the various populations within the community through media that considers gender dynamics. Adapting an intergenerational approach together with community dialogues with power brokers and influencers. **WE3**
- Bringing visibility to successful cases of perpetrators who have been prosecuted for GBV to act as a deterrent. **WE3**
- Increasing county-level investments in multi-sectoral responses to GBV. Working with GBV county and subcounty technical working groups and contextualizing national GBV policies and guidelines at the county level. Enhancing the provision of services, including legal, forensic, health, mental health, and shelters.
- To address GBV (including FGM) in a comprehensive manner, delink the practice of FGM from religion, social norms, harmful stereotypes and cultural beliefs that perpetuate discrimination against women. FGM is still framed as a cultural aspect and not as violence. Critical entry points are the local leadership/ governance mechanisms such as the Kadhi's court, and local community elders. Further develop sustained dialogue initiatives of peer to peer county leaders to institutionalise a system of accountability and reporting across counties.
- Training and supervising health facility staff on the clinical management of rape, including early identification, care, and documentation of GBV survivors at the health facility. Apply the World Health Organization (WHO) recommendations to check women with specific symptoms or ailments as opposed to universal screening.²⁰¹ **WE3**
- Support HIV testing combined with IPV screening during antenatal clinic visits with linkages to a counselor to identify and support survivors of IPV. **WE3**
- Leverage the president's recent Commitment to Eradicate FGM by 2022 to change this practice at the community level by working with chiefs and elders.

Recommendations: The following recommendations align with USAID J2SR sub-dimensions on *government capacity, inclusive development, civil society capacity, and citizen capacity*, and apply to IR 2.5, *Capabilities of communities and families to reduce drivers of conflict, GBV, and violent extremism strengthened*.

Combatting Violent Extremism: Based on best practices, a comprehensive programming framework to address CVE should focus on policy gaps and challenges; laws, legal redress, and reconciliation; security for women and girl refugees; public attitudes of stigma and fear; transforming ideology and restoring identity; socioeconomic empowerment and sense of purpose; and coping with trauma.²⁰² It also should take into account the development-security nexus as well as the dynamic formed by the interdependent web of drivers, impacts, and responses, and adopt a broader socioeconomic approach to the problem through context-driven and multimethod community-level efforts.²⁰³ The USAID-funded Niwajibu Wetu (Kenya Is Our Responsibility) project and other DP and NGO actors are working on this issue, such as Safer World, Coalition for Peace in Africa, and the Africa Peace Forum. USAID/Kenya should coordinate with them and identify strategic gender and CVE interventions to layer onto other programs, such as working with counties and CSOs under DO 1, and addressing poverty and vulnerability and CVE under DO 2, as per the following recommendations:

- Engender the next National Strategy to Counter Violent Extremism to address the challenges that women face in engaging with CVE as decision makers and to strengthen the connection with implementation at the county level in partnership with other development entities.
- Involve women and women’s collectives in the decision-making of peace committees, such as the National Steering Committee on Peacebuilding and Conflict Management, as well as at county and community levels. Build the capacities of peace committees and strengthen women collectives to participate in peace committees.
- Institute a systematic framework by strengthening linkages with community-based policing mechanisms such as clan elders, women groups, and youth collectives. Create CVE awareness as a community collective task.
- Invest in development programs to strengthen household resilience. Development assistance can play an important role in strengthening community resilience against violent extremism and reducing many of its enabling factors, including deprivation and marginalization. **WE3**
- Bolster de-radicalization mechanisms with attention on women and youth by putting in place psychological counselling, ideological re-education, vocational training, re-socialization, and creation of job opportunities for returnees. Focus on women and both female and male youth because they are the most at-risk population. **WE3**
- Build the capacity of youth-led organizations to encourage young leaders who support peace-building initiatives, counteract conflict and advocate for youth-oriented programs.²⁰⁴
- Strengthen youth civic engagement to create opportunities for them to develop a sense of purpose and meaning through civic engagement to increase their sense of self-efficacy, leading to resilience.²⁰⁵
- Explicitly engage both female and male youth as partners in initiatives that address CVE, as youth have on-the-ground knowledge and reach, they are at the forefront of engaging in community activism activities in the community, and youth led organizations are often based on shared trust and volunteerism.²⁰⁶
- Apply interventions that address the mental health of youth, supporting at-risk youth to be conscious of their biases and decision-making processes, as well as to learn impulse control through cognitive behavioral therapy. This approach would be useful in decreasing impulsivity and decision-making difficulties amongst troubled youth.

Assumptions and Risks

Assumptions and risks related to not addressing gender in DO2:

- Women and adolescent girls are more vulnerable because of their gender, compounded by the intersections of poverty, age, and lack of education. There is risk of not reaching the most vulnerable if we fail to apply a gender lens in our approach.

- Gender-blind service delivery will fail to take into account the different roles, strengths, vulnerabilities, and diverse needs of women, girls, men, and boys. It will also not transform the unequal structures of gender relations.
- In addition to the need to protect adolescent girls' basic human and constitutional rights, this generation of adolescent girls is half of the next decade's adult population. They will be responsible for contributing to the economy through their productive work and to the next generation through their unpaid domestic work. By not maximizing the support for today's adolescent girls, we are compromising the wellbeing of the next generation and economic growth.
- GBV is a huge cost to society and the economy. By not addressing it, starting with prevention (which costs significantly less than response), there is the risk that human capital development and productivity will decrease.
- Investing in the economic and personal agency of youth and women will address some of the interlinkages that enable CVE.
- Not strengthening and supporting women's roles in NRM and CVE will undermine efforts and outcomes.

5.3 DO3: Economic Transformation: Kenyans create and utilize collaborative platforms that increase employment and expand access to capital and skills to accelerate bottom-up growth for young men and young women.

IR 3.1: Markets expanded and jobs created, especially for young men and young women.

IR 3.2: Kenyans' skills developed and cultivated to match investment and market needs.

IR 3.3: Business access to markets and capital expanded and deepened.

IR 3.4: Voices of Kenyan youth elevated and action taken to shape economic and social transformation.

Snapshot of DO 3 Data and Statistics

- The labor-force participation rate (LFPR) for women is 71 percent and 77 percent for men, with significant regional differences. Female LFPR is highest in the central/western region and much lower in the northeast.²⁰⁷
- The public sector (government civil service) employs just less than 4 percent of the labor force, of which 37 percent are women. Women represent less than a quarter of civil servants at the national level and almost half at the county level.²⁰⁸
- Every child 0 to 5 years old reduces women's probability to be in the labor force by more than 2 percent.²⁰⁹
- Urban unemployment is higher for women than men.²¹⁰
- Overall women earn 58 percent less than men.²¹¹
- Almost 50 percent of men and 30 percent of women are paid or waged employees, and women earn just more than half of what men receive for similar jobs.²¹²
- Almost 55 percent of women work in agriculture compared to 40 percent of men. 5 percent of women and 18 percent of men work in industry, and 42.5 percent of men and women work in services.²¹³
- Only four out of 62 CEOs (6 percent) of companies listed in the Nairobi Stock Exchange are women, and only 3 of these companies (5 percent) have women serving as the chair on their board of directors.²¹⁴
- According to the Women Business and the Law Index, Kenya's score is 80.6, slightly more than the median and the sub-Saharan Africa (SSA) average of 69.9 and the global average of 75.2.²¹⁵
- Mobile phone ownership is equal for both men and women: 47 percent nationally, 40 percent in rural areas, and approximately 62 percent in urban areas. Internet use is 25 percent for men and 20 percent for women, in rural areas these figures drop to 16 and 11 percent respectively.

Computer use is almost equal: 11 percent for men and 9 percent for women nationally, 6.3 and 4.4 percent in rural areas, and 24 and 19.3 percent in urban areas.²¹⁶

The Rationale and Business Case for women’s economic empowerment: Women’s economic empowerment provides an important pathway to gender equality and economic growth. Poverty and financial dependence weakens women’s leverage and negotiating power in the household, society, and markets. According to the 2019 McKinsey Global Institute Report, reducing gender inequality will boost African economies by \$316 billion over the coming years.²¹⁷ Kenya’s gross domestic product (GDP) growth is falling²¹⁸ and the service sector has by far the most growth potential moving forward. Women and men are represented equally in services, which is expected to add the most value to economy.²¹⁹ Thus it will be important to focus on strengthening the service subsectors where women are concentrated and to explore how to introduce more women into the subsectors where they are underrepresented. The imperative to focus on women’s economic empowerment is further enshrined in the GoK’s National Policy on Women’s Economic Empowerment,²²⁰ the U.S. government’s W-GDP, and the J2SR: Economic Gender Gap.

Defining women’s economic empowerment: For the purposes of this analysis, women’s economic empowerment is defined by economic advancement through decent work and income (including returns on labor, wage parity, and work safety); access to opportunities to build human capital (including skills building, mentorship, and business-development training); access to assets, markets, and finance needed to advance economically; and gender-equal economic decision-making capability and voice in different spheres, including with respect to household finances and manageable workloads, taking into account unpaid care demands.²²¹

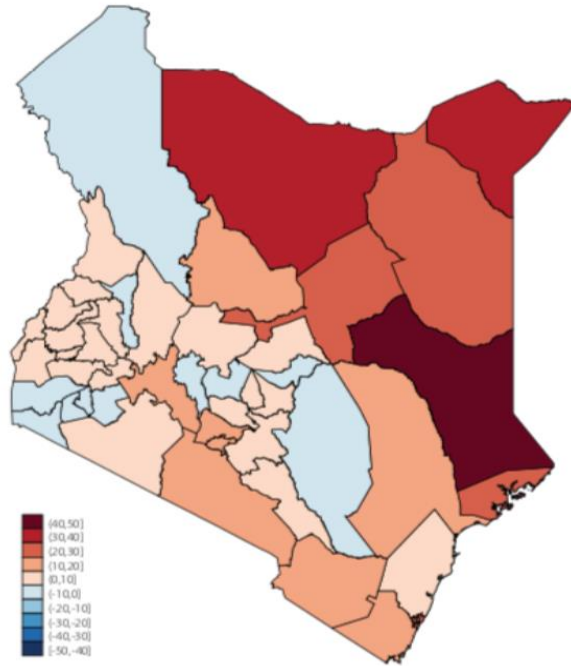
5.3.1. DO 3: Findings by Key Issue

Labor Force Participation: The LFPR²²² for women in Kenya is high at 71 percent, and it is 77 percent for men. There are, however, significant regional differences, with female LFPR highest in the central/western region and much lower in the northeast.²²³ (see Figure 4)

Urban unemployment is higher for women than men. Every child 0 to 5 years old reduces women’s probability to be in the labor force by more than 2 percent.²²⁴ Almost 50 percent of men and 30 percent of women are paid or waged employees.

Both religion and ethnicity are correlated strongly with women’s probabilities of being employed, as is the type of work that they perform. Protestant women and women with no religion are more likely to be employed than Catholic and Muslim women. Muslim women are less likely to be in waged employment outside their home or to be self-employed. Marital status is correlated to women’s employment status, with single women being most likely to work for outsiders and least likely to be self-employed. Polygyny is correlated with an increase in the probability of women working—both for the family and for themselves—but with a decrease in the probability of women working for outsiders. Finally, there are significant intrahousehold gender inequalities between spouses: women are more likely to work in households where their education levels are similar to that of their spouses, and they are more likely to undertake paid work outside the household where the age difference between the spouses is small.²²⁵

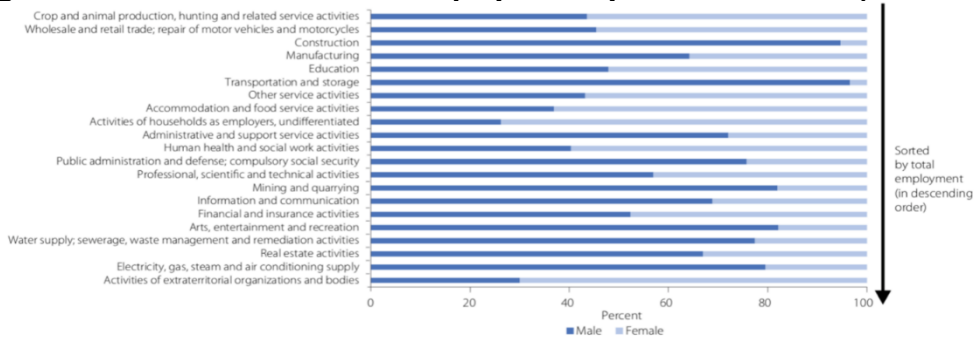
Figure 4: Gender Gap in Labor Force Participation



World Bank 2018

Women constitute the majority of workers in several economic sectors. They include agriculture, wholesale and retail trade, some services, accommodation and food services, health and social work, household employers, and extraterritorial organizations (see Figure 5). Almost 55 percent of women work in the agriculture sector compared to 40 percent of men. 5 percent of women and 18 percent of men work in industry, and both 42.5 percent men and women work in services.²²⁶ Women are underrepresented in construction, transport and storage, public administration, mining, water, and electricity supply. Given that the service industry is predicted to generate the most growth in the future, increasing women’s productivity and value added in key services sectors should be a priority.²²⁷

Figure 5: Share of Male/Female Employment by Detailed Sector (2015 to 2016)



Source: World Bank 2018

Formal-Sector Employment: The public sector (government civil service) employs 3.8 percent of the labor force, of which 37 percent are women.²²⁸ Women represent less than a quarter (23 percent) of civil servants at the national level and almost half (47 percent) at the county level. While at the national level women are spread fairly evenly across the hierarchy (range of 18 to 31 percent), they are

concentrated at lower levels at the county level (women represent 45 percent of service staff; 52 percent of operations staff; 24 percent of professional, management, and administrative staff; and 23 percent of top management). This finding compares unfavorably to the private sector where women are 37 percent of top management.²²⁹

Of the women who do work in the formal sector (public and private), most are employed in services, particularly in education. Women also predominate in the formal workforce of important labor-intensive export sectors, such as cut flowers (65 to 75 percent of workers), textiles (75 percent), and tourism (33 percent.) These sectors offer better remuneration and working conditions than other female-dominated occupations in Kenya.²³⁰

Overall, Kenyan women’s earnings are on average 58 percent lower than men’s, though the pay gap is much smaller in the formal sector than in the informal one.²³¹ Men dominate (55 percent) in high-salary brackets in wage labor in the formal sector.²³² The World Economic Forum’s Global Gender Gap Index revealed in 2015 that a woman is paid KES 62 for every KES 100 a man is paid for the same job²³³ (no data is available for this indicator in the 2020 index although Kenya did score 0.68 for wage equality for similar work, which is slightly greater than the global average of 0.613).²³⁴ This situation may be explained partially by few women pursuing STEM: 11 percent of female and 21 percent of male students have completed STEM courses. Slightly more female (34 percent) than male (32 percent) students, however, study business, administration, and law (see Table 3).²³⁵

Table 3: Education and Skills by Sector

Education and skills	female	male
STEMS, attainment %	11.19	20.84
Agri., Forestry, Fisheries & Veterinary, attainment %	2.27	3.15
Arts & Humanities, attainment %	8.72	7.88
Business, Admin. & Law, attainment %	34.64	32.28
Education, attainment %	25.98	22.20
Engineering, Manuf. & Construction, attainment %	1.82	6.21
Health & Welfare, attainment %	6.48	5.56
Information & Comm. Technologies, attainment %	3.50	6.71
Natural Sci., Mathematics & Statistics, attainment %	5.88	7.93
Services, attainment %	1.71	1.91
Social Sci., Journalism & Information, attainment %	7.41	4.78

Source: World Economic Forum Global Gender Gap Report 2020²³⁶

According to the 2019 KDHS, women represent a high share of students in business (51 percent), computer science (41 percent), law (44 percent), and systems science (computing) (55 percent). But they represent a low share of STEM students: engineering (8 percent), physics (20 percent), maths (29 percent), and transportation–logistics management (25 percent).²³⁷

Of note to support women’s employment and increased role in the private sector are corporate social responsibility initiatives that promote skills and employment creation for women and youth (such as Mastercard, Microsoft, Coca Cola, and Unilever) and gender-responsive workplace environment initiatives (such as Safaricom and the International Finance Corporation’s (IFC) Respectful Workplace Program). The IFC provides capacity building for private-sector partners to put in place respectful workplace policies and procedures related to recruiting and promoting women in management and nontraditional occupations, and addressing sexual harassment in the workplace.²³⁸ Mastercard is launching Young Africa Works,²³⁹ a new 10-year women and youth employment program across 10 African countries, including in Kenya, to generate 30 million jobs, 70 percent of which will be for young women. In Kenya alone the target is 5 million jobs, 3.5 million of which will be for young women.²⁴⁰ Safaricom has an internal women-in-

leadership training and mentoring program, and the firm boasts 35 percent women in senior management positions, which it is looking to increase to 40 percent.²⁴¹

