

# PARLIAMENTARIANS FOR WOMEN'S HEALTH

*Project Paves the Way for Change*



build  
relationships

lasting  
impact



**Parliamentarians  
for Women's Health**



**P**arliamentarians in sub-Saharan Africa are powerful agents for change in the fight against HIV and AIDS and improving women's health. With additional support in their daily legislative activities and new connections with their constituents, including HIV-positive women and groups working in communities, a recent project found that members of parliament (MPs) could make a significant difference for women in the shape and outcomes of national health systems.

The Parliamentarians for Women's Health project provided a select group of parliamentarians in four African countries the opportunity to strengthen their positions as leaders of women's health care through three key program interventions:

1. Community and constituency assessments for MPs to learn directly about women's health needs;
2. Workshops for skills building and knowledge sharing; and
3. Networking activities to connect MPs to positive women and civil society organizations (CSOs).

Each intervention worked not only to enhance the MPs' understanding of HIV and AIDS and women's barriers to health care services, but also to build relationships between the MPs and their constituents. The exchanges with positive women from their constituen-

cies proved to be the most powerful. The MPs reported that these encounters led them to question their own biases and stereotypes, and ultimately to renew their commitment as political leaders. Similarly, many constituents and positive women reported that these interactions increased their trust in MPs as leaders.

Creating the political will for change is fundamental to improving women's health care and turning the tide of AIDS. This project shows that investing in parliamentarians has the potential to build the capacity and commitment of parliamentarians to drive the political will. We have much to learn about how to design and implement programs that effectively reach, involve and support MPs. The Parliamentarians for Women's Health project provides new insights toward that end and suggests that a key strategy for engaging MPs in women's health is to connect them to the women themselves.

## WHY PARLIAMENTARIANS?

AIDS, tuberculosis, malaria and other diseases continue to devastate countries throughout Africa. Women face unique health risks and constraints when it comes to disease prevention, treatment and care. They are more vulnerable to infection and the adverse impacts of HIV, including stigma and discrimination, violence, and loss of livelihood.

Nearly 60 percent of adults with HIV in sub-Saharan Africa are women (UNAIDS 2004). Yet economic, political, social and cultural constraints continue to impede women's and girls' access to HIV/AIDS services.

Research shows that such entrenched constraints prevent women from gaining access to health services, even with the best-designed health interventions. Removing these barriers can improve the overall health of people living in sub-Saharan Africa, especially in halting the spread of HIV. But political will and leadership are needed for this change.

As high level, elected or nominated officials, MPs are well placed to promote national health policies that are gender sensitive and deal with the realities of HIV and AIDS. Whether through legislative mandates, budget allocations or public inquiry about gender equality and social stigma around HIV and AIDS, MPs regularly shape their national responses to women's health care needs.

In contrast to Ministers of Health or civil servants who typically focus on one sector or issue, MPs oversee a wide range of socioeconomic and political issues. The breadth of their reach is ideal for crosscutting issues like gender and such complex diseases as AIDS that require multisector responses.

Parliamentarians also serve a watchdog function in government. MPs are expected to answer to their constituents, who can hold them accountable for government's actions.

Many MPs also serve on parliamentary committees, where they provide oversight of government departments and crosscutting issues like gender and AIDS.

Despite these many opportunities to be champions for change, MPs often find that they lack the resources, time and comprehensive understanding of gender and AIDS to affect the type of legislative change that their constituents require.

## HOW THE PROJECT WORKED

The Parliamentarians for Women's Health project provided a select group of MPs the support they needed to strengthen their positions as leaders for women's health. MPs directly benefited from working with two project staff in their countries: a legislative assistant who could help with the daily tasks and research needs related to women's health; and a project officer who as a positive woman could help facilitate linkages with other positive women and communities.

