

WORKSHOPS BOLSTER PARLIAMENTARIANS AS LEADERS ON WOMEN'S HEALTH

*Botswana and Namibia Workshops Facilitate
Learning, Networking among MPs*



eliminate
stigma

AWARENESS



**Parliamentarians
for Women's Health**



Members of parliament (MPs) can be key actors in the fight against HIV and AIDS and efforts to improve women's health. However, MPs often are overlooked in AIDS awareness campaigns and programs, and HIV/AIDS training for MPs is relatively new ground for donor programs. The Parliamentarians for Women's Health project set out to support MPs' work in this area through workshops in Botswana and Namibia that also linked participating MPs with positive women and civil society organizations (CSOs).

Preliminary results from the project's workshops indicate that carefully planned and managed workshops can make a difference in personally engaging MPs with the complex, value-laden issues of gender and AIDS.

The experiences in Botswana and Namibia show that workshops in which MPs help determine the content and format of the sessions can provide a safe forum for MPs to address gender and AIDS issues on a personal level often not possible in their formal work lives. This personal perspective allows MPs to explore their understanding of these issues and share their thoughts more openly with each other and people from other sectors of society, including people with AIDS and community activists. Workshops expose MPs to new ways of understanding not only the issues, but also their potential

as agents of change. Feedback has shown that the workshops produced changes in MPs' knowledge and rhetoric as well as their decisions related to HIV/AIDS policy and health services for women.

Challenges, of course, remain. We have much to learn about designing and implementing effective programs to support MPs on these issues. The high-profile nature of their work and the heavy demands on their time mean that support for MPs must be carefully tailored. Using standardized curricula designed for other groups will not be effective. Moreover, the public limelight in which so much of their lives is conducted can, at times, prevent MPs from speaking openly about taboo topics such as sexuality and stigma.

WORKING EFFECTIVELY WITH PARLIAMENTARIANS

Parliamentarians are busy people operating in a highly demanding, public environment. Their high profile and hectic schedules create specific challenges that must be considered when planning workshops for them.

Attendance. Parliamentarians have many demands on their time. This is particularly true when parliament is in session, which also is the most efficient time to hold workshops because MPs are in one location. Parliamentary sessions are very intensive with few periods of “free” time for other activities. This makes it difficult to find a time for a workshop that suits all MPs and can hold their full attention throughout the sessions. In Botswana, the project team responded by holding half-day workshops, but such sessions were too rushed to build real understanding and commitment and set action priorities.

Maintaining Interest and Fostering Initiative. To capture and hold MPs' attention, workshops must provide a dynamic training process, with learning sessions carefully designed to address their immediate needs. The project workshops used participatory learning in which MPs interacted with each other

(and HIV-positive women in the case of Namibia) and learned through their own efforts: sharing concerns, analyzing issues, identifying and solving problems, and developing plans for action. This interactive approach was important, given that MPs are used to long speeches and one-way communication in parliament. The workshops moved them into active engagement in analysis, self-reflection and problem solving.

Language. In Botswana, the two national languages, English and Setswana, are used in parliament. However, MPs are more comfortable with Setswana, the native tongue. As a result, the Botswana workshops used both languages, which increased understanding for all participants. Additionally, using Setswana made it easier for everyone to connect the topics of gender and AIDS to their everyday experiences.

LESSONS LEARNED: WHAT WORKED AND WHAT DID NOT

MPs have an important role to play in the fight against HIV and AIDS. However, many MPs report that they often lack the information and skills they need to maximize their effectiveness.

The Parliamentarians for Women's Health project used outreach and advocacy tools to design effective workshops for MPs. In adapting these tools, the project team learned important lessons about what participatory methods are effective in working with MPs in a training setting.

Make It Personal! The first workshops in both countries aimed to help MPs reflect on their personal connections to HIV and AIDS as the driving point for building more commitment and action on these issues. HIV and AIDS often are discussed in parliament in general terms. Because of social taboos around sex and AIDS, MPs rarely discuss these issues in ways that give them a strong sense of ownership. As one MP* says, “There is no passion, no sense of our individual and family involvement in AIDS on a day-to-day basis—it is not real for people.” The workshops attempted to break through the taboos around AIDS and create a safe environment in which MPs could talk openly and personally about AIDS, help each other better understand the issues, and work together for change.

In Namibia, the *AIDS and ME!* course encouraged MPs to overcome the taboos around sexual language as a key step in promoting open discussion on AIDS. The facilitator talked about “vaginas and penises” and other sexual body parts in a way designed to shock at first but gradually make these

MPS' PERSPECTIVES KEY TO PLANNING WORKSHOPS

From the beginning, MPs played a central role in the workshop planning process, including identifying topics they considered most important. At national planning sessions in both countries, MPs highlighted training needs, including information on HIV and AIDS, HIV stigma, gender-based violence, reproductive health rights, and barriers to women's access to health services. They also requested briefings on laws and policies related to women's health issues, and budget analyses so they could mobilize more resources to support women's health.