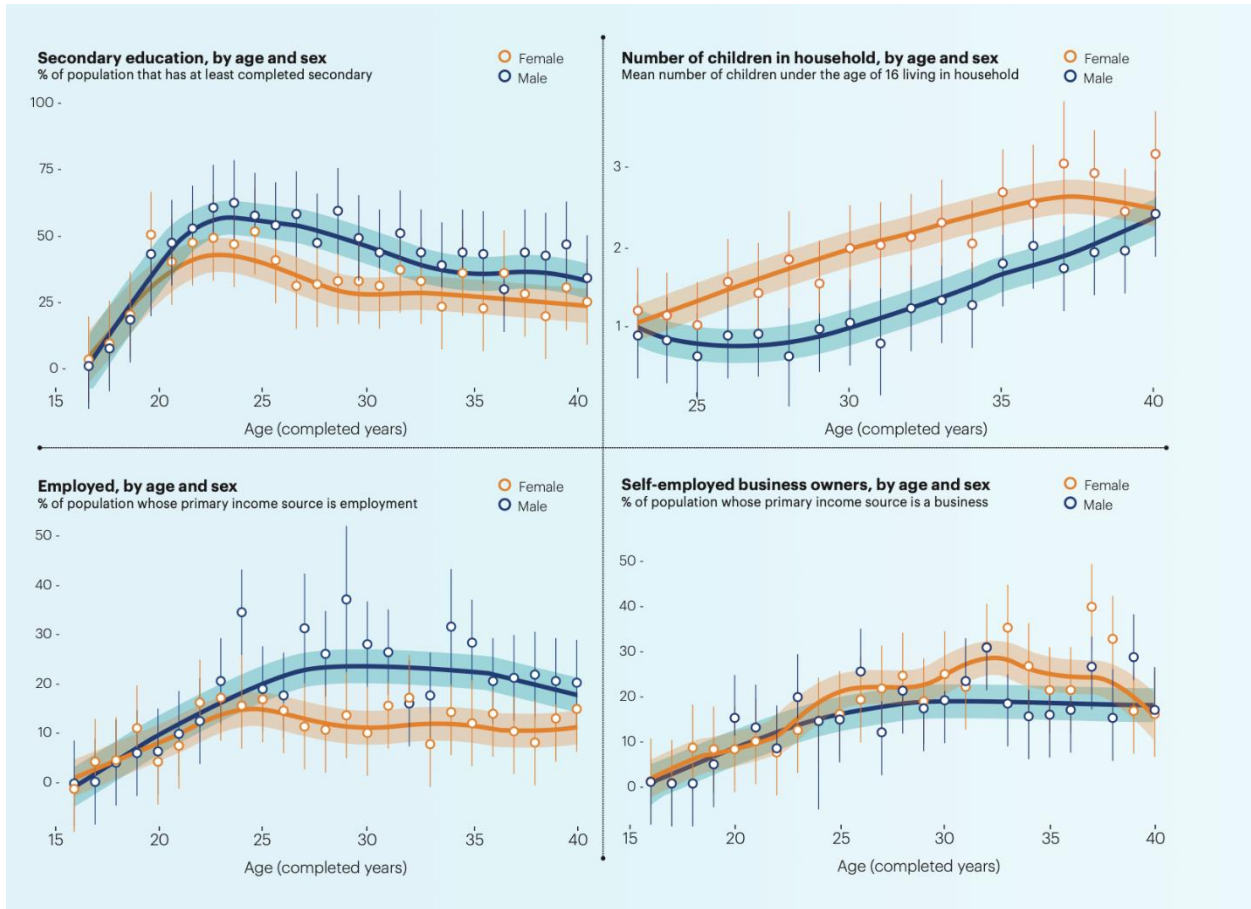
Informal-Sector Employment: Women are less likely to find work in the formal sector and more likely to be self-employed than men.²⁴² Those Kenyans engaged in the informal sector²⁴³ are estimated to be 83 percent of the total workforce,²⁴⁴ of which 50 percent are women and 60 percent are 18 to 35 years old. This sector contributes almost 35 percent to GDP.²⁴⁵ Kenya's informal sector is large and dynamic, and 95 percent of the country's businesses and entrepreneurs are found here. More than two-thirds of informal-sector jobs are in trade, restaurants, and hotels. The total number of persons enrolled in both formal and informal sectors increased from 13.5 million in 2013 to 14.3 million in 2014, and of the 799,700 new jobs, the informal sector created 700,000.²⁴⁶

Employment in the informal enterprise sector is associated with lower poverty than for people engaged in farming.²⁴⁷ Kenya has achieved a 10 percent reduction in poverty in the period between 2005–2006 and 2015–2016, mainly through diversification of rural livelihoods.²⁴⁸ This achievement rests substantially on the agency of women, who have supplemented farming incomes through informal small businesses. In turn, these women are able to increase investments in children's education by paying school fees, thus enhancing access to education and building human capital.²⁴⁹

Another recent study by the NGO FSD Kenya found that the gendered formal-informal divide is based on a number of factors, starting early in women's lives. Fewer girls finish secondary school than boys, making them less able to enter formal employment. From their twenties and even earlier, young women already take on family responsibilities, limiting their ability to continue their education or earn an income without support. Thus young women are more likely to go into flexible informal occupations, such as farming or micro business, while young men are more likely to build incomes through casual labor opportunities (for example, construction and transport) and employment which, while more lucrative, offers less flexibility in terms of time and place.²⁵⁰ Figure 6 shows the correlation between male and female levels of education, age, number of children, and level of employment (formal sector) versus self-employment (informal sector). The data shows that women who have less education, have more children, and are older are less likely to be in formal employment than men.

Entrepreneurship: Women own 54 percent of Kenya's micro, small, and medium enterprises (MSMEs). With 1.6 million licensed and 5.9 million unlicensed MSMEs in Kenya, women owners account for 60.7 percent in the latter and only 32.2 percent of the former category.²⁵¹ Women's businesses are more likely to be informal (88 percent against 72 percent of men's), are smaller (approximately 85 percent do not have any employees apart from the owner), grow less quickly, have lower capital investment, and are twice as likely to be operating from home than men's.²⁵² Controlling for characteristics, women-run enterprises earn 43 percent lower profits than those run by men.²⁵³ The World Bank Informal Enterprises Study found that firms managed by males expanded in more cases than those managed by females (31.2 percent versus 20.9 percent).²⁵⁴ This finding is likely due to women having less access to capital to invest in growth and expansion, assets and technology, business-development services, market information, and higher-value added markets.²⁵⁵

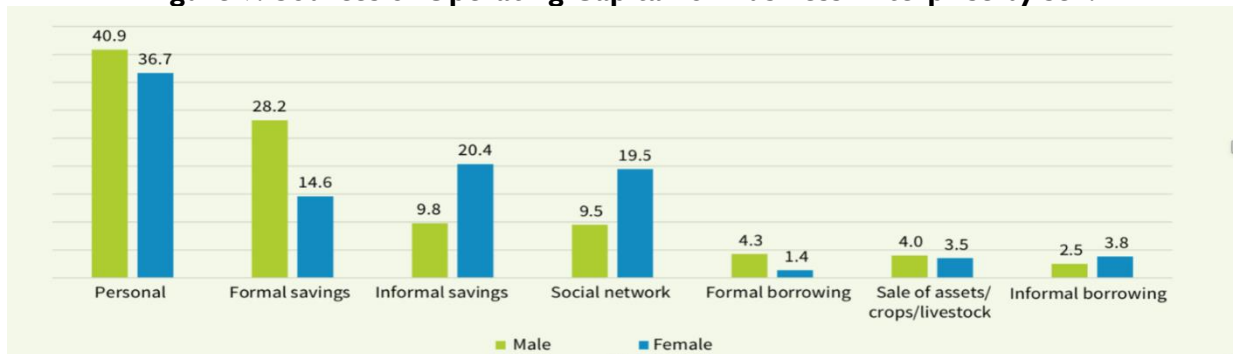
Figure 6: Male and Female Characteristics by Age, Education Level, Number of Children, Employment



Source: FDS Kenya, Inclusive Finance. Bridging the Gender Divide, 2019

Just more than 12 percent of women in Kenya have access to formal finance, which is slightly lower than Uganda (13.9 percent), but significantly higher than Burundi (0.9 percent), Rwanda (5.4 percent), and Tanzania (6.4 percent).²⁵⁶ In general, women rely on more informal savings and social networks and less on formal savings and borrowing than men (see Figure 7).²⁵⁷ There are 160,534 registered women’s groups that provide the basis for informal savings and loans facilities.²⁵⁸

Figure 7: Sources of Operating Capital for Business Enterprise by sex.



Source: FinAccess Household Survey, 2019

The GoK has put in place programs through the SDGA to promote greater access to finance for women, in particular, the aforementioned WEF. The WEF's mission is to provide sustainable access to affordable financial and business-support services for women, including credit to start or expand business and services, capacity building, marketing, promotion of linkages, and infrastructure support. The WEF application process is simply to reduce the barrier of complex application forms and has reduced the transaction costs and bureaucracy by approving loans at the community level. It also has overcome the language barrier by working through local volunteers who speak area dialects. Loan repayment has been made easier through mobile money-transfer options. The challenge that the WEF now faces is that the initial loans were for small amounts, which makes it hard to graduate women out of poverty. Marginalized women do not know how to access these funds and support.²⁵⁹

Mobile money also has had a significant impact on women's access to finance and abilities to engage in financial transactions independently. More women (31 percent) than men (20 percent) rely solely on mobile money accounts. The M-Pesa technological platform has increased per capita consumption and lifted 194,000 households (2 percent) out of poverty. The impact has been even more pronounced for female-headed households, who experienced a 22 percent increase in savings, driven by related changes in their financial behavior, asset accumulation, and labor-market outcomes. An estimated 185,000 women have moved from farming to business occupations as a result of mobile money services, with significant increase in income.²⁶⁰

The 2016 Women's Rights Online Report Card for Kenya revealed extreme gender and poverty inequalities in digital empowerment across urban poor areas in 10 cities. Women were 50 percent less likely than men to be online and 30 to 50 percent less likely to use the internet for economic and political empowerment.²⁶¹ Kenya's overall score was 30 percent, and includes five different metrics measured out of ten. Kenya scored two for internet access, five for affordability, two for digital skills and education, eight for relevant content and services (including mobile financial services), and three for online safety.²⁶² That said, mobile phones have helped women venture into businesses by starting income-generating activities in the proximity of the home, thus not interfering significantly with household duties.²⁶³

One of the most-significant barriers to women's entrepreneurship in the agricultural sector is access to land tenure. Women make up 80 percent of the workforce but own less than 7 percent of land. The Kenya Land Title Issuance Disaggregated Data Analysis looked at 1,000,099 of about 3,200,000 titles issued in Kenya between 2013 and 2017 and found that women received only 10.3 percent, while men received 86.5 percent of land titles. The size of the gap was even higher when considering the total area of land owned by women: out of 10,129,704 hectares of land titled, women only own 1.62 percent, while men owned 97.76.²⁶⁴

Women's plots are more diversified but use fewer inputs and generate lower yields. Overall access to agricultural finance is very low (less than 15 percent) and even lower for female farmers. Financial decision-making among the agricultural population in Kenya is not a major constraint to women's access to agrifinance, with a majority of women in both urban and rural areas making their own financial decisions. Decision-making and agency constraints among women in Kenya decreases with age. The proportion of women making their own financial decision is 52 percent for ages 16 to 34 years, 65.8 percent for ages 35 to 64 and 80.2 percent for ages 65 years and greater.²⁶⁵

Formal- and Informal-Sector Employment in Agriculture. As mentioned in Section 5.2.1, agriculture is the mainstay of Kenya's economy and the major contributor to poverty reduction.²⁶⁶ Women play a key role in agriculture, both in terms of income generation and provision of food for their families. Typically women tend to be at the lower end of the agricultural supply chains, while men take over the more-commercialized activities. Though they do contribute labor in export-oriented value chains, they

are notably absent when it comes to trade. In domestic value chains, which are less elaborate and less commercialized, women tend to be integrated fully in all the production and marketing stages. Women generally produce for more-localized spot markets and in smaller volumes than men. And at the trading part of the chain, women tend to dominate small-scale or retail trading, which involves small volumes and sitting at the local market to wait for customers.

In well-developed and elaborate export-oriented chains, where the returns are higher, men are concentrated in high-status, more-physical, and more-remunerative activities, like international marketing. Women's involvement in the downstream end of the chain as owners is limited. Instead, they predominate in the upstream production node or as wage laborers in private nurseries, processing firms, and export companies where they are employed as unskilled laborers in routine jobs that are low paying and require keenness and patience such as grafting, sorting, and packaging. In Kenya's fruit and vegetable export businesses, women constitute 80 percent of the workers in packing, labelling, and bar-coding of produce.²⁶⁷

There is a spectrum of women's economic empowerment interventions, which straddle the informal and formal waged sectors, with different programmatic approaches and outcomes. USAID should consider various factors associated with each type of intervention, such as transaction cost, impact and sustainability, effectiveness, and likelihood for success. The following are three options, which are not mutually exclusive, but each have their strengths and limitations which need to be considered.

- At the lowest informal level, and what appears to be the most-popular approach, is promoting women's informal entrepreneurship from start up as a means of livelihood through village savings and loan associations (VSLAs) and other forms of low-cost and low-volume finance. This approach may appeal as a short-term and quick solution; however, there are a number of limitations including that new enterprises have a high risk of failure and ensuing debt for the borrower; successful enterprise development requires specific skills and experience that few disadvantaged and young women have; and there is a limit to how many small enterprises the local market can absorb, particularly in underdeveloped and remote areas.
- At the other extreme are partnerships with large national and international private-sector companies for corporate social responsibility-type interventions as described in the previous section. The most promising of these approaches seems to be the Mastercard model, which has an ambitious and bold long-term commitment to young women's employment generation. Gender-responsive workplace initiatives, such as the IFC Respectful Workplace and the Safaricom models that aim to create an enabling internal environment for women to be recruited and promoted in formal-sector waged employment, should be encouraged and replicated across a wide range of sectors and companies. They also have an important demonstration effect by showcasing successful women executives and managers. These initiatives are important to build up a critical mass of women

Case Study: One Acre Fund (OAF), launched in Kenya in 2006, developed interventions to reduce the binding constraints that smallholder farmers in East Africa face in terms of inputs, managerial skills, markets, and an effective payment platform. The results of these combined benefits—improved, convenient, and timely farm inputs (such as improved seeds and fertilizer)—has enhanced productivity and output, increasing income per acre by 50 percent. OAF is the second largest employer in Western Kenya. 44 percent of OAF staff and 60 percent of its clients (name on the contract) are women, and approximately 80 percent of their engagement with farmers is with women farmers (for input distribution and training). The repayment rate is 97 percent. An independent study found that after filling the hunger deficit, clients invested 33 percent of their surplus income on school fees, 31 percent on new business ventures, and 12 percent on additional and more-nutritious foods. OAF does not set out to target women as staff or clients; these outcomes are market-driven rather than results of affirmative action, suggesting that there is a sufficient pool of viable women extension agents and farmers who can be reached with the correct approach. (Source: OAF. *Defeating Hunger and Poverty Through Female Smallholder Empowerment*. 2018.)

working in formal waged employment, as well as increasing women’s economic leadership potential. One limitation, however, is that they only impact a small number of more-privileged women and will not reach the bulk of vulnerable and disenfranchised women in need of employment.

- The most-promising and sustainable “missing middle” focuses on the growth of existing and promising women-run MSMEs (formal or informal) and enables them to expand their operations and create more employment opportunities for marginalized women in their locality (such as young mothers, school dropouts, the unskilled, and people with limited mobility). This strategy can be pursued through increasing access to formal finance and business-development skills; deepening value chains through higher value-added processing, packaging, and distribution chains; new product development; and expanding market access. An important aspect of this approach is bringing together and formalizing women producers under a single company or cooperative to increase their collective leverage, reduce risks, increase the benefits from economies of scale, and bring more women into the value chain.

5.3.2 DO 3: Recommendations

The following recommendations align with USAID J2SR sub-dimensions on economic policy, inclusive development, and citizen capacity, and are relevant for IR 3.1, Markets expanded and jobs created, especially for young men and young women; IR 3.2, Kenyans skills improved to match investment and market needs; IR 3.3, Business access to markets and capital expanded and deepened., and IR3.4, Voices of Kenyan youth elevated and action taken to shape economic and social transformation.