The three year project (2005 to 2007) used three primary interventions—community and constituency assessments, workshops, and networking—to achieve the following goals:

- Increase communication and links between parliamentarians and positive women, including CSOs;
- Increase MPs' awareness of women's health needs and the social, cultural, economic and political barriers that women face in accessing health care; and
- Provide MPs technical assistance in their day-to-day legislative activities, such as devising budgets aimed to improve women's health and researching health-related legislation.

Overall, the interventions proved successful in helping to increase MPs' awareness and understanding of women's health needs and facilitating greater communication between parliamentarians, their constituents and positive women. For example, Hon. Keletso Rakhudu of Botswana said that his participation in the project workshops helped him focus on the importance of addressing gender issues. "We can no longer pay lip service to women's issues," he says. "...We have to get up and do something."

*"We can no longer pay lip service to women's issues... We have to get up and do something."*

**:: HON. KELETSO RAKHUDU, BOTSWANA**

Hon. Esther Keino of Kenya said that working with the project officer—a positive woman—had the greatest impact on her. Referring to this officer, Hon. Keino says, "She made a big difference for me personally, and for my community. People now realize that you don't have to die [because of HIV]; they realize that you can live and have a job and children and everything."

For several MPs, this greater awareness led to concrete actions. In Namibia, for example, Hon. Dienda initiated a new parliamentary subcommittee on HIV and AIDS under the Committee on Human Resources, Social and Community Development. This subcommittee highlighted the importance of HIV/AIDS issues for all MPs, and served as a repository of HIV/AIDS information, including project reports, community assessment information and other materials.

The results of each intervention are explored more fully in related project briefs available at [www.womens-healthcare.org](http://www.womens-healthcare.org).

## LESSONS LEARNED

Parliamentarians for Women's Health is a unique attempt to expand MPs' roles as political leaders, legislators and advocates toward improving women's health. As such, it provides several important lessons to strengthen future work with MPs. Specifically, these lessons include how to work with MPs, the type of support MPs need as leaders for women's health, and how to connect MPs with positive women and communities.

### 1. How to work with MPs.

#### Choose participating MPs strategically.

Identifying well-placed and committed parliamentarians is the cornerstone of a strong project. The project teams were most effective in engaging MPs when they worked with a cohesive group of MPs already dedicated to health issues or involved in a related topic, such as serving on a parliamentary committee that oversees health issues.

The teams also found that the extent of an MP's personal and political commitments makes a difference in his or her ability to attend regular meetings and participate in workshops and other activities.

Key questions to consider when choosing MPs:

- Are they a member of the ruling or opposition party? Is there a cohesive mix of MPs from different parties, geographic regions and ethnic backgrounds?
- Do they work on committees related to the project's issues or have past experience working on the issues?
- What is their relationship to people in other ministries and cabinets that are important to the issue?

- Are the MPs elected or nominated? Elected MPs have more direct responsibilities and decision-making authority than nominated MPs.
- How much time do they have and how pro-active are they (i.e., willing to take initiative to plan and manage the project)?

#### Involve MPs at the beginning of the project and solicit their input throughout to bolster and sustain their ownership of the project.

As leaders, MPs are used to a top-down approach to communication and decision making. To ensure the greatest success, MPs must be involved from the start as co-planners and managers of the project, helping to decide on the design, goals, activities, strategies and approaches. The first activity for Parliamentarians for Women's Health was to invite MPs to a national workshop where participants identified their needs, concerns about women's issues and how the project could best support them. Out of these discussions, teams worked with the MPs to develop country-specific action plans that could be supported within the parameters of the project. Most of the project activities—trainings on HIV stigma and gender-based violence, briefings on laws and policies related to women's health, and trainings on budget analysis—stemmed from this MP input. Ideally, this dialogue would have continued throughout the project via each country's various parliamentary committees so that learning from the initial activities could be used to plan further activities in an iterative way. In practice, however, the committees tended to wait for project staff to take initiative. As one MP says, "We still depend too much on [project] staff. We do things when they come to get us involved. ... We should be doing our own planning and taking our own action." Projects need to identify ways to build a strong sense of ownership among the MPs.