The process resulted in workshops for MPs in Botswana that focused on HIV stigma and gender-based violence, and one workshop in Namibia that focused on MPs' personal perspective of the epidemic (“AIDS & ME!”). At the workshops, MPs also discussed the leadership skills they considered as necessary for them to respond to the epidemic.

* Names of MPs are not included in this document to protect the privacy assured them as part of the workshop process. The full names of HIV-positive women also are not included to protect their privacy.

words less sensitive to MPs. As one MP says: “At first you could see MPs blushing—their mouths open and their ears burning—and one MP even walked out of the room. He came back later and the trainer challenged him by asking, ‘Why did you walk out? If we can’t talk about these things, how can we talk to our own children about these things?’”

HOW DATA WAS COLLECTED FOR THE CASE STUDY

This case study presents lessons learned from the training workshops carried out in Botswana and Namibia, which were part of the Parliamentarians for Women's Health project. It documents how the workshops were conducted and the impacts of the training on the MPs' awareness of women's health issues and follow up action. This study is based on data obtained through: (1) interviews with participating MPs, project staff and CSOs; and (2) project staffs' direct involvement in planning and running of the workshops.

Make Workshops Informal and Fun. In Botswana, the team created an informal atmosphere for discussion by removing all the tables, which distance people from each other and block communication, and placing the chairs into a close circle. “Rhyming names,” songs and energizers were used to build a relaxed, working atmosphere. MPs enjoyed the opportunity to put aside formal interactions and engage in an honest dialogue in a friendly, fun, non-partisan atmosphere.

The songs and games led into an exercise in which MPs reflected on their own experiences of being stigmatized. For example, one participant spoke about being stigmatized as a woman when she joined politics: “People said, ‘What can a girl do?’” Another talked about being rejected by a girl because he came from a minority tribe. Talking about painful moments in their lives and feelings associated with these moments helped MPs gain a more personal understanding of HIV-related stigma.

Break Down Status Differences. In Namibia, warm-up games and exercises in pairs or small groups helped create an atmosphere in which MPs and positive women, who were meeting for the first time, could interact effectively. The activities got the two groups working and learning together in a spirit of partnership and mutual respect, which helped overcome status differences.

“When positive women first arrived at the workshop, they were shy to talk to the MPs ... But the trainer changed things. He created a spirit of openness in which the women felt comfortable talking to the MPs. The open atmosphere helped to break the hierarchy—to get MPs and positive women talking as equals.”

:: PENINA

Use Participatory Drama. Trainers also used participatory drama to help bring to life the issues of gender-based violence. In Botswana, short scenes were acted for an audience of MPs. Afterward, MPs discussed what they watched and sometimes took on roles in the next part of a scene. This approach put gender-based violence into more concrete, everyday contexts that MPs could understand.

Plan for Action. The workshops were designed to be a starting point for action. As such, each ended with a session in which participants identified actions they wanted to work on personally and those they wanted to address collectively. The idea was to ensure that the training was linked to real changes in their lives—personal and professional. However, when action planning was left to the end of the workshop, the results were not always as effective as they could be. Participants were already “packing their bags and their minds” when they needed to be concentrating on planning next steps.

AN EFFECTIVE STRATEGY: TARGET A CORE GROUP OF MPS

AIDS is only one of many issues jostling for the attention of MPs. Efforts to encourage MPs to focus on the issue and participate in related workshops must be sensitive to the particular working needs and priorities of each MP. In Namibia, the project team addressed this challenge by targeting only members of the parliamentary committee responsible for AIDS and women's health, with the goal of building a core group of committed MPs who could then take the lead in advocacy and legislative action, and bring other MPs on board.



Provide Skills Training. One MP suggested that future workshops should be less technical and should include more skills training: preparing MPs to be communicators and providing a set of simple messages for delivery. Another made a similar argument, noting the role of MPs as agents of change. He felt the project should provide an opportunity for MPs to analyze women's health issues, develop solutions and package the solutions as messages that each MP could regularly deliver to his/her own constituency.

RESULTS

The workshops with MPs produced encouraging results overall. A number of participants said they gained a more comprehensive understanding of the issues surrounding women and HIV and AIDS, although results varied from issue to issue among the MPs. Subsequent actions by some MPs suggest that this greater awareness influenced their actions.

Gender and HIV-stigma Awareness. Some MPs said the workshops increased their awareness of and commitment to taking action on gender issues.

However, more work on raising gender awareness is needed. Most MPs reflect a cross-section of the general population's views, and are not yet effective advocates on gender issues. For example, one male MP questioned