Recommendation: To support the systematic transition of a critical mass of women producers and workers to graduate from the informal to formal sector and from the lower levels of the value chain, a holistic transformative systems approach, which has succeeded in other contexts, is recommended. The Market Systems Development/WE3, also known as Women’s Empowerment and Market Systems,²⁶⁸ is a gender transformational approach to WE3 based on the premise that for more sustainable outcomes, market systems (and not just individual women) need to be the primary focus of development interventions. It aims for system change by altering the performance of supporting market functions and rules. The objective is to coordinate the transformation of informal- and formal-sector market actors to be more inclusive of women and bring them into and progress upward through value chains. This progress is achieved through a number of complementary interventions:

- Conduct participatory gender analyses of the local value chains and the informal economy to understand where women are concentrated and what are the binding constraints to their progress. Apply the findings of this research to programming the Market Systems Development/WE3 interventions. **WE3**
- Stimulating and incentivizing change in the behavior of market actors (public and private, formal and informal, such as government agencies for agriculture, trade, and industry; businesses of all sizes; research; vocational and business training and extension institutions; financial institutions; traders; processors; retailers; wholesalers; chambers of commerce and business associations; and NGOs and CBOs working with women entrepreneurs and producers) by increasing capacity and motivation to be more inclusive of marginalized women. Approaches can include grants, low interest loans, technical training, preferential treatment under procurement, and tax breaks. **WE3**
- Bring more women into high-profit value chains. Increase their visibility and presence at higher levels of value chains through expanding existing women-run businesses. **WE3**
- Promote the formation of women entrepreneur associations and women branches of chambers of commerce at the county level. Support them to reach out to remote rural women producers and entrepreneurs to bring more women producers into formal-sector value chains and markets. **WE3**
- Strengthen county government, private sector, and civil society partnerships and build their capacity to:

- Provide support to women entrepreneurs to access financial and nonfinancial business-development services and skills; information, communications, and technology; and promote women in economic leadership roles
- Conduct gendered economic analysis and planning at the county level
- Increase transparency and accessibility of the one-third procurement rule
- Develop an information platform on access to different sources of finance and business-development skills to access local, regional, and international markets **WE3**

Recommendation: Increase the number and occupational status of women in formal waged employment in the private sector through partnerships and scaling up ongoing private-sector corporate social responsibility initiatives such as IFC Respectful Workplace, Safaricom, the Kenya Private-Sector Alliance, Trademark, Women on Boards Network, the U.K. Department for International Development’s She Trades, and Mastercard.

- Increase young women’s employment options by diversifying their skills and encouraging them to take up STEM subjects and nontraditional vocational training in higher value-added service occupations, such as IT, computer science, design, and management. **WE3**
- Encourage collaboration between businesses (particularly in the higher value-added service industry) and secondary schools, technical and vocational education and training (TVET) institutions, and universities to match graduates with internships, apprenticeships, and eventually employment. **WE3**
- Incentivize companies to apply affirmative action in recruitment and promotion and provide female staff with on-the-job training and mentoring and training for women in nontraditional occupations.
- Support in-house and intercompany (that is women networking across companies) women’s groups and associations to stimulate cross learning and build up women’s networks. **WE3**
- Improve working conditions with flexible arrangements and gender responsive onsite facilities such as maternity and paternity leave, breastfeeding, childcare, and menstrual management. **WE3**
- Encourage companies to promote anti sexual-harassment policies and procedures in the workplace. **WE3**

Assumptions and Risks

Successful implementation of these recommendations is based on the following assumptions:

- Private-sector partners are incentivized by market signals and the business case for promoting WE3, rather than being influenced by elite capture and corruption.
- Private-sector companies are willing to invest in gender-responsive workplace environments, such as childcare facilities, flexible working arrangements, parental leave for men and women, leadership and management training, and promotion for women.
- Government is willing to increase transparency of how WEF and other financial support is granted and how the one-third government procurement quota for women, persons with disabilities, and youth is administered.
- Women-run enterprises, which benefit from growth and expansion, create job opportunities for more vulnerable women.

Risks that could compromise the implementation of these recommendations include the following:

- Increasing women’s income could lead to an increase in intrahousehold conflicts over how this newly generated income will be spent, resulting in increased IPV.
- Increasing women’s employment options without decreasing their unpaid care responsibilities and men taking more of these responsibilities results in heavier burdens for women.
- Increasing the number of women in nontraditional occupations and new work environments could result in sexual harassment and other forms of GBV in the workplace or during travel from home to workplaces.

- Poor women who borrow from VSLAs or micro finance institutions are co-opted into handing over the loan amount to their husbands for non-productive uses.
- Over-borrowing leads to indebtedness and links to chronic vulnerability.

5.4 DO 4: Regional partnerships—Kenya leads and enhances regional partnerships to improve the well-being of Kenyans.

IR 4.1: Kenya’s capability to prevent and respond to transboundary threats and shocks strengthened.

IR 4.2: Kenya’s cross-border cooperation with regional neighbors enhanced to increase security, address conflict and GBV, reduce violent extremism, and improve governance.

IR4.3: Kenya’s trade and investment increased within the region and beyond.

Snapshot of DO 4 Data and Statistics

- Transboundary conflicts over natural resources harms women farmers and pastoralists.
- The prevalence of FGM among women aged 15–49 in Kenya is 21 percent, Somalia 98 percent, Ethiopia 65 percent, Tanzania 10 percent, and Uganda 0.3 percent. Communities across borders often have higher rates of prevalence.²⁶⁹ There is a growing trend in cross-border FGM where girls and women from Kenya are taken to Uganda, Tanzania, Ethiopia, and Somalia for FGM.
- Kenya is implementing the African Continental Free Trade Area to strengthen regional and intra-African trade.²⁷⁰
- The Intergovernmental Authority on Development (IGAD) adopted a regional policy framework on cross-border trade to enhance the enabling environment for region’s informal small-scale traders, who are mostly women and youth.²⁷¹
- COMESA has institutionalized a gender equality approach that provides an opportunity for gender mainstreaming and emphasis on the rights of women and girls, within the integration and trade paradigm. A key development is the 50 Million African Women Speak (50 MAVS) Platform Project developed with the EAC, COMESA and ECOWAS.
- The EAC and the Common Market for Eastern and Southern Africa have made the most progress towards regional trade integration²⁷² and have put in place a gender policy that recognizes women’s limited participation of East African regional trade. The policy prioritizes the development and integration of cotton, textiles, and apparel; livestock, leather, and footwear; and agro-food (dairy, cereals, fruits, and vegetables) sectors as women account for more than 70 percent of labor in these sectors.²⁷³
- The EAC exports about 20 percent of its goods within the subregion, and exports more than 15 percent to the rest of Africa.²⁷⁴
- Challenges of nontariff and tariff barriers, such as high levels of informality and information asymmetry prevent women from effectively participating in regional trade.
- Policy and legislative frameworks largely favor men, who dominate as authorized economic operators.²⁷⁵

5.4.1 DO 4: Findings by Key Issue

Transboundary threats and shocks: Kenya borders five other East African countries: Ethiopia, Sudan, Uganda, the United Republic of Tanzania, and Somalia. Inevitably, many of its ecosystems and natural resources are transboundary. Transboundary threats and shocks can arise when economic, political, or environmental problems caused in one nation spill over into another, for example, migration, refugees, trafficking for FGM, child marriage, sexual abuse (which was covered under DO 2, IR 2.2), and violent extremism (which was covered under DO 2, IR 2.5). This section covers transboundary conflicts around

natural and agricultural resources, an issue that was raised during consultations with women in pastoralist and farming communities in Isiolo²⁷⁶ as well as GBV (including FGM).

Pastoral communities in the ASALs depend on livestock for their livelihood and experience transborder conflicts in the form of livestock rustling. Women who own livestock lose their livelihood to livestock rustling.²⁷⁷ Transboundary conflict also can arise out of challenges in the management of shared water resources, which affects women the most.²⁷⁸ They need to access water for household and livestock consumption, and when they are denied access, they are forced to walk longer distances in search of water.²⁷⁹ Kenya has a robust framework to mitigate transboundary conflict. The National Steering Committee on Peacebuilding and Conflict Management has established national early-learning systems and builds the capacity of county-level peace committees to coordinate national peace initiatives. More recently, it has developed community peace and development committees in hotspot areas.²⁸⁰ Men mostly run these committees.²⁸¹ Consultations revealed that women's voices were marginalized (silent and underutilized) in the resolution of conflict disputes on transboundary freshwater shared resources.²⁸² Women need to be included in peacemaking committees as transboundary conflicts affect them.

Regional Trade: Kenya is the EAC's largest economy and a hub for regional trade, finance, communication, and manufacturing. The country leads in efforts to strengthen trade in the East Africa.²⁸³ The EAC region is the most integrated area in Africa. Regional trade developments include the implementation of the African Continental Free Trade Area, which is expected to boost African welfare, GDP, and intra-African trade.²⁸⁴ Presently, the region exports about 20 percent of its goods within the subregion, and exports more than 15 percent to the rest of Africa. This level is set to increase as better integration will open opportunities to facilitate trade, as a result of reduced nontariff and tariff barriers.²⁸⁵

Women workers predominate in labor-intensive export sectors, such as cut flowers and textiles where they represent 65 to 75 percent of all workers.²⁸⁶ Yet they remain at the low end of the value chain and women-run businesses face a number of barriers to participating in regional trade. Consultations revealed that the policy and legislative framework favors men, notably by only allowing trade to be facilitated by authorized economic operators, who are mostly male-owned, large registered businesses.²⁸⁷ Additional nontariff barriers for women include customs procedures, regulations, lack of bookkeeping skills, poor business development, and limited understanding of regional integration.²⁸⁸ Consultations showed that most women do not participate in regional trade because they are running small businesses in the informal sector and lack the information to trade effectively.²⁸⁹ Exposing women to regional trade has an impact on poverty reduction. For example, Trademark East Africa's interventions to catalyze women's participation in regional trade realized a greater reduction in the incidence of poverty in female-headed households than male-headed ones exposed to trade.²⁹⁰ Cross-border trade for women results in increased income, improved ability to save money, greater self-confidence and self-reliance, and the ability to take on new roles in the community.²⁹¹

The EAC, Common Market for Eastern and Southern Africa, and Economic Community of West African States are collaborating on an initiative to include women in regional trade through the 50 Million African Women Speak program, which is a digital platform to economically empower millions of women in Africa to start, grow, and scale up businesses. The platform allows women in 38 African countries to find information on running businesses, accessing financial services, creating business opportunities online, and accessing training resources, ultimately contributing to their economic empowerment. Through an embedded robust social-networking functionality, women have opportunities to engage in peer-to-peer learning, mentoring, and sharing information and knowledge, as well as to connect via the web-based platform.²⁹² A similar initiative is the She Trades platform, which links women-owned businesses, and organizations to connect, learn from peers, and offer their products and services. The subsectors covered

include textiles and apparel, information technology, tourism, tea, coffee, avocados, beans and peas, handicrafts, and leather.²⁹³

Cross-border FGM: More than 200 million girls and women alive today have undergone FGM, including in 30 countries in Africa (including Kenya, Uganda, Ethiopia, Tanzania, and Somalia), which account for almost a quarter (an estimated 48.5 million).²⁹⁴ In East Africa, the prevalence of FGM among women aged 15–49 in Kenya is 21 percent, Somalia 98 percent, Ethiopia 65 percent, Tanzania 10 percent, and Uganda 0.3 percent. Cross-border communities often have higher rates of FGM prevalence.²⁹⁵ There is a growing trend in cross-border FGM where girls and women from Kenya are taken to Uganda, Tanzania, Ethiopia, and Somalia for the cut, as perpetrators attempt to circumvent the laws and systems that have been put in place to end FGM.²⁹⁶ Cross-border FGM is predominant in the Maasai, Pokot, and Kuria communities who live along Kenya’s west and southwestern borders with Uganda and Tanzania.²⁹⁷

Efforts to stop cross-border FGM include not only inter-ministerial convenings, but also approaches that address the social norms and perceptions that shape FGM. The African Union (AU) has adopted the Saleema Initiative to end FGM by supporting changes to social norms, attitudes, and intentions related to the practice. The initiative aims to create positive cultural associations with a girl remaining uncut, a new social norm.²⁹⁸ Additionally, there are harmonized legislative structures that have been put in place. For example, Kenya, Uganda, Tanzania, Ethiopia, and Somalia have integrated FGM prevention, response, and care into sectorial policies related to health, sexual and reproductive health, youth, gender-based violence, and harmful practices. Some of the challenges of preventing cross-border FGM include movements of mobile cross-border communities, such as pastoralists, facilitating cross-border movements of excisors and girls; cross-border visits and the difficulties in detecting underlying motives for female genital mutilation; porous borders, with limited surveillance, insufficient prosecutions of cases, particularly the cross-border ones that go unreported; national legislations not harmonized in the region and insufficient allocated resources; lack of a regional monitoring and data mechanism on the cross-border practice, limiting the comprehension of the situation and evidence-based programming; and lack of a uniform and joint coordination mechanism between the countries in the region.²⁹⁹

5.4.2 DO 4: Recommendations

Recommendation: The following recommendations align with *USAID J2SR sub-dimensions on inclusive development, civil society capacity, and government capacity, and apply to IR 4.1 Kenya’s capability to prevent and respond to transboundary threats and shocks strengthened.*

Transboundary natural-resource conflicts disproportionately affect women and is linked to their marginal positions in society and decision-making. Efforts to remedy this situation should address the structural barriers that keep women in marginal positions.

- Include women in the decision-making spaces of peace committees and more broadly in peace processes and efforts. Work closely with women collective groups and leverage the power of collectives of women’s groups.³⁰⁰
- Invest in the capacity of women to lead peacebuilding efforts through role modeling women who are already in such leadership roles and build their self-confidence to articulate the needs of women.
- Create alternative options for women whose livelihood are at risk to reduce their vulnerability to transboundary violence. **WE3**

Recommendation: The following recommendations align with *USAID J2SR sub-dimensions on inclusive development and government capacity, and apply to IR 4.2: Kenya’s cross-border cooperation with regional neighbors enhanced to increase security, address conflict and GBV, reduce violent extremism, and improve governance.*

To address cross-border FGM, there is a need to strengthen regional coordination on policy and legislation (harmonising and implementation), communication and advocacy, evidence, research, and data through regional economic communities including the EAC and IGAD to improve legislative and policy frameworks and environment to end cross border FGM.³⁰¹

- Strengthen joint programming on cross border and transboundary FGM, for example by applying advocacy and communication programs at the regional, national, and community (particularly border communities) levels and mobilize stakeholders at all levels to take collective action.³⁰²
- Implementing the regional action plan and convening annual technical and biennial ministerial meetings to assess progress and promote mutual accountability to eliminate FGM.³⁰³
- Enhance the capacity of national government, academia, and statistical offices to generate and use evidence and data for addressing cross-border FGM. Additionally, increase stakeholders' capacity to use the region's natural resources wisely.³⁰⁴
- Develop and implement multi-sectoral costed Plans of Action at the national level, which integrate cross-border dimensions on the elimination of FGM with clear outcomes, targets, budget lines, and a monitoring framework.
- Strengthen cross-border intergovernmental relations by providing resources for convening.

Recommendation: The following recommendations align with *USAID J2SR sub-dimensions on economic policy, civil society capacity, and inclusive development*, and apply to *IR 4.3, Kenya's trade and investment increased within the region and beyond*.

Strengthen the enabling environment and capacity of women-run businesses to participate in regional trade, building on gains made in promoting women's economic empowerment under DO 3:

- Engender the political economy analysis of regional trade. Conduct a gender analysis of the regional-trade value chains that women are concentrated in to understand how policies and incentives impact men and women traders. **WE3**
- Based on that analysis, reduce tariff and nontariff barriers at the policy level (for example, putting in place quotas that favor women businesses) and establish affirmative-action plans to create an inclusive trade environment (for example, tax concessions to countries that trade with women traders). **WE3**
- Strengthen sustained participatory processes that enable women traders and other businesses to have a voice in the border committees to ensure that women are engaged in decision-making regarding regional trade.³⁰⁵ **WE3**
- Invest in regional private-sector partnerships to apply an integrated approach to GEWE. Provide women businesses with linkages for contracts with private-sector companies operating regionally, such as Safaricom, East Africa Breweries, KCB, and Equity Bank. Partner with regional banks by offering them first-loss guarantee for loans to women businesses. **WE3**
- Support smaller local women-run businesses to participate and network in events such as the 50 Million African Women Speak and She Trades. **WE3**

Assumptions and Risks

- Peace committees may resist women's inclusion.
- Women are willing to participate and be part of peacemaking processes at different levels.
- Reduced tariff and nontariff barriers will create an enabling environment for women's inclusion in regional trade.
- Engaging women in regional trade will positively impact Kenya's balance of trade and increase women's economic empowerment.

Please see Annex G for a list of recommended gender-sensitive indicators and learning agenda.

ANNEX A: GENDER ANALYSIS SCOPE OF WORK

OBJECTIVE

USAID/Kenya East Africa (KEA) is preparing to develop a new Kenya Country Development Cooperation Strategy (CDCS) for 2020-2025. The current CDCS is valid from 2014-2020. USAID/KEA requires a gender analysis to inform the development of a new CDCS, centered on the J2SR principles.

Following ADS 205 and the U.S. Women's Entrepreneurship and Economic Empowerment (WEEE) Act that requires gender analysis be performed at all levels of USAID's work in every sector requirement, the Mission will undertake a gender analysis to identify the country-level gender issues, inequalities, constraints, and opportunities. The analysis framework typically involves collecting quantitative and qualitative information on a set of issues, called "domains" described in detail below.