#### Understand each country's unique political context.

The project worked with MPs in Botswana, Kenya, Namibia and Tanzania. Each country has slightly different political systems, parliamentary cycles and structures that created challenges in implementing a common project design across different contexts. Moreover, each country has different levels of experience and capacity among its democratic institutions and CSOs in dealing with the AIDS crisis. As a result, projects experienced different outcomes across the four settings.



For example, different CSO capacities and approaches led to different outcomes from their interactions with MPs. Kenya, for instance, experienced legislative change based on increased CSO advocacy; Namibia experienced increased trust between MPs and CSOs. Though different, both outcomes are successes.

Before working with MPs, it is important to become familiar with several key factors:

- Political landscape.
- Inner working of the different party systems.
- Working with parliamentary administrators who make decisions.
- Protocols to follow.
- Parliamentarians' schedules.
- MPs' participation on committees or other commitments.

Working well with parliamentarians also requires strict adherence to protocol, which can differ from country to country.

### **Communicate clear, concise messages.**

MPs are busy people with multiple demands vying for their attention. They also have their own political motivations and agendas. As such, it is important to communicate with MPs in a way that is clear, concise and conveys messages that relate to their environments.

Women's health care, for example, may not be at the top of most MPs' agendas. Project staff found that framing health care

messages in the context of its impact on such other policy areas as poverty and education helped to widen appeal. Hon. Mushelenga of Namibia, for example, related strongly to the economic argument for improving health outcomes. He says,

*"When there is no health there is no nation. ... [Health] is where we derive the strength of our manpower. ...When you talk about economic production, you must deal with health."*

It also is important to be clear about what MPs can expect from the project—trainings, reimbursements, staff support, what the project will fund—and what the project expects from MPs in return by specifying action points and deadlines. For example, some workshops in Africa are supply driven, meaning donors offer the courses instead of MPs asking for them. To motivate participants to attend, some donors offer MPs financial allowances and reimbursements (e.g., per diem allowances, meals and hotel accommodation). In some of the participating countries, such a precedent had already been set for new training programs. Consequently, some MPs expected that they would receive allowances and/or reimbursements for their participation in the workshops. Confusion ensued when they realized that this expectation in fact was not correct.



Finally, it is important to remember that MPs represent a range of backgrounds and interests. Messages and activities that engage communities are likely to engage MPs as well. Like most people, MPs respond to human-interest stories and links to their own communities.

### **Keep MPs focused by making them more open to listening to and learning from their constituents.**

As political leaders, MPs ultimately answer to their constituents. Focusing on their constituencies can keep MPs engaged on an ongoing basis. Constituents tie directly to an MP's political longevity, and they also can provide useful feedback to MPs, which in turn helps MPs represent these interests at the national level. MPs said that through the project they gained insight into how their constituents experienced and viewed the issues, which helped them make decisions about what issues should be a priority.

MPs who participated in the project also reported that a key lesson was the need to change the way they interact with their constituencies. Instead of giving speeches, they found that they could gain more by asking good questions and listening to constituents share their thoughts about how to improve services, among other issues. By engaging in dialogue, MPs also found that their relationships with their constituencies improved.

## **2. What MPs identified as important to supporting their roles as leaders in women's health.**

MPs identified three areas where they need support to address the health realities in their countries.

- **Capacity.** MPs emphasized a particular need for staff help in legislative and budget analysis.
- **Locally relevant information.** MPs requested additional information ranging from accurate health status profiling and best practice documentation to local health statistics to help them build the case to improve women's health care.
- **Viewpoint of constituents and positive women.** MPs recognized that they do not engage enough with positive women and their constituencies and acknowledged that these interactions made a difference in how MPs understood the issues. MPs expressed a willingness to meet more regularly with these communities through monthly meetings with representative CSOs.