The gender analysis will identify any of Kenya's context specific challenges and opportunities in the thematic areas of the three 2020-2025 CDCS Development Objectives (DOs). Although the DOs have not been drafted, the following thematic areas have been identified: 1) Governance, 2) Innovation and Entrepreneurship, 3) Resilience, 4) Economic Opportunities, 5) Public Participation, Voice, and Empowerment, and 6) Human Capacity (Education and Health). The Contractor will begin the desk review of these six thematic areas and work with the mission to adjust accordingly once the DOs have been further defined. The gender analysis will also focus on GBV prevention and response as a cross-cutting theme, and the following key populations: youth and rural/urban residents. As part of this effort, the Mission will examine the Inclusive Development metrics in the Country Roadmap, the Compendium of Secondary Metrics and other country-specific gender data.

The Mission will take into account the potential for women's economic empowerment activities as described under the Women's Global Development and Prosperity (W-GDP) Initiative, which focuses on advancing women's full and free participation in the global economy within three Pillars: Pillar 1: Women prospering in the workforce and Pillar 2: Women succeeding as entrepreneurs; and Pillar 3: Women enabled in the economy.

The Mission will take into account how GBV could negatively impact development efforts and be addressed across the CDCS's development focus.

The gender analysis will look into Kenya's J2SR and pay special attention to its intersection of gender equality/women's empowerment. The gender analysis will ensure that the role of women in governance is given adequate attention.

Kenya's J2SR roadmap plots Kenya at about halfway along the index of capacity and commitment as compared to low and middle-income countries. Kenya is plotted at 0.73 on the economic gender gap³⁰⁶. To accelerate Kenya's J2SR and supplement the country's roadmap and metrics, this gender analysis is expected to provide additional and deeper data that will produce a fuller picture of gender equality in the country.

The findings and recommendations of the gender analysis will also guide USAID/KEA in reflecting GEWE commitment in its CDCS Goal, Development Objectives, and Intermediate and Sub-Intermediate Results,

and in better incorporating it into project design and implementation, and Collaboration, Learning and Adapting (CLA). The key stakeholders and the primary audience for the analysis results, will be USAID/KEA and USAID/Washington. At the same time, an approved version of the analysis will be accessible publicly to all interested parties in the development community and beyond.

BACKGROUND

Kenya's commitment to gender equality and women's empowerment is reflected in its constitutional provisions, policies, and legislation, as well as its capacity identified in the structures and mechanisms to operationalize them. The Government of Kenya (GoK) has put in place various programs to empower women to overcome poverty, access leadership, begin businesses and live decently. The programs include gender mainstreaming; coordination of programs for the reduction of GBV and Female Genital Mutilation; promoting affirmative action activities; free sanitary towels program; 30 percent access to government procurement opportunities and special catalytic funds dedicated to women, persons with disabilities and youth.

The Constitution of Kenya embeds explicit gender gains and provisions under an expanded Bill of Rights including provisions on economic, social and cultural rights across the chapters on land, representation of the people, devolution, legislature and schedules. Every person is equal before the law and has the right to equal protection and benefit of the law. Women and men have the right to equal treatment, including the right to equal opportunities in the political, economic, cultural and social sphere. Institutional and legislative frameworks to promote GEF in Kenya have evolved albeit at a slow pace throughout the last five years. The State Department of Gender under the Ministry of Public Service, Youth and Gender (MOPSYGA) has the overall mandate to: (i). Institutionalize gender mainstreaming across the Government of Kenya; (ii) Coordinate development and review of gender policies, legislation, programs; and (iii) Set standards to build the capacity of national and county level actors, monitor compliance and report on progress. To ensure accountability on equality and non-discrimination, the Constitution established an independent commission, the National Gender and Equality Commission (NGEC) with the mandate to promote gender equality and freedom from discrimination and to hold the government accountable on implementation.

Kenya has a high rate of population growth³⁰⁷ and currently ranks 125th out of 157 countries in progress toward meeting the Sustainable Development Goals.³⁰⁸ The population has tripled in the past 35 years, straining the country's resources and leaving young people, especially women, vulnerable to poverty and malnutrition.³⁰⁹ Kenya has a total of 12,075,000 students enrolled in primary and secondary education. Of these students, about 8,290,000 (69 percent) are enrolled in primary education. Youths aged 15 – 24 years have primary education as the highest level of education. Although youth in this age group may still be in school and working towards their educational goals, it is notable that approximately 3percent of youth have no formal education and 29 percent of youth have attained, at most incomplete primary education, meaning that in total 32 percent of 15-24 year olds have not completed primary education in Kenya. Approximately 15 percent (16 percent of boys compared to 14 percent of girls) of 6-11 year old children of official primary school age are out of school. Nearly 15 percent of female youth of secondary school age are out of school compared to 12 percent of male youth of the same age. For youth of secondary school age, the biggest disparity can be seen between the poorest and the richest youth.³¹⁰

GBV is pervasive and rampant in Kenya despite the existence of a progressive legal framework with severe penalties for perpetrators. GBV is one of the top 10 risk factors for disease burden.³¹¹ Forty seven percent of women and 40 percent of men between ages 15 and 49 reported that they have experienced either physical or sexual violence.³¹² Reported national prevalence is even higher among children and young adults, with 32 percent of females and 18 percent of males reporting having experienced some form of

sexual violence before the age of 18. For many youth (43 percent are 14-15 years old; 34 percent are 16-17 year old) the first experience of sexual intercourse is physically forced or coerced. 30 percent girls who experienced physically forced or coerced sex before age 18 became pregnant (among those who had sexual intercourse before age 18)³¹³.

The prevalence of Female Genital Mutilation (FGM) in girls and women aged 15–49 is 21 percent. The region with the highest prevalence is in the north-east at 98 percent. 2.6 percent of women aged 15–49 who have undergone FGM were cut between the ages of 10 and 14. 80.5 percent of FGM is carried out by ‘traditional circumcisers’³¹⁴.

The devastating cost implication for GBV is enormous for individuals, families and the community with a significant obstacle to reducing poverty, achieving gender equality and ensuring a peaceful transition for post-conflict contexts. The mean cost of providing a minimum package of GBV services, as defined in the one-stop model in a first referral public hospital (county referral hospital), is Kenyan Shilling (KES) 44,717 (USD 502) per survivor, while the median cost is KES 43,769 (USD 492)³¹⁵. Of these costs, legal costs consumed the largest share of resources. In some cases, women and young girls are subjected to grievous harm and others suffer death. The burden of proof is high and, in most cases, perpetrators are acquitted on technicalities.

Internally, conflicts within and between pastoral and agricultural communities periodically lead to outbreaks of violence. These conflicts are exacerbated by fragile ecological conditions and competition for natural resources. Other factors such as political competition among clans and communities, stock theft, human–wildlife conflict, and the availability of illicit small arms have complicated and changed the conflict dynamics. Kenya has signed onto the UN Security Resolution 1325 that provides the framework for engagement and participation of women in conflict resolution. The resolution is now domesticated through a National Action Plan.

Kenya has significantly high maternal mortality and morbidity from preventable causes. The maternal mortality ratio is 362 per 100,000 live births. Although Kenya has made significant strides in reducing neonatal, infant, child, and under-five mortality, one in every 26 Kenyan children will die before reaching one year of age, and one in every 19 will not survive to his/her fifth birthday.³¹⁶

Teen pregnancy and motherhood rates in Kenya stand at 18 percent. Between June 2016 and July 2017, 378,397 adolescents in Kenya aged 10 to 19 got pregnant and complications during pregnancy are the second leading cause of death for 15 to 19-year-old girls³¹⁷. About 1 in every 5 adolescent girls has either had a live birth or is pregnant with her first child. Rates increase rapidly with age: from 3 percent among girls at 15 yrs. old, to 40 percent among girls at 19 yrs. old. Kenya’s adolescent birth rate is 96 per 1,000 women. 15 percent of all adolescent women have already given birth, and 3 percent are pregnant with their first child. In the last five years, the teen pregnancy rate has remained unchanged at 18 percent. The high prevalence of adolescent pregnancy has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition.³¹⁸ Adolescent girls 15–19 years in Kenya are the most malnourished group among women of reproductive age; 17 percent have a body mass index < 18.5, compared to 6 percent of women 40–49 years of age.³¹⁹

In 2016, women accounted for 910,000 of the 1.6 million people living with HIV in Kenya.³²⁰ Men living with HIV are significantly less likely to be on treatment than women. The most recent statistics showed that only 58 percent of men accessed treatment, compared to 68 percent of women.³²¹ Antiretroviral

treatment coverage is markedly lower among key populations, ranging from 6 percent among men who have sex with men to 34 percent among female sex workers.³²² More than half (51 percent) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15-24 years), a rapid rise from 29 percent in 2013.³²³ Many of these infections will have occurred among young key populations. Young women are almost twice as likely to acquire HIV as their male counterparts and accounted for 33 percent of the total number of new infections (23,312) in 2015. In comparison, young men accounted for 16 percent of all new HIV infections (12,464).³²⁴ Initiating and staying on treatment is particularly problematic for adolescents and young people. In 2014, only 34,800 out of 141,000 adolescents (aged 10-19) with a known HIV positive status were on ART, of whom 22,600 were virally suppressed. AIDS remains the leading cause of death among adolescents and young people in the country with 9,720 adolescents and young people dying from AIDS-related illnesses in 2014.³²⁵

Given the importance of land as an asset and where more than 60 percent of the population wholly or partially relies on agriculture for their livelihood, it is troublesome that women tenure rights are still insecure. Despite a series of laws protecting women's access to their property, women's right to own property and assets, inherit and manage or dispose is still subject to patriarchal traditions and cultural restrictions. The Kenya Land Title Issuance Disaggregated Data Analysis reveals a huge gap in land ownership between men and women in Kenya. The analysis looked at 1,000,099 of about 3,200,000 titles issued in Kenya and found that women got only 10.3 per cent, while men got 86.5 per cent of land titles. The size of the gap is incredible considering the total area of land owned by women: out 10,129,704 hectares of land titled between 2013 and 2017 women got only 1.62 per cent, while men got 97.76 per cent of land (Kenya Land Alliance, 2018).³²⁶

In the labor force, women make up 62.1 percent of the total labor force compared to 72.1 percent of the men surveyed³²⁷ during the same period. The same report indicated that while Kenyan men earned an estimated gross national income (GNI) per capita for males of \$3,405 (Sh350,715) in 2015, this was far higher when compared to the \$2,357 (Sh242,771) for females. And because they earn less than men and are less likely to control land, women pay less in taxes and are less likely to be leading in entrepreneurial activities.

Kenya's unemployment rate is 7.4 percent with more men (9.18 million) employed than women (8.7 million). The age group 25 to 29 has the highest number of employed people (3 million) while those between 24-25 has the highest unemployed people (552,300). People unemployed in urban areas (973,400) outnumber the jobless in rural areas (462,400). In the unemployed group, 64.5 percent were female, and 85 percent were younger than 35.³²⁸ Women constitute 30 percent of the overall wage employment and are paid³²⁹ KSh 55 for every KSh 100 paid to a man for doing a similar job.

Jobs in the non-agricultural sector have grown fastest, but agriculture is still the largest employer, followed by industry (manufacturing, construction, mining, electricity/ utilities) and services (commerce, public sector, transportation/communication and finance). Unsurprisingly, farming dominates rural employment while services dominate urban employment. Four out of five urban jobs are in the services sector.³³⁰ The biggest employment category is commerce, which provides 29 percent of urban jobs. Other services, including the public sector, provide a further 54 percent. Within industry, manufacturing employs 10 percent of urban workers, and the remaining 7 percent are split between construction, mining and utilities. By contrast, 84 percent of rural employment is in agriculture, 10 percent in industry and 6 percent in services.³³¹ Of the work that women do, 75 percent are in the low productivity agricultural sector as compared to 51 percent of male workers. Only 22 percent of female workers are in services and 3 percent in industry; for men the figures are 35 percent and 14 percent respectively.³³² Women are less likely to find work in the formal sector and more likely to be self-employed than men.³³³ 54 percent of Kenya's micro, small and medium enterprises (MSMEs) are owned by women. With 1.6 million licensed and 5.9

million unlicensed MSMEs in Kenya. women owners account for 60.7 percent in the latter and only 32.2 percent of the former category.³³⁴ However, women's businesses are more likely to be informal (88 percent against 72 percent of men's), are smaller (approximately 85 percent do not have any employees apart from the owner), grow less quickly, have lower capital investment and are twice as likely to be operating from home than men's.³³⁵ Thus, the World Bank's 2013 informal enterprise survey in Kenya finds that "female owned firms are significantly less productive, less dynamic, and pay their workers less compared to male owned firms."³³⁶ Overall, Kenyan women's earnings are on average 58 percent lower than men's, though the pay gap is much smaller in the formal sector than the informal sector.³³⁷

Better employment opportunities for women exist in services and key export sectors. Of the women that do work in the formal sector, most are employed in services, particularly education. Women also predominate in the formal workforce of important labor-intensive export sectors, such as cut flowers (65-75 percent of workers), textiles (75 percent of workers) and tourism (33 percent of workers). These sectors offer better remuneration and working conditions than other female-dominated occupations in Kenya.³³⁸

USAID/KEA Previous Gender Assessments

USAID/KEA has undertaken several assessments in the past to improve gender integration in its programming. In 2016, the Mission carried out a gender desk review to guide the operationalization of the gender commitments of the CDCS. The main findings and recommendations from the desk review were organized by CDCS development objective (DO) and related sectors. Cross-sector recommendations were included under all three DOs. To facilitate readers' access to key recommendations and the findings on which they are based, each DO section grouped findings and recommendations in four sub-sections, as follows:

Gender Priorities in the CDCS and Results Framework; Recommendations for Potential Gender Strategic Opportunities; Updated Summary of Relevant Kenyan Context; and Overview of Gender Programming in USAID Activities Reviewed.

In 2018, USAID/KEA completed a gender assessment to its compliance with the three USAID guidelines on social inclusion – the 2012 GEFE Policy, the 2014 LGBT Vision for Action: Promoting and Supporting the Inclusion of LGBTI, and the 1997 Disability Policy – and developed a Gender and Inclusion Action Plan (GIAP) to address the gaps identified by the study.

USAID Relevant Policies

GEFE are core development objectives, fundamental for the realization of human rights and key to effective and sustainable development outcomes. Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives. Since 2012, USAID adopted several comprehensive and interlinked policies and strategies to reduce gender inequality and to enable girls and women to realize their rights, determine their life outcomes, influence decision-making and become change agents in households, communities, and societies.

These policies and strategies include: The GEFE Policy; WEEE Act³³⁹, The Women Peace and Security Act³⁴⁰, the U.S. National Action Plan on Women, Peace and Security; the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally; USG Strategy to Empower Adolescent Girls Globally; the USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children; Youth Policy; Women Global Development and Prosperity Initiative (W-GDP)³⁴¹; the USAID Disability Policy, the USAID Lesbian, Gay, Bisexual, Trans, and/or Intersex Vision for Action and the USAID Counter-

Trafficking in Persons Policy. Together, these laws, policies and strategies provide guidance on pursuing more effective, evidence-based investments in GEFE and incorporating these efforts into our core development programming. Automated Directive System (ADS) 205 explains how to implement these new policies and strategies across USAID's program cycle. USAID's Policy framework's vision in the J2SR recognizes that self-reliant systems are inclusive and open to a wide array of individuals and groups, especially women, youth, and marginalized or vulnerable populations, and these systems benefit when all individuals participate in them.

SCOPE OF WORK

The goal of USAID/KEA's country level gender analysis is to identify the macro level gender issues, inequalities, constraints, and opportunities, and provide specific recommendations on how USAID/KEA can achieve greater gender integration, including emphasizing outcomes for women/girls roles at all levels on its strategic planning across thematic areas in facilitation of Kenya's J2SR. The following thematic areas have been identified: 1) Governance 2) Innovation and Entrepreneurship 3) Resilience 4) Economic Opportunities 5) Public Participation, Voice, and Empowerment, and 6) Human Capacity (Education and Health). The Contractor will begin the desk review of these six thematic areas and work with the mission to adjust the research accordingly once the DOs have been further defined. The gender analysis will also focus on GBV prevention and response as a cross-cutting theme, and the following key populations: youth and rural/urban residents. As part of this effort, the Mission will examine the Inclusive Development metrics in the Country Roadmap, the Compendium of Secondary Metrics and other country-specific gender data. The gender analysis will inform the CDCS on how to improve/ensure women's leadership and meaningful participation in USAID programs/activities; ensure women/girls (or men/boys) equal benefit; meet the differential needs of women/girls (men/boys); reduce identified gender gaps; do no harm (identify and mitigate unintended negative consequences from USAID programming); and provide recommendations on how GEWE approach can improve CDCS implementation/outcomes/success.

The analysis will address six key tasks as follows;

- Assess key GoK policies and programs related to gender and inclusive development and identify where USAID can collaborate to improve GoK policies and programs for gender equality. Identify the gender-based and other constraints (including gender-based violence) to equitable participation and access of men, women, girls, and boys, persons with disabilities, youth and gender /sexual minorities. The analysis will be done at both the intermediate results and sub-intermediate results levels;
- Identify socio-cultural norms and practices and their implications for equitable participation and access of men, women, girls, and boys, persons with disabilities, youth and gender /sexual minorities most relevant to USAID/KEA sectors and investments.
- Identify strategies and approaches that enhance access and equity for target populations including marginalized populations (Persons with disabilities, adolescents, Youth, LGBTI, indigenous groups, etc.). Closing gender gaps in adolescent girls will be particularly important;
- Analyze how gender relations will affect the achievement of sustainable results in the CDCS;
- Analyze the potential impacts of the Mission's proposed strategic approaches on the status of men, women, boys, girls, youth and other marginalized populations;
- Based on the analysis and dialogue within the Mission, support USAID/KEA in developing an evidence-based Theory of Change (ToC) for empowering females and other marginalized groups.

This country level gender analysis must comply with ADS Chapter 205 requirements for gender analysis, which is available through the following link:

<https://www.usaid.gov/sites/default/files/documents/1870/205>

The analysis must gather data and information on the following domains:

- Laws, Policies, Regulations, and Institutional Practices that influence the context in which men and women act and make decisions: The gender analysis should identify the extent to which laws, policies, regulations, and institutional practices contain explicit gender biases (e.g., explicit provisions that treat males and females differently; laws and regulations that criminalize and/or restrict individuals on the basis of their gender identity or expression) or implicit gender biases (e.g., the different impacts of laws, policies, regulations, and practices on men and women because of different social arrangements and economic behavior). The analysis should also identify when key gender-related legislation (e.g., laws on non-discrimination, gender equality, gender-based violence, sexual harassment) is absent.
- For the purpose of this analysis:
 - Laws include formal statutory laws.
 - Policies and regulations include formal and informal rules and procedures adopted by public institutions for making decisions and taking public action.
 - Institutional practices can be formal or informal and include behaviors or norms related to human resources (hiring and firing), professional conduct (workplace harassment), safety and security, provision of services, and the like.

Cultural Norms and Beliefs: This domain should analyze cultural norms and beliefs (often expressed as gender stereotypes) on appropriate qualities, life goals, and aspirations for males and females. Gender norms and beliefs are influenced by perceptions of gender identity and expression and are often supported by and embedded in laws, policies, and institutional practices. They influence how females and males behave in different domains.

Gender Roles, Responsibilities, and Time Use: Gender analysis should assess what males and females (of all ages) do in the spheres of productive (market) economic activity and reproductive (non-market) activity, including roles, responsibilities, and time use during paid work, unpaid work (including care and other work in the home), and community service to get an accurate portrait of how people lead their lives and to anticipate potential constraints to participation in development projects.

Access to and Control over Assets and Resources: This component of gender analysis should examine whether females and males own and/or have access to and the capacity to use productive resources – assets (land, housing), income, social benefits (social insurance, pensions), public services (health, water), technology – and information necessary to be a fully active and productive participant in society. Analysis of this domain may also include an examination of how a society's acceptance (or lack thereof) of individuals' gender identity and/or expression may influence their ability to access and control resources.

Patterns of Power and Decision-making: This domain of gender analysis should assess power analysis of patriarchy in Kenya; the ability of women and men to decide, influence, and exercise control over material, human, intellectual, and financial resources, in the family, community, and country. It also includes the capacity to vote and run for office at all levels of government. Analyses should examine to what extent males and females are represented in senior level decision-making positions and exercise voice in decisions made by public, private, and CSOs. Issues of power often cross-cut the other domains of gender analysis as well.

Data Gathering Methods

The Gender Analysis should comprise a combination of primary and secondary data collection.

Primary data collection should include key informant interviews and focus group discussions (FGDs) with relevant stakeholders. The analysis team must consult with a wide variety of key stakeholders who are aware of the local context and can provide unpublished information. These stakeholders include, but are not limited to local academic institutions, think tanks, CSOs, government officials at national and sub national levels, USAID IPs, Gender Development Partners Group, program beneficiaries, USAID/KEA staff. The USAID/Kenya mission will provide the contractor with a list of key stakeholders, in addition to the key stakeholders identified through desk research.

Secondary data collection should include the analysis of data from multiple sources, including country-level gender analysis performed by the government and other donors or academics as well as:

- Sub national or sectoral gender analyses;
- Official national- and sub national data and statistics;
- Relevant public data from USAID datasets, projects and activities;
- USAID/KEA's Livelihoods Mapping and Analysis data and maps
- Kenya's Demographic and Health Survey, including available datasets of the survey;
- Technical reports related to economic growth, trade, finance, workforce development; W-GDP Pillars; GBV (IPV, DV, Workplace, FGM, CEFM, GBV); Women/girls and Governance (J2SR); Private sector engagement (how it impacts gender issues, needs, service, etc.); Resilience
- Periodic reports to the United Nations (UN) human rights committees; and
- Shadow reports and reports by UN and regional intergovernmental organizations, non-governmental organizations (NGOs), World Bank's Women, Business and the Law report and implementers.

Descriptive Statistics in Gender Analysis

Should the Contractor collect quantitative data, statistics disaggregated by sex and age should be collected and reported separately in different categories (male or female; age cohorts of 0-9; 10-14; 15-19; 20-24) or fashioned into ratios or absolute or relative gaps to show the status of females relative to males. Indicators pertaining to either males or females only should also be included, for instance, those measuring progress toward women's participation and leadership.

The Gender Analysis should reflect the intersection of sex with other characteristics such as age, marital status, income, ethnicity, race, disability status, geographic location, sexual orientation and gender identity, or other socially relevant category as appropriate, in education, health, political participation, economic activity and earnings, time use, violence, and other relevant domains.

ESTIMATED LEVEL OF EFFORT

The Performance Period for the gender analysis is approximately three months (13 weeks) to start o/a December 16, 2019 to March 13, 2020.

Illustrative timeline:

- 3 weeks to prepare the inception report, including a preliminary desk review of relevant literature (December 16, 2019 – January 10 December, 2020).
- Three weeks for field work (January 13 – January 31, 2020). Present preliminary results to USAID (January 30, 2020).
- 20 working days to prepare the draft gender analysis (February 21).
- USAID completes review of draft Gender analysis and provides comments (March 6).
- working days to prepare the final gender analysis, based on USAID comments. (This can be done from the United States.) (March 13)
- If necessary, USAID will provide additional comments in 5 working days (March 13)

- If necessary, the contractor will incorporate additional comments and submit a final revised report to USAID in 5 working days (March 17).

Note that this TO includes a five-day work week while in the United States and six-day work week while in Kenya; therefore, salaries are calculated on that basis. To perform the work the team will need approximately a maximum of 15 working days to perform a desk review and finalize the Inception Report prior to arrival in Kenya, 21 days in the country (approximately three weeks), and 20 working days to submit the draft gender analysis to USAID after departing Kenya.

TEAM COMPOSITION

The contractor shall propose a team comprising of both international and local consultants to perform the gender analysis. The recommended composition of the team is the following:

Team Leader/Senior Gender Expert (international experience)

The team leader must have at least 15 years of international experience in gender analysis in the development areas of democracy and governance, health and education, economic growth, trade, private sector engagement and environment. S/he must have a master's degree in sociology or anthropology or a relevant social science field.

The team leader must have leadership skills, be able to lead meetings, coordinate, and gather different points of view of members of the team, draft initial document with conclusions and recommendations, and prepare the report and presentations. The team leader must be familiar with public policies addressing gender and social inclusion gaps, gender-based violence, disability, and gender agendas and programs of USAID. S/he must have demonstrated experience and ability to access and analyze qualitative, quantitative and mixed-method data to understand economic and social inequalities, based on gender and social inequalities, and knowledge of how such inequalities impact poverty reduction and economic growth.

Senior Gender Expert (national)

The locally hired Senior Gender Expert must have at least ten years of experience working in development, research and/or evaluations in the gender analysis area. The consultant must have a master's degree or equivalent in economics, public policy, development, or other related field.

The local Senior Gender Expert must have leadership skills, be able to lead meetings, coordinate, and gather different points of view of members of the team, draft initial document with conclusions and recommendations, and prepare the report and presentations. S/he must have experience in qualitative research and statistical data analysis.

This expert must be familiar with public policies addressing gender and social inclusion gaps, gender-based violence, disability, and gender agendas and programs of the main development agencies in Kenya. S/he must have contacts with academia, think tanks, government institutions and NGOs in order to be able to set up the expert interviews and focus groups.

Gender Expert (national)

The National (locally hired) Gender Expert must have at least five years of experience working in development, research and/or evaluations preferably in programming for adolescents. The expert must have a bachelor's degree (Master's Degree is highly desirable) or equivalent in economics, public policy,

development, or another related field. S/he must have experience in qualitative research and statistical data analysis.

This expert must be familiar with public policies addressing gender and social inclusion gaps, addressing adolescent needs, gender-based violence, disability, and gender agendas and programs of the main development agencies in Kenya. S/he must have contacts with academia, think tanks, government institutions and NGOs in order to be able to set up the expert interviews and focus groups.

DELIVERABLES/TASKS REQUIRED

All written documentation for submission by the Contractor to USAID/KEA must be in English. The Contractor must provide the following deliverables:

- Inception Report: The Contractor shall submit their Inception Report (including the brief literature review, proposed methodology, work plan/schedule, and list of key contacts) to be concurred by the USAID/Kenya Activity Manager and approved by the Contracting Officer's Representative (COR). The data collection instruments, and proposed list of interviewees shall be submitted no less than three weeks prior to the in-country data collection. The USAID/KEA Strategic Planning and Analysis Office should provide necessary documents (including project descriptions and scopes of works of current activities) and interview suggestions with relevant contact information to assist the Consultants.
- Kick-off meetings on day one in the field with relevant USAID/KEA staff including technical teams, CDCS core group to include an in-brief on the desk review, methodology, and timeline.
- Consult with USAID technical teams on principal gender issues they would like examined within their sectors. This could include lines of questions, data, and recommended local information resources within their sectors (local NGOs and CSOs). The Consultant team can determine the best interactive methodology to consult with all sector teams (such as a ToC mapping exercise). As possible, Mission technical staff (maximum 3) will be encouraged to join the contractor during their field-based stakeholder and FGDs.
- Lead consultative discussions within USAID/KEA sectors, with USAID/KEA teams, IPs, GoK, Development Partners, community groups, conduct site visits and draw out initial conclusions and of topline recommendations for gender integration in CDCS.
- Mission-wide out-brief presentation/discussion of findings for each technical area, based on the gender analysis, including initial key findings from stakeholder interviews, conclusions and recommendations; Presentation must be held on the last day of the fieldwork, and materials must be due one business day before the out-brief.
- The preliminary draft report that includes a country gender index must be submitted electronically to USAID/KEA within four weeks (20 working days) after the completion of fieldwork. The Mission will provide written comments to the Consultant electronically within ten working days of receipt.
- The Final Draft Report incorporating USAID/KEA comments shall be submitted to USAID/KEA no later than five working days after receiving the above comments. Should the second revision be necessary, the Mission will provide any additional written comments electronically within ten working days of the receipt of the revised draft and the Contractor shall submit a Final Report no later than five working days after receiving the above comments.

The following table presents the tentative timeline for the submission of deliverables.

Deliverable	Timeframe	Due Date
Deliverable 1: Inception Report, including a comprehensive desk review of relevant literature, list of key stakeholders, preliminary findings, methodology, and work plan.	December 16, 2019 – January 10 2020,	January 10, 2020
Deliverable 2: Mission-wide out-brief presentation/ discussion of the preliminary gender analysis findings, conclusions and recommendations	January 13 – 30, 2020	January 30, 2020
Deliverable 3: Preliminary draft report & gender index	February 3 – February 21, 2020	February 21, 2020
Deliverable 4: Final Gender Analysis Report	March 9 – 13, 2020	March 13, 2020

SCHEDULES AND LOGISTICS

The Contractor shall be responsible for the administrative support and logistics required to fulfill this task. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparation services, printing, duplicating, and translation services.

USAID/KEA will assist the Contractor in obtaining any additional program documents and contacts necessary to fulfill the task. The COR and/or alternate and Activity Manager at USAID/Kenya will provide strategic direction and guidance throughout the analytical process, including the development of the final work plan, any data collection tools, and gender analysis report outline, approach, and content. It is expected that some USAID/Kenya staff with different expertise will be involved with the gender analysis process (up to three). The primary focal point for the gender analysis will be Betty Mugo as primary contact, based at USAID/Kenya.

FINAL REPORT AND SUPPORTING DATA

The Gender Analysis Report

The findings of the gender analysis must be reflected in a written report. The Gender Analysis final report must not exceed 50 pages, excluding cover page, table of contents, and annexes/attachments.

The report must be written in English and should include the following sections:

- Executive summary (4 pages): Synthesizes main findings, recommendations, and lessons learned. Does not include new information not available in the report. This must be a stand-alone document.
- Background (3 pages):
- Purpose (1 page): Clearly specifies the purpose of the analysis/assessment, the use of findings, the decisions for which evidence is being provided, and audiences of the report. The

analysis/assessment topics of interest are articulated to the purpose; questions regarding lessons learned are included in this section.

- Context and Background (2 pages): This section summarizes the sector/ themes that the research team will analyze in regard to the main problem addressed, as well as a description of the target population, geographic area, economic, social, historic and cultural context.
- Methodology and Limitations (2-4 pages): This section includes a detailed description of the methodology and instruments used in the analysis/assessment. This allows the reader to estimate the degree of credibility and objectivity in the data gathered and, in the analyses, performed. In case of primary data collection, instruments and sampling criteria must be explained. Here, a summary table must be included which presents the following: instruments used, types of key informants, information gathered, and limitations encountered during data collection. Similarly, limitations regarding secondary data analysis should be disclosed.
- Country Overview by ADS205 Domain: (5-7 pages): This section will provide a country overview of gender analysis and women's empowerment by ADS205 domain.
- Findings, conclusions, and recommendations (up to 20-22 pages): This section will be structured according to the CDCS outline (DOs). This is the main section of the report. Findings must be clearly supported by multiple evidence sources referenced in the text, increasing its credibility. To the extent possible, evidence should be presented by using graphs and tables, and any other form that facilitates the readers' understanding of the text. Recommendations must be concise, specific, practical, and relevant to decision-making and the achievement of results on behalf of key stakeholders (including USAID), as appropriate.
- Proposed Gender Equality and Women's Empowerment Theory of Change (1-2 pages)
- Appendices (15-20 pages) must include: a) SoW of the analysis/assessment, b) description of the design and methods used c) instruments used (if applicable), d) sources used for statistical and desk review analysis (primary and secondary), e) relevant outputs of data processing and analyses; f) other appendices like the gender index required by USAID or provided by the analysis team.

Interview notes and resource documents

The Contractor must provide summaries of all key meetings, workshops, discussions, and any data collection exercises conducted in the course of the analysis. These summaries must be submitted to USAID/Kenya Activity Manager, along with copies of any background documents and reports gathered in the course of the assessment. All information must be provided in an electronic format, organized and fully documented for use.

Datasets

Should the Contractor use quantitative data, all datasets generated during the performance of the assessment must be submitted in a machine-readable, non-proprietary format and excluding any personally identifiable information, with supporting documentation describing the dataset, such as code books, data dictionaries, data gathering tools, notes on data quality, and explanations of redactions. All datasets created during the performance of the TO must be submitted to the Development Data Library per open data requirements found in ADS 579, USAID Development Data, and per the instructions outlined in ADS 302mas (302.3.5.22). The Contractor must submit the Dataset and supporting documentation within thirty (30) calendar days after the Dataset is first used to produce an Intellectual Work or is of sufficient quality to produce an Intellectual Work.

SUBMISSION TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE (DEC)

The final approved report (or a sanitized version of it) must be a public document to be submitted to the Development Experience Clearinghouse (www.dec.org) (DEC) following the required Office of GenDev format (see Annex II). The contractor must make the final gender analysis report publicly available through the Development Experience Clearinghouse within 30 calendar days of final approval of the formatted report.

TASK ORDER PACKAGING AND MARKING

Task Order packaging and marking shall be performed in accordance with Section D of the ADVANTAGE IDIQ No. AID-OAA-I-14-00050.

BRANDING AND MARKING

The Contractor shall comply with the requirements of the policy directives and required procedures outlined in USAID Automated Directive System (ADS) 320.3.2 "Branding and Marking in USAID Direct Contracts" (version from January 8, 2007) at <https://www.usaid.gov/ads/policy/300/320>; and USAID "Standard Graphic Manual" available at: <http://www.usaid.gov/branding/gsm>, or any successor branding policy.

ANNEX B: METHODOLOGY

2.1 Inception Report

The research team prepared an inception report from December 16, 2019 to January 10, 2020, which included an extensive desk review of the secondary data sources specified in Annex B. The purpose of the desk review was to identify the major gender equality and women’s empowerment advances, gaps and opportunities in Kenya as a whole, with a specific focus on the four aforementioned thematic focus areas that will be the main units of analysis for the USAID/Kenya 2020-2015 CDCS. Based on the desk review findings, the research team designed the methodology and work plan, which included a research matrix (see Annex C) that connected the research questions to potential sources of information (both primary (including stakeholders) and secondary documents) and the instruments to be used for collecting information (Annex D). It also included question guides tailored to each data collection method, as well as a list of key stakeholders to consult during primary data collection.