## **3. How to connect MPs with positive women and communities.**

Connecting MPs with positive women and communities proved to be an effective project intervention. Several important lessons emerged for how to go about strengthening this approach.

- **Mix of community assessments, workshops and networking can be effective.** Integrating assessments, workshops and networking allowed project teams to build MPs' skills, improve their understanding of issues and facilitate new relationships in a relatively short time. Allocating project time and resources specifically to networking activities could strengthen these efforts further.
- **Build other stakeholders' capacity as well.** By design, the project focused primarily on building the capacity of MPs. Through the networking activities, it became clear to project staff that positive women and CSOs could benefit from similar capacity building. Many positive women who participated in project activities said that they also needed additional information about women's health issues, national health and political systems, and issues like HIV stigma. The degree of support needed would vary by context.
- **Face-to-face meetings are crucial to building trust and rapport between MPs and positive women.** While the community assessments and workshops provided a time and place for MPs and women to connect, especially in Namibia and Kenya, participants reported that the face-to-face meetings were the most important to building trust and rapport. "Before [MPs] were just people on TV and in the newspapers," says Alwine, a positive woman in Namibia. "I have made friends that I can talk directly to—even in town we can meet and talk to each other."
- **Ensure health systems can respond to new demand.** As efforts to generate political will pay off and demand grows for health care services, it is important to consider whether the health system can respond. In Namibia, for example, more women chose to be tested for HIV as a result of some of the project activities. In such cases, it is crucial to ensure that once people know their HIV status, they have access to the services, care and treatment they need to maintain healthy lives.
- **Provide adequate time for behavior change, relationship building.** The Parliamentarians for Women's Health project ultimately was about changing people's perceptions of women and AIDS, and this type of behavior

change takes time. Participants of both the workshops and networking activities reported that more time was needed to build relationships and benefit from the trainings that were offered. This three-year project was set up as a pilot program, and was adequate for that purpose. More time, however, would be needed to fully implement the various interventions.

## LOOKING FORWARD

Parliamentarians, as political leaders, legislators, public role models, advocates and government watchdogs, are essential to the delivery of quality health care at the scale necessary to address today's crucial health challenges in the poorest countries. At their core, health crises such as AIDS and malaria are about political will. "Epidemics have their deepest foundations in 'normal' social and economic life.

*"Before [MPs] were just people on TV and in the newspapers...I have made friends that I can talk directly to—even in town we can meet and talk to each other."*

## :: ALWINE, A POSITIVE WOMAN IN NAMIBIA

This is because pathways of infection are mapped on to social, cultural and economic relations between groups of human beings," writes Barnett and Whiteside in *AIDS in the Twenty-First Century: Disease and Globalization*.

Parliamentarians stand to be powerful allies in the fight against HIV and AIDS and other health challenges. Given the right support, they have the power through legislation to shape health systems and influence national debates on funding priorities for women's health. This project shows that by connecting MPs with their constituents and positive women and providing some additional legislative support, many MPs are ready to pave a way for change in their countries.





## PARLIAMENTARIANS FOR WOMEN'S HEALTH

The Parliamentarians for Women's Health project seeks to assist select parliamentarians in East and southern Africa to more effectively improve women's and girls' access to health services, particularly HIV and AIDS treatment, prevention, care, and counseling. The project provides technical assistance to build capacity, increases links between parliamentarians and civil society (especially organizations of women with HIV), and convenes national and regional workshops for the purpose of increasing parliamentarians' awareness of women's health care needs and economic and political barriers in their countries. The expectation is that these and other project activities will support parliamentarians' leadership in improving women's access to health care services and resources.

Funded by the Bill & Melinda Gates Foundation, this three-year project is being implemented by the International Center for Research on Women (ICRW), the International Community of Women Living with HIV (ICW), Realizing Rights: The Ethical Globalization Initiative (EGI) and the Centre for the Study of AIDS (CSA) of the University of Pretoria. ICRW leads the consortium.

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