2.2 Primary Data Collection

A team of three consultants (one international and two national) carried out data collection in Kenya from January 13 to January 31, 2020 in Nairobi, Isiolo, and Kilifi. The main data collection tools and number of persons consulted are summarized in Table 4 below and include semi-structured interviews and FGDs. The team consulted with 517 stakeholders in total, 66 percent women. Annex E provides a detailed list of interviewees.

Table 4: Primary Data Collection Methods and Tools

Technique	Stakeholders	Purpose
Semi-structured Interviews	USAID Staff, USAID IPs, Government counterparts, GEWE, CSOs, International Donor Community, Non-Government Organizations (NGOs), at Central and local level.	<ul style="list-style-type: none"> To gather data on GEWE advances, gaps, challenges, constraints and opportunities in line with the USAID/Kenya priority thematic areas of intervention, cross-cutting themes and geographical areas of intervention. To analyze lessons learned from previous gender integration efforts, examples of good practice, and to assess gender priorities and strategies moving forward.
Focus Groups	Women and Men Participants in USAID Programs and Projects. Local level CSOs and CBOs	<ul style="list-style-type: none"> To capture project participants’ opinions and perceptions regarding gender constraints, and the benefits and opportunities associated with USAID programming. To determine the way that the projects and the implementing partners (IPs) are identifying and addressing the advances and gaps. To analyze lessons learned from previous gender integration efforts, and to assess gender priorities moving forward.

2.3 Presentation of Preliminary Findings to USAID

Toward the end of the in-country data collection, the research team provided an on-site presentation of the preliminary findings and recommendations of the Gender Analysis to USAID/Kenya staff. The purpose of the presentation was to validate and expand upon the preliminary findings and recommendations.

2.4 Data Analysis, Interpretation and Report Preparation

The research analyzed and interpreted the primary data collected and delivered the draft Gender Analysis report to USAID/Kenya on February 26, 2020. The research team delivered the final Gender Analysis report to USAID/Kenya on March 13, 2020 which addressed USAID/Kenya feedback on the draft report.

2.5 Protection of Informant Information

The research team obtained free and prior informed consent, both at the organizational level, and from all research participants, which included taking the following steps at the beginning of all semi-structured interviews, focus groups or discussion workshops.

- An explanation research's purpose, how long it will take, and the procedures to be followed.
- A description of any risks to the person participating (if relevant).
- A description of any expected benefits to the person participating, or to their community, as a result of participating.
- A statement describing whether the data will be anonymous or stored confidentially.
- Contact details for the person to contact if they have questions or concerns regarding the research.
- A statement that participation is voluntary, that refusal to participate will involve no penalty, and that the subject may stop participating at any time.

For interviews with at-risk individuals and/or groups, the research team did not record respondents' personally identifying information, including the names, ages, organizations, and even interviews' times and dates.

2.6 Limitations of the Gender Analysis

Due to time limitation for the field research and unavailability of some key stakeholders among government at national and county level, as well as Development Partners (DPs), NGOs and Private Sector representatives, it was not possible to consult with as many stakeholders as desired and anticipated. It was also difficult to get systematic data on disability and rural/urban differences across all the sectors and themes. The team supplemented these gaps with telephone and skype interviews, and extensive desk review of relevant documents and reports. The research at the national level took place in Nairobi, and the sub-national field research was limited to two counties which were selected based on their relevance to this specific study. This had potential methodological limitations in regard to national representation. To mitigate this gap, data obtained from the counties was triangulated with secondary literature including national data, statistics, and national gender studies.

ANNEX C: LIST OF KEY DOCUMENTS CONSULTED

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ANNEX D: GENDER ANALYSIS RESEARCH MATRIX

Table 5 below include the research instrument to facilitate gathering the required information for the USAID/Kenya Gender Analysis. The table reports the Research Objectives (rephrased and grouped in 4 dimensions), the specific information needs for each one of them, and the tools proposed to gather the information from both secondary (documents) and primary sources (persons and institutions/ organizations). The information needs are the base for designing the information gathering tools (interviews, focus groups, online survey and workshops) that will be tailored according to each specific stakeholder and its context.

Table 5: Guiding Questions for the Gender Analysis

N°	Research Theme	Information Needs	Tools and Sources of Information
1.	Gender context in Kenya.	<ul style="list-style-type: none"> • Data on gender gaps and Trends in Kenya • Laws, policies, regulations and institutional practices • Cultural norms and beliefs, including traditional practices such as FGM, early marriage, GBV, etc. • Gender roles, responsibilities and time use • Access to and control over assets and resources, including land, finance, etc. • Patterns of Power and Decision-Making at household, community, economic and political levels. 	<p><u>Literature review:</u> National statistics and data bases (INE), research reports, global indexes, USAID's and other donor and NGO studies. Global reports, global policies, national policy papers, and peer reviewed journals.</p> <p>FGDs- Donors, CSOs, CBOs, women and men in USAID programs, young women and men, community elders, adolescent girls.</p> <p>KIIs-donors USAID partners, NGOs, CBOs, government officials, academic institutions, UN entities, African Development Bank (ADB), World Bank and the private sector.</p>
2	Gender-Based Violence as it affects women, youth, urban and rural areas, and reflecting intersectionality.	<ul style="list-style-type: none"> • Data on GBV, IPV and public threats to women, from intersectional perspective. • Challenges in addressing GBV • Infrastructure to address GBV, including laws • GOI, NGO and donor programs addressing GBV • Successes and opportunities for improvement • GBV in DO areas: health, education, vulnerability, social services, regional impact. 	<p><u>Literature review:</u> Research reports, USAID and others donor's and NGO studies, national reports to international mechanisms (CEDAW, ILO Conventions, SDG's, etc.).</p> <p><u>Semi-structured interviews:</u> GEWE experts, USAID staff and Ips, Government Agencies and Local Authorities, UN Gender Advisor, UNFPA, UNHCHR, UN Women, IOM, NGOs, World Bank, Private Sector, ADB etc.</p>

			FGDs- Donors, CSOs, CBOs, women and men in USAID programs, young women and men, community elders, adolescent girls.
3	Gender issues related to chronic vulnerability	<ul style="list-style-type: none"> • Key gender gaps and challenges related to food insecurity (availability, accessibility, production, utilization and consumption). • Gendered impact of climatic variability. • Gendered impact and implications of chronic poverty. • GOI and donor policies and programs to address gender in vulnerability. 	<p><u>Semi-structured interviews:</u> GEWE experts, USAID staff and Ips, Mission Gender Advisor, government agencies, UN Gender Advisor, UNFPA, United Nations High Commission for Refugees (UNHCR), UN Women, IO, IFPRI, ADB, World Bank,.</p> <p><u>FGDs-</u> Donors, CSOs, CBOs, women and men in USAID programs, young women and men, community elders.</p>
4	Gender issues related to well-being (health and education) with a focus on youth and adolescent girls.	<ul style="list-style-type: none"> • Data on key gender gaps and challenges related to education (access to and outcomes) • Data on key gender issues, gaps and challenges related to women’s health (MMR SRH, FGM, GBV response, nutrition, HIV, other health related issues), access to health care. • Systems in place for prevention and response to GBV (e.g. Health care for GBV survivors, referral systems, coordination and governance, services on the ground, awareness among youth, men, marginalized groups, etc.) • GOK policies and programs to address gender in education and health. • USAID, NGO and donor programs addressing gender in education and health 	<p><u>Literature review:</u> National policies and programs, donor funded program reports, national household surveys, administrative data from sector line ministries, and qualitative research.</p> <p><u>Semi-structured interviews:</u> USAID staff, donors, public sector representatives at national and local levels, UN Gender Advisor, UNFPA, UNICEF, WHO, UN Women, World Bank, GEWE CSOs.</p> <p>FGDs- Donors, CSOs, CBOs, adolescent girls. Young men and young women</p>
5	Improving social systems (such as governance, economic empowerment and markets, and devolution)	<ul style="list-style-type: none"> • Data on key gender gaps and challenges related to good governance (women’s representation, gender mainstreaming in public policy and programs) at national and sub-national levels. • Impact/implications of devolution on gender equality. • Data on key gender gaps and challenges related to women’s economic empowerment and markets (women’s level of engagement in key value chains, access to markets and financial services, technology, ownership of assets such as land, women’s representation among key market actors.) 	<p><u>Literature review:</u> National statistics and databases, research documents. Research reports, USAID and other donors’ and NGOs’ program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff, donors, public sector representatives at national and local levels, Private sector, UN Gender Advisor, UN Women, World Bank, GEWE CSOs.</p>

		<ul style="list-style-type: none"> • GOK policies and programs to address gender in social systems, how the Big 4 Agenda will mainstream a gender perspective. • USAID, NGO and donor programs addressing gender in social systems. 	
6	Regional impact	<ul style="list-style-type: none"> • Data on key gender gaps and challenges related to regional issues (foreign policy, trade/SEZs, migration, refugees) • Impact/implications of regional activities on gender equality. • GOK policies and programs to address gender in regional activities. • USAID, NGO and donor programs addressing gender in regional activities 	<p><u>Literature review:</u> USAID and others donor’s studies, national reports to international mechanisms.</p> <p><u>Semi-structured interviews:</u> GEWE experts and CSOs, USAID staff and Ips and participants in USAID projects, UN Gender Advisor, UNFPA, UNHCR, UN Women, IOM, GBV CSOs, World Bank.</p>

ANNEX E: INTERVIEW GUIDES FOR THE GENDER ANALYSIS

Interview Guide – Government Officials

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender equality and women’s empowerment analysis for USAID/Kenya. The gender analysis will inform USAID/Kenya 2020-2025 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. Does your ministry / office have any policy documents or other guidance related to gender and women’s empowerment? If so, what documents? (Ask for copies) Is there an institutional mechanism in government for addressing GEWE? Is it effective? Are there any issues related to gender equality and women’s empowerment for which you would like to have guidance? If so, what kinds of issues?
2. Please tell me briefly about your work and how it relates to gender and women’s empowerment. In your view, what are the most important issues related to gender and women’s empowerment? How do your programs and initiatives address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBTI, etc.)? How do these issues and your response differ between rural and urban contexts?
3. Thinking about your work in this Ministry / office / sector, over the past 5-10 years, what progress do you think has been made in relation to gender and women’s empowerment? Can you provide some examples of successes? In your opinion, what were the main reasons for these successes?
4. In your view, what are the main challenges in your work / sector / Ministry / office to working on gender and women’s empowerment? How does the big four agenda position gender equality and inclusion (5-year development plan with 4 key pillars manufacturing, affordable housing, Universal Health coverage and Food security)
5. In what ways has USAID supported your work in relation to gender and women’s empowerment? In your opinion, what kind of support would be most useful for USAID to provide in the future?
6. What are the most strategic/impactful partnerships for government to promote GEWE? (e.g.: Donors, CSOs, Private Sector, etc.)

- Thinking about the future of work in your Ministry / sector / office, what recommendations do you have for changes in policy or approach related to gender and women’s empowerment?

Interview Guide – USAID Staff, including Office Directors and Program Office

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/Kenya. The gender inclusion analysis will inform USAID/Kenya’s 2020-2025 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours.

Office Directors and Technical Staff:

- Please tell us about how gender and women’s empowerment are integrated into your work. How do your programs and initiatives address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBTI, etc.?) How do these issues and your response differ between rural and urban contexts?
- In your view, what are the most critical areas related to gender and women’s empowerment in Kenya, under your DO? In your opinion, what are the biggest challenges to addressing these issues?
- In your opinion, over the past 5-10 years, what have been the biggest advances in gender and women’s empowerment in Kenya under your DO? Can you provide some examples?
- Our team will conduct interviews on gender and women’s empowerment in Nairobi and Kilifi and Isiolo Counties. Do you have advice for the team on key issues we should explore? What questions do you think are the most important for the team to investigate?
- If you had to cite three main results that your office has produced (through the programs it manages, and during the current CDCS) or is producing in terms of addressing gender equality and women’s empowerment, what would they be?
- Has your office prepared a Project Appraisal Document (PAD)? (a strategy document that authorizes USAID (sector) teams to make new awards). Have you prepared a gender analyses as part of preparing the PAD?
- Which have been the main steps and actions taken by the office under your responsibility after the last gender analysis/assessment? (In relation to the gender equality and women’s empowerment objectives in the 2014-2019 CDCS programming for the specific DO in the office of your responsibility?)
- Which measures has your office taken to mitigate the risk of GBV or to address GBV when it occurred in the past or during program implementation?
- Can you mention any successful examples/good practices of USAID on GEWE and addressing GBV. Is there anything more that you would like to do going forward in this domain?
- Does your office have a gender specialist? Do the terms of reference of the office staff make reference to gender equality?
- How do you monitor and evaluate the performance of implementing partners on gender equality and women’s empowerment? Do you think the monitoring is effective?

12. What are the main constraints your office faces to ensure that the implementing partners integrate gender equality in a concrete and effective way such as in solicitations, the development of Activity approval memorandum, Program Appraisal Documents (PAD), program-level gender strategies, program MEL plan, program quarterly reports, and program annual reports? Any suggestions on what USAID could do to support them?
13. What kind of support do you receive internally (USAID/Kenya and beyond) to strengthen the gender integration capacities of this office, its staff and implementing partner staff? Do you have any suggestions on how to improve them if necessary?
14. Is there any support that your office needs to be able to support partners to integrate gender equality and women's empowerment more effectively?

Mission Program Office:

1. Does the mission have a gender or inclusive development work order? Who is in charge of implementing it? What measures has the mission taken to implement it?
2. Does the mission have a gender or inclusive development working group? How does it function? What purpose does it serve? What are its greatest advances and challenges in this regard?
3. What type of support does the mission provide to its implementing partners to integrate GEWE or to facilitate cross-partner learning in this domain?
4. Once the new CDCS is complete, what steps will you undertake to ensure that gender equality and women's empowerment will be incorporated into the Performance Management Plan (PMP)? (The PMP is like a project monitoring, evaluation and learning plan, but for the whole mission).
5. Do previous USAID/Kenya PADs adequately address gender equality and women's empowerment? What are the greatest advances and challenges in this regard?
6. Is gender equality and women's empowerment integrated into the selection criteria for new awards? In practice, does this ensure that new awards adequately and comprehensively address GEWE? Does OAA take measures to ensure that GEWE is included, as required, in award documents?
7. How do you monitor and evaluate the performance of (a) the USAID staff and (b) implementing partner staff in terms of actions implemented and results on promoting more equal gender relationships and women's empowerment and attention for vulnerable groups through the programs? Do you think the monitoring is effective?
8. How do activity managers (AORs and CORs) ensure that their implementing partners adequately address GEWE? Good practices or challenges to cite?
9. How does OAA ensure that their implementing partners adequately address GEWE? Good practices or challenges to cite?
10. Are you coordinating / working with other donors to generate synergies for achieving greater impact on gender equality and women's empowerment?
11. What other institutional measures are needed (if any) to support mission staff or partners to integrate gender equality and women's empowerment?

Guide for Interviews with Implementing Partners

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/Kenya. The gender equality and women’s empowerment analysis will inform USAID/Kenya’s 2020-2025 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. In your experience working on this project (or in another capacity), what are the main gender equality and women’s empowerment issues in your area of work? Can you provide some examples?
2. Please tell us how your work addresses gender equality and women’s empowerment. How do your programs and initiatives address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBTI, etc.?) How do these issues and your response differ between rural and urban contexts?
3. How do you think your project / work has contributed to addressing challenges and to successes related to gender equality and women’s empowerment?
4. Can you suggest some recommendations about what work in your sector should be done in the future, related to gender equality and women’s empowerment?

Interview Guide – Gender Working Group (either within USAID or among donors/NGOs, if applicable)

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon

Thank you for meeting with us. The gender analysis will inform USAID/Kenya’s 2020-2025 Country Development Cooperation Strategy.

1. What is the role of the Gender Working Group?
2. In your view, what are the most critical areas related to gender and women’s empowerment in Kenya?
3. In your opinion, over the past 5-10 years, what have been the biggest advances in gender and women’s empowerment in Kenya? Please provide some examples.
4. What are the donors’ main program interventions related to gender and women’s empowerment? How do they address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBTI, etc.?) How do these issues and your response differ between rural and urban contexts?
5. How is the development community addressing GBV?
6. What are key successes and achievements in GEWE?
7. What are the biggest challenges to addressing gender and women’s empowerment?
8. How can these challenges be addressed? What can USAID/donors do to address these challenges?
9. What are the most strategic/impactful partnerships for government to promote GEWE? (e.g.: Donors, CSOs, Private Sector, etc.)

Interview Guide – Donors

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon

Thank you for meeting with us. The gender analysis will inform USAID/Kenya’s 2020-2025 Country Development Cooperation Strategy.

1. In your view, what are the most critical areas related to gender and women’s empowerment in Kenya?
2. In your opinion, over the past 5-10 years, what have been the biggest advances in gender and women’s empowerment in Kenya? Please provide some examples.
3. What are your main program interventions related to gender and women’s empowerment? How do they address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBT, etc.?) How do these issues and your response differ between rural and urban contexts? How are you addressing GBV through your programs?
4. What are key successes and achievements?
5. What are the biggest challenges to addressing gender and women’s empowerment?
6. How can these challenges be addressed? What can USAID do to address these challenges?
7. How do your programs/interventions align with/support national gender priorities as expressed in national gender policies?
8. What are the most strategic / impactful partnerships to promote GEWE (e.g. gov, donors, CSOs, private sector, etc.)

Guide to Interviews and FGDs with NGOs and Civil Society Groups

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/Kenya. The gender analysis will inform USAID/Kenya's 2020-2025 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. In your view, what are the main gender equality and women's empowerment issues for your programs/community/region? How do your programs and initiatives address social inclusion and intersectionality (Adolescent girls and youth, disability, ethnicity, LGBTI, etc.?) How do these issues and your response differ between rural and urban contexts?
2. What are some of the main persistent gender norms affecting your community, and what are some transmission mechanisms to dismantling them? (e.g.: burden of unpaid care work, gender division of labor, GBV, access to and control over resources such as land and finance, etc.)
3. What have been some of the successes for your community/programs in recent years when it comes to gender equality and women's empowerment? What made them successes? What have been some of the biggest challenges for your community/programs for gender equality and women's empowerment in recent years? What made them challenges?
4. How do women's collectives affect GEWE and how can they be leveraged to promote GEWE and WE3? What role does technology and connectivity have in GEWE?
5. How is GBV being addressed by the civil society, the development community, government?
6. What progress do you want to see in the future? What is your dream for your community?
7. What should USAID do to help your community to address gender equality and women's empowerment?
8. What are the most strategic / impactful partnerships promote GEWE (e.g. gov, donors, CSOs, private sector, etc.)

Guide to Interviews and FGDs with adolescent girls / boys

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon_____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/Kenya. The gender analysis will inform USAID/Kenya's 2020-2025 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

General

1. Who are regarded as adolescents in this community or the community where you are conducting your activities?
2. In your view what is the importance of focusing on adolescents in your community, in the work you do?

Education

3. What has been your experience with regard to accessing education for adolescent? Probe for young, 10-14 years/15-18 years, male/female, rural/urban, out of school etc.
4. What barriers do adolescents face in accessing education? Probe for affordability, utilization barriers, disabling environments, adaptability, intersectionality.
5. How do adolescents overcome these barriers? Probe for individual action, community and organizations support.

Health Care

6. What has been your experience with regard to accessing health care for people of adolescent age? Probe for Sexual Reproductive Health Services including access to information. Probe for young, 10-14 years/15-18 years, male/female, rural/urban, out of school etc.
7. What barriers do adolescents face in accessing health care? How do you think this experience is different for adolescent females and males? Probe for difference in rural or urban based on the population.
8. How do they overcome these barriers?
9. What services or programs are focused on helping adolescents access and continue with education and access health care?
10. What programs or support do you wish there were to help adolescent access health care and education?

GBV and adolescents

11. What do you understand by violence?

12. What are the patterns of violence for adolescents in this community or in the projects you work in?
 - a. Type of abuse, probe for physical violence; intimate partner violence, sexual violence, emotional violence, economic violence.
 - b. Who is the victim; probe for type of adolescent: age, out of school, in school, teen mothers, rural, urban.
 - c. Who is the abuser?
 - d. Where does the violence take place?
 - e. What are the consequences of GBV for adolescents?
13. What services are available to prevent GBV for adolescents? Probe for legal, mental health, health care, safe spaces, protection, etc.
14. What services are not available or accessible for responding to GBV? Probe for legal, mental health, health care, safe spaces, protection, etc.
15. What is the perception of safe environment for adolescents?
16. What services need to exist to prevent and respond to adolescent GBV?
17. What partnerships are important to be able to address the needs of adolescents?

Additional Women’s Economic Empowerment Questions: (add to all questionnaires as appropriate)

1. What barriers exist to women’s access to employment within the targeted sector?
2. What are the differences, if any, in the ways that women and men access productive inputs necessary for enterprise growth and entrepreneurship?
3. Do socially acceptable practices restrict women’s access to property ownership?
4. To what extent have the efforts of labor unions and women’s groups reduced gender-related pay disparities?
5. How do social and economic networks factor into women’s access to credit, for example by promoting access to information and facilitating access to markets?
6. Do initiatives exist to increase women’s leadership and participation in networks, cooperatives, or business associations? How have or can these initiatives affect women’s economic empowerment?
7. Do women play key roles in decision-making in networks, cooperatives, and business associations?
8. What key issues have women’s business associations prioritized over the past five years?
9. What stereotypes affect women’s ability to take on leadership positions at various levels in different sectors?

Additional Questions on GBV

1. What are the programs in place to address GBV prevention and response? Is there a national coordination mechanism? Is there national coverage?
2. How effective are they? What are the gaps?
3. How does GBV intersect with the 4 DOs and how can they be addressed in the CDGS?
4. What should priorities be moving forward?

ANNEX F: LIST OF KEY INTERVIEWEES

Disclaimer: In cases where an individual or organization could be at legal, social, or physical risk because of their participation in this research, names, dates, and contact information have been redacted or omitted. This safeguard will protect participants, ensure quality data collection, and adhere to do no harm and ethical data collection protocols and standards. For all interviewees, free and prior informed consent was obtained before the interview.

Table 6: List of Key Interviewees

Name	Title/Organization
USAID/Kenya East Africa	
Mark Meassick	Mission Director
Heather Schildge	Deputy Mission Director
Warren Harrity	Office Director, Strategic Planning and Analysis
Meital Tzobotaro	Monitoring, Evaluation, and Learning (MEL) Advisor
<u>Betty Mugo</u>	Gender and Inclusion Specialist
Joy Melly	Program Management Assistant (HIV)
Margaret Mwangi	GIS Manager
Kim Case	Senior Regional Development Outreach and Communications
Sheila Macharia Ruth Tiampati	Senior Health Specialist- HBC and Nutrition Specialist
FGD x 2 m, 5 w Dunstan Ochwoka Beatrice Okech Emily Jakaila Hassan Abdille Irene Angwenyi Joy Melly Rosemary Onduru	Program Management Specialist – HIV Adolescents
In-briefing: Focus group discussion (FGD)	
Out-briefing: FGD	
Total: Women, 10; men, 5	

Implementing Partners	
Edward Buoro 1 m	Gender, Youth, and Social Dynamics Lead, Catholic Relief Services (CRS), Nawiri
FGD with the Ahadi team (1 f, 8 m) Elizabeth Ajode	Monitoring and Evaluation Coordinator, State University of New York, Ahadi
Rita Laker-Ojok Juliet Tunje Tadayo Hanna Judith Odongo Liz Howhenebuger 5 f	Deputy Chief of Party/Technical Director, Kenya Crops and Dairy Market Systems Social-Inclusion Advisor Nutrition Manager Director - MEL Project Coordinator
Ian Schneider Winnie Osulah Nelson Owange Nancy Omolo Hussein 3m, 2 f	Livestock Market Systems Chief of Party (COP), ACDI-VOCA Gender, Youth, Inclusion Deputy COP (DCOP), Mercy Corps Gender, Youth, Social Lead
Roger Bird 1m	COP, Kenya Investment Mechanism
Corrine Ngurukire Diana Otieno Fredrick Otiato 1m 2 f	Head of Partnership Training and Quality Manager Data Management
Ayub Were Beatrice Akinyi 1m 1f	MEL Specialist, Kenya Rapid Program Agriculture Nutrition Advisor—Public Health Nutritionist
Rudia Ikamati Salome Alex Davine Minayo 3 f	COP for Comprehensive Assistance, Support and Empowerment of Orphans and Vulnerable Children Senior Technical Advisor for Comprehensive Assistance, Support and Empowerment of Orphans and Vulnerable Children Household Economic Strengthening Specialist
Esther Omosa 1 f	Senior Nutritionist, Value Chain Development Accelerated Value Chain Development (AVCD)—Feed the Future

Joe Sanders Japheth Mbuvi Diana Mulatia Annabelle 2 m, 2 f	COP, DAI Kenya—Integrated Water, Sanitation, and Hygiene Project DCOP Public Health and Environment Gender and Organization Development
Dickson Ole Kaelo Joyce Nyaruai Mbataru Gladys Warigia 1m 2 f	Kenya Wildlife Conservancies Association Chief Executive Officer Communication and Development Officer Policy Coordinator
Eileen Nchanji 1 f	International Centre for Tropical Agriculture/Biodiversity
Joyce Wanderi 1 f	COP Health Communications and Marketing
Dr. Kimaiyo Dr. Job Milka Chepchinga 2m 1 f	Head of Program, AMPATHPlus Manager Social Work Department Legal advisor
Caroline Mwaniki Peter Munyao 1m 1 f	Program Coordinator Key Populations, Afya Kamilisha Monitoring and Evaluation Specialist
Dr. Lucy Matu 1f	DCOP and Service-Delivery Technical Advisor, Afya Nyota yaBonde
FGD with adolescent girls 8 f	Afya Jijini Determined, Resilient, Empowered, AIDS-free, Mentored and Safe Project —Kangemi
Dr. Dan Wendo Dorcas Khasowa Betty Otero Samwel Orina 2m 2 f	COP, Afya Jijini Project
Ehud Gachugu 1m	DCOP, Kenya Youth Employment and Skills Program
Salome Ong'ele 1 f	COP, Tusome Early Grade Literacy Programme, RTI International
Total: Women, 35; men, 24	

Public Sector	
Irungu Kioi Ramla Shariff Abigail Wambua Agnes Ibara Protus Onyango Lydia Mutua Eliud Mutwiri Florence Chemutai Paul Kilonzo Teclas Kipserem Winnie Kananu Luke Nkumbuku Brian Mureithi 6 m 7f	Deputy Director State Department of Gender Senior Gender Officer Gender Officer Board Director - Gender Senior Advisor Deputy Director Deputy Director Deputy Director Gender Principal Gender Officer Principal Gender Officer Director Gender Anti-Female Genital Mutilation Board
Total: Women, 7; men, 6	
Private Sector	
Sanda Ojiambo 1 f	Safaricom Foundation
Joyce Muchena 1 f	Gender Lead, Mastercard Foundation
Total: Women, 2; Men, 0	
Jenny Hill Kagure Wakaba 2 f	Head of Cooperation, Canada High Commission Gender Equality Specialist, World University Service of Canada
Nyambura Ngugi Idil Absiyi Beverline Ongaro Judith Ohemio Jane Serwanga Romina Santa Clara Edwin 6 f, 1 m	UN Women Office of the United Nations High Commissioner for Human Rights World Food Programme United Nations Development Programme (UNDP) International Organization for Migration Joint United Nations Programme on HIV/AIDS
Tim Colby 1 m	Devolution Specialist, UNDP
Mona Sharan Susan Olang'o	African Development Bank

2 f	
Anne Kabugi Lisa Schmidt Verena Phipps QursumQasim 4 f	Gender Specialist, International Finance Corporation Social Development, World Bank (WB) Social Development, WB Private Sector, WB/DC
Total: Women, 12; men, 2	
Civil Society	
Anne Munene 1 f	Global Fund-Tuberculosis
Winfred Kimeu Lillian Kangethe 2 f	Crawn Trust
Margaret Vernon Anna Schuck Pauline Wanjala 3 f	Head of Impact, One Acre Fund Field Staff Management
Mercy Jelimo 1 f	Program Officer in Charge of Leadership and Governance, Center for Rights Education and Awareness (CREAW)
Ruth Oloo 1 f	Oxfam
Omiti Odhiambo 1 m	Women's Empowerment Link
Ikal Ange'lei 1 f	Friends of Lake Turkana
Dr. Chimarouke Izugbara 1 m	International Centre for Research on Women Director - Global Health, Youth and Development
Hellen Muchunu 1 f	International Republican Institute, Program Manager
Florence Machio 1 f	Campaign Officer, Equality Now
Wangu Kanja 1 f	Founder, Wangu Kanja Foundation
Total: Women, 12; men, 2	

Academic Institutions	
Lisbeth Kageni If	University of Nairobi Program Coordinator, Center for HIV Prevention and Research
Sitawa Nimwalie If	Former WB, UN Women Gender Consultant, currently poet and playwright
Total: Women, 2; men, 0	
Kilifi	
Government key information interview (KII) Maureen Mongovi Mwangome Cyrilus Agneta Karemba 2 f, 1 m	County Government County Executive Committee Youth and Gender Director, Youth and Gender Gender Officer
Government KII If, 1m	County Government Gender Director Gender Officer
Government KII Kenneth Mireti 1 m	Adolescent Sexual and Reproductive, Sexual/Gender-Based Violence, Department of Health
Government KII, Mombasa Dr. Victor Rono Selina If, 1m	Technical Advisor, Afya Pwani, TB HIV County Coordinator for Gender, Youth, and Drugs, Department of Health
Civil society organization (CSO) KII, Mwanasha If	Kwale Women's Focus Initiative
<u>CSO FGD</u> Sema Nami Mama Agneta Karemba 2 f, 4 m	Kenya Muslim Youth Organization Safe Communities Initiative Angaza Youth Initiative CREAW
<u>Two youth CSO leaders KII</u> Afya Pwani Linda Imbeyu 1m, 1 f	Jibana Youth Council Safe Community Initiative (both)
Implementing partner (IP) KII Dr. Eileen Mokaya	COP, Pathfinder

If	
IP FGD (men who have sex with men) 2 f, 7 m	Tamba Pwani
Male youth leaders of community-based organizations (CBO) FGD Agneta Karembu 7 m	Kilifi Dads Maroroni Azana Youth Group 44 Youth Group YAC KCHA
Beneficiaries: <u>Elders FGD</u> Afya Pwani Linda Imbeyu 6 m, 3 f	Village elders
<u>CSOs FGD</u> 10 f (including 1 person with a disability)	Gender Sector Stakeholder Committee Wima Women Empowerment Fimbo Youth Zan Africa Maua Smart Women CBO Power Action Changers Kilifi Women Network
IP and beneficiaries FGD 8 young women mentors 1 Field Assistant 9 f	DREAMS
Women Entrepreneurs in Kilifi FGD 5 f	Women Entrepreneurs Maua Self-Help Group Blessed Women CBO Tukombele Initiative Mama Self Help
CBO FGD 1 m, 5 f (including 1 person with disability)	Kilifi Mothers/Fathers
Adolescent girls FGD Afya Pwani Afya Jijini 15 f	Magarini Sub County–Kilifi
Female sex workers and Trans sex workers, USAID sponsored FGD 8 f, 2 m	International Centre for Reproductive Health
Women in Lango baya Chapter (11) Kil Violet Muthiga (1) FGD	Sauti Ya Wananwake Organization

12 f	CEO Sauti Ya Wanawake
Adolescents FGD 11 f, 8 m	Afya Pwani, Coast General Hospital, Youth Zone
Total: Women, 89; men, 40	
Isiolo	
County Department- Gender Mustafa Kontulo Halima Suleima Josephine Eregai Kirion 2 f, 1 m	County Government of Isiolo Chief Officer County Department- Gender Director County Executive Committee-Isiolo
Guyo Abdi Abubakar Hussein Amina Falana 1 f, 2 m	County Department of Health
Galgalo Abdi 1 m	County Director Education
Ronald Ratemo 1 m	Caritas
Lilian Balanga 1 f	Northern Rangelands Trust
Moses Letitoiya 1 m	Samburu Girls Foundation
John Kogada 1 m	Amref
Suleiman Tacho 1 m	County of Isiolo Assistant County Commissioner
Dr. Ahmed Galgalo 1 m	County of Isiolo County Secretary of Isiolo
Millicent Sedi Roy Okelo Irene Opwora Lemagas Stephen Symon Muchiri Emmanuel Okello Adan Abdi	Partnership for Resilience and Economic Growth Partners Mercy Corps CRS-K-Rapid World Food Program RTI/Tusome RTI/Tusome CRS-KRapid

5m, 2 f	International Livestock Research Institute -AVCD
FGD 16 m	Clan Elders-Samburu (Wamba)
FGD 9 m	Men Beneficiaries
FGD 23 m	Samburu Morans-Samburu
FGD 99 f	Women Beneficiaries Village Savings and Loan Association /Entrepreneurs
FGD 16 f, 3 m	Women and Men Beneficiaries (WASO)
FGD 6 f, 4 m	Youth-NiWetu
FGD 27 f	Adolescent Girls-Samburu Wamba
FGD 10 f	Adolescent Girls- WASOIsiolo
FGD 5f, 5m	Ward Development Committees
FGD 10 f, 5 m	Women and men water vendors (project beneficiaries)
Total: Women, 179; men, 79	
Total stakeholders: 506	Women - 341 (67.4 percent) Men - 165 (32.6 percent)

ANNEX G: GENDER INDEX

Recommended Indicators

The following illustrative gender-sensitive indicators and learning agenda would demonstrate evidence of gender equality progress within the sector.

Table 7: Recommended Indicators and Learning Agenda

DO / IR	Proposed Indicator (F indicator, WE3 TA indicator or custom)
DOI: Transform Systems	
IR 1.1: Kenyan leaders more accountable, ethical and effective in leading change	<ul style="list-style-type: none"> • Number of USG-assisted political parties implementing initiatives to increase the number of candidates and/or members who are women, youth and from marginalized groups (USG F) • Number of USG-assisted political parties implementing initiatives to increase the number of candidates and/or members who are women, youth and from marginalized groups (USG F) • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations, by sex (USG F) • Percentage of women in leadership positions (number of women in leadership positions/ total number of leadership positions) • (WE3) • Number of cases of GBV reported against women in or running for public office (Custom)
IR 1.2: Kenyan institutions and organizations more efficient, transparent, and responsive to citizens' collective demands	<ul style="list-style-type: none"> • Number of USG-supported activities designed to promote or strengthen the civic participation of women (USG F) • Number of legal instruments drafted, proposed or adopted with USG assistance designed to promote gender equality or non-discrimination against women or girls at the national or sub-national level (USG F) • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations (USG F) • Extent to which a national budget is broken down gender, age, income, or region (score) (WE3) • Development and operationalization of gender data portal that is accessible to decision makers and citizens and used for planning and monitoring government programs. (Custom) • Percentage change in the total number of gender-responsive policy, citizen score cards, etc.) (Custom) • Number of public officials participating in gender training and gender mainstreamed courses at the Kenya School of Government, and other key public sector training institutions. (by sex, Custom) • Number of grassroots women's rights CBOs and groups that are formalized and have increased capacity and voice of networks (do

	they have a seat at the table at Gender Sector Working Group meetings, etc.). (Custom)
IR 1.3: Inclusive voices of Kenyans drive priorities to address key development challenges	<ul style="list-style-type: none"> • Number of USG-assisted consensus-building processes resulting in an agreement: <ul style="list-style-type: none"> ○ Number of processes related to LGBTI issues ○ Number of processes related to women's rights issues (USG F) • Number of individuals receiving voter and civic education through USG-assisted programs, by sex (USG F) • Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions (USG F) <ul style="list-style-type: none"> ○ Number of groups working on LGBTI issues ○ Number of women's rights groups ○ Number of indigenous people's groups ○ Number of disability rights organizations ○ Number of groups working on religious freedom • Number of USG-assisted civil society organizations (CSOs) that participate in legislative proceedings and/or engage in advocacy with national legislature and its committees: <ul style="list-style-type: none"> ○ Number of groups working on LGBTI issues ○ Number of women's rights groups ○ Number of disability rights groups (USG F) • Number of USG-supported activities designed to promote or strengthen the civic participation of women (USG F) • Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities (USG F) • Number of U.S. government-supported activities designed to promote or strengthen the civic participation of women (DR.4–I civil society) (WE3) • Number of women's rights groups (DR.4.2–1b CSO capacity development) (WE3) • Number of women's rights groups (DR.4.3–1b civic education, citizen participation, and public accountability) (WE3) • Number of processes related to women's rights issues (DR.3.1–1b consensus-building processes) (WE3)
IR 1.4: Kenyans deepen devolution (economic, governance, and social)	<ul style="list-style-type: none"> • Number of USG-supported activities designed to promote or strengthen the civic participation of women (USG F) • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations (USG F) • Number of USG-supported activities designed to promote or strengthen the civic participation of women in gender-responsive CIPS and allocated budgets (Custom) • Number of gender-responsive and evidence-based budgeting processes at the county and sub-county levels catering to needs of women, girls, boys and men in different sectors. (Custom)

DO2: More resilient citizens/Kenyans and communities	
<p>IR 2.1: Quality and well-financed services converge together for the most vulnerable Kenyans for comprehensive improvements in their lives</p>	<ul style="list-style-type: none"> • Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services (USG F) • Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year (USG F) • Number of individuals receiving nutrition-related professional training through USG-supported programs (USG F) • Number of USG assisted organizations and/or service delivery systems that serve vulnerable persons strengthened (USG F) • Number of (health) service providers trained who serve vulnerable persons (USG F) • Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other) (USG F) • Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year (USG F) • Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance, by sex and age (USG F) • Number of learners in secondary schools or equivalent non-school based settings reached with USG education assistance, by sex and age (USG F) • Number of individuals attending higher education institutions with USG scholarship or financial assistance, by sex and age (USG F) • Number of gender sensitive health indicators to generate evidence that informs effective service delivery. (Custom) • Number of trained practitioners who can effectively respond to gender issues in planning, implementation, and evaluation of health care provision and health research. (Custom) • Costs and time taken for survivors of GBV to access justice, healthcare and mental health services. (Custom) • Evidence of safe houses and shelters for survivors of GBV at county and sub-county levels. (Custom)\
<p>IR 2.2: Kenyan families and communities preparedness strengthened to mitigate shocks and stressors (CVE, Ag, Env, transboundary conflict, FGM, GBV) in their lives</p>	<ul style="list-style-type: none"> • Number of people benefiting from USG-supported social assistance programming, by sex and age (USG F) • Number of USG social assistance beneficiaries participating in productive safety nets, by sex and the variables below (USG F) <ul style="list-style-type: none"> ○ Female-headed household ○ Food insecure ○ Number of women ○ Community assets strengthened ○ Human assets/capital strengthened ○ Household assets strengthened • Number of individuals participating in USG food security programs, by sex and age [IM-level] (USG F)

	<ul style="list-style-type: none"> • Number of individuals who have received USG-supported degree-granting non-nutrition-related food security training, by sex [IM-level] (USG F) • Number of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance [IM-level] (USG F) <ul style="list-style-type: none"> ○ Sex: Male ○ Sex: Female ○ Age: 15-29 ○ Age: 30+ • Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the national or sub-national level (USG F) • Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other) (USG F) • Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities (USG F) • Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance (USG F) • Number of people gaining access to basic drinking water services as a result of USG assistance, by sex and rural/urban (USG F) • Number of people gaining access to safely managed drinking water services as a result of USG assistance, by sex and rural/urban USG F) • Number of people receiving improved service quality from an existing basic or safely managed drinking water service as a result of USG assistance, by sex and rural/urban USG F) • Number of institutional settings gaining access to basic drinking water services as a result USG assistance USG F) • Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions (USG F) <ul style="list-style-type: none"> ○ Number of groups working on LGBTI issues ○ Number of women's rights groups ○ Number of indigenous people's groups ○ Number of disability rights organizations ○ Number of groups working on religious freedom • Proportion of women who report having had enough money to provide adequate shelter or housing in the past 12 months (WE3) • Number of women landowners/total number of landowners (WE3) • Investment in infrastructure (water, early childcare facilities, access biofuels) to reduce the disproportionate load of unpaid care work. (Custom)
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<p>IR 2.3: Utilize and conserve natural resources management</p>	<ul style="list-style-type: none"> • Number of people trained in sustainable natural resources management and/or biodiversity conservation as a result of USG assistance, by sex (USG F) • Number of people with improved economic benefits derived from sustainable natural resource management and/or biodiversity conservation as a result of USG assistance, by sex (USG F) • Number of women in decision-making spaces in NRM. (Custom)
<p>IR 2.4: Every Kenyan child with the home, community and school environment needed to thrive through refocused and innovative Kenyan public and private investments</p>	<ul style="list-style-type: none"> • Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance, by sex and age (USG F) • Number of learners in secondary schools or equivalent non-school based settings reached with USG education assistance, by sex and age (USG F) • Number of individuals attending higher education institutions with USG scholarship or financial assistance, by sex and age (USG F) • Perceived changes in household decision-making power over time (WE3) • Control exerted by man over woman in relationship (WE3) • Share of household income provided by women (WE3) • Women have leadership roles in the community (regarding access to information and technology) (WE3) • Ownership or rights over assets (opinion of who owns majority of asset and who has right over the purchase, sale, or transfer of asset) (WE3) • Household and purchasing/selling decision-making, by sex (WE3) • Proportion of time spent in a day on unpaid domestic and care work by men and women (WE3) • Percentage of women who have control over how to spend some cash or savings (WE3) • Women's participation in community groups, associations, and networks (regarding women's income spent on herself and children) (WE3) • Percent distribution of currently married women age 15–49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used. (WE3)
<p>IR 2.5: CVE</p>	<ul style="list-style-type: none"> • Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities(USF) • Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance. (USG F) • Number of young men and young women recruited for radicalization. (Custom)
<p>DO3: Economic Transformation</p>	
<p>IR 3.1: Expand market and create jobs that are utilized, especially for</p>	<ul style="list-style-type: none"> • Number of individuals with improved skills following completion of USG-assisted workforce development programs (by sex) (USG F)

<p>young men and young women</p>	<ul style="list-style-type: none"> • Number of individuals who complete USG-assisted workforce development programs, by sex and age (USG F) • Number of individuals with new employment following completion of USG-assisted workforce development (by sex and age) (USG F) • Number of individuals with increased earnings following completion of USG- assisted workforce development programs, by sex and age (USG F) • Average percent change in earnings following participation in USG-assisted workforce development programs, by sex and age (USG F) • Percent of individuals with new employment following participation in USG-assisted workforce development programs, by sex and age (USG F) • Percent of individuals with better employment following participation in USG-assisted workforce development programs, by sex and age (USG F) • Proportion of own-account workers and contributing family members in total employment (vulnerable employment) (WE3) • Proportion of women recognized as contributing family workers (as a % of total employment for female employment) (WE3) • Gender segregation of male and female work, ability to enter profitable jobs (WE3) • Percentage of firms that report female participation in ownership and firms that report female participation in top management (private sector leadership) • (WE3) • Women represented as owners of larger businesses and in business leadership (WE3) • Company/institution has a written policy to combat and prevent sexual harassment of employees and a system to monitor compliance with this policy (OI9088 sexual harassment policy) (WE3) • Number of employees who are female and who were promoted within the organization during the reporting period (OI8646 employees promoted: female) • (WE3) • Indicates whether the organization has a written policy to support progression or promotion of employees fairly and equitably and a system to monitor compliance with this policy (OI4884 fair career advancement policy) (WE3) • Indicates whether the organization has a written employment policy to recruit employees fairly and equally and a system to monitor compliance on this policy (OI1150 fair hiring/recruiting policy) (WE3) • Number of paid full-time female management employees (managers) at the organization as of the end of the reporting period (OI1571 full-time employees: female managers) (WE3) • Wage equality between women and men for similar work (score) (WE3)
<p>IR 3.2: Kenyans skills improved to match</p>	<ul style="list-style-type: none"> • Number of individuals with improved skills following completion of USG-assisted workforce development programs (by sex) (USG F)

investment and market needs	<ul style="list-style-type: none"> • Number of individuals who complete USG-assisted workforce development programs, by sex and age (USG F) • Number of individuals with new employment following completion of USG-assisted workforce development (by sex and age) (USG F) • Number of individuals with increased earnings following completion of USG- assisted workforce development programs, by sex and age (USG F) • Average percent change in earnings following participation in USG-assisted workforce development programs, by sex and age (USG F) • Percent of individuals with new employment following participation in USG-assisted workforce development programs, by sex and age (USG F) • Percent of individuals with better employment following participation in USG-assisted workforce development programs, by sex and age (USG F) • Percent of women who have access to information and technology (WE3) • Percent of women who use of media, phone, technology (WE3) • Percent of women attending financial management trainings (number of women attending financial management trainings/total number of participants) (WE3) • Percentage of women as STEM-related bachelor’s degree students, PhD students, and researchers; and total research and development personnel by sex (%) (women in STEM) (WE3)
IR 3.3: Improve business access to markets and capital	<p>Number of microenterprises (male/female) supported by USG assistance</p> <ul style="list-style-type: none"> • Full-time equivalent employment of firms receiving USG assistance (by sex and age group) (USG F) • Number of days of USG funded technical assistance provided to support microenterprise development (by sex) (USG F) • Total number of clients benefiting from financial services provided through USG-assisted financial intermediaries, including non-financial institutions or actors (by sex) (USG F) • Number of days of USG-funded training provided to support microenterprise development (by sex) (USG F) • Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (USG F) • Value of annual sales of producers and firms receiving USG assistance (by sex) (USG F) • Availability of three types of financial outreach programs: initiatives to provide financial accounts to women (for example, current accounts, savings accounts and deposit accounts); outreach efforts aimed at improving women entrepreneurs’ access to credit, loans, or lines of credit; and provision of financial literacy and/or risk-management programs to women (women’s financial capacity/literacy) (WE3) • The percentage of respondents who report having an account (by themselves or together with someone else) at a bank or another

	<p>type of financial institution or report personally using a mobile money service in the past 12 months, by sex (WE3)</p> <ul style="list-style-type: none"> • Percentage of women who saved money at a financial institution in the past 12 months, percent of women who borrowed money from a financial institution in the past 12 months, percent of female-owned SMEs with an account a formal institution, and percent of female-owned SMEs with a loan or line of credit (savings and borrowing through formal financial institutions) (WE3) • Growth of women-run enterprises measured by profits, capital, number of employees, etc. (Custom) • Percentage change in visibility and position of women in high value sub-sectors and value chains. (Custom)
<p>IR 3.4: Youth voice / agency</p> <p>(The CDCS youth assessment will probably include indicators here)</p>	<ul style="list-style-type: none"> • Number of individuals who receive USG-assisted political party training, by sex and age (USG F) • Number of USG-assisted political parties implementing initiatives to increase the number of candidates and/or members who are women, youth and from marginalized groups (USG F) • Number of youth trained in soft skills/life skills through USG assisted programs, by sex and age (USG F) • Number of laws, policies or procedures adopted and implemented with USG assistance designed to promote youth participation at the regional, national or local level (USG F) • Number of youth who participate in civil society activities following social or leadership skills training or initiatives from USG assisted programs, by sex and age (USG F) • Percentage of participants who are youth (15-29) in USG-assisted programs designed to increase access to productive economic resources [IM-level] • Percentage of participants in U.S. government-assisted programs designed to increase access to productive economic resources who are youth (15–29) [IM-level] (YOUTH-3) (WE3)
<p>DO4: Regional Partnerships</p>	
<p>IR 4.1: Kenya's capability to prevent and respond to transboundary threats and shocks strengthened</p>	<ul style="list-style-type: none"> • Number of people trained in sustainable natural resources management and/or biodiversity conservation as a result of USG assistance (USG F) • Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities (USG F) • Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance (USG F) • Number of women pastoralists losing livestock, engaged in cross-border natural resource conflict (Custom)
<p>IR 4.2: Kenya's trade and investment within the</p>	<ul style="list-style-type: none"> • Person hours of USG-supported training completed in trade and investment, by sex (USG F)

region and beyond increased	<ul style="list-style-type: none"> • Person hours of USG-supported training completed in trade and investment, by sex (USG F) • Number of firms receiving USG-funded technical assistance to export, by sex of leadership (USG F) • Tariff and non-tariff barriers within the East African Region to enhance regional trade. (Custom) • Women businesses engaging in regional trade. (Custom) • Trade information asymmetry for women businesses. (Custom)
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Learning Agenda: What gender-sensitive learning should the Mission aim to gain through a gender-sensitive sector approach?

1. What are the key tools and mechanisms for changing cultural norms, increasing women’s empowerment and voice and eliminating harmful masculinities (identities, pressures, narratives which inform “toxic” male behavior)?
2. How does increasing women’s representation in leadership and decision making at all levels affect / influence gendered outcomes (in terms of policy and program planning and implementation, gender-responsive resource allocation, and gender equitable development outcomes, etc.)?
3. How can WE3 not only increase women’s income but also their control over how it is used?
4. What are the most effective mechanisms for generating sustainable and decent employment for young unskilled vulnerable women?
5. What are the most effective ways to incentivize the private sector to be more inclusive of women and youth?
6. How will gender biased intrahousehold dynamics respond to various market signals (the business case for GEWE and WE3 at the household level)?
7. What is the most impactful way to demonstrate the business case for WE3, and how to measure changes at the micro, meso and macro levels?
8. What is the most effective way to discourage men from committing GBV, early / child marriage, and transactional sex?
9. How does embedding an intersectional approach into service delivery improve access and utilization of education and health care?
10. What is the most efficient and effective way of implementing a multisectoral and multi-partner approach to GBV response at the county level?
11. How does understanding intra-household gender inequalities improve response to adolescent’s needs, their vulnerabilities and open spaces of active citizenship?
12. In contexts where there are dominant pervasive norms on FGM, early marriage and women subordination, what are the most successful entry points to promoting gender equality?
13. What are the most effective ways of meeting the needs of young mothers to ensure school reentry, transition and completion?
14. Which are the most strategic combinations to apply in an intervention? For example, strong policy combined with strong local women's organizations and a sector/value chain/occupation that is benefitting women while addressing social norms?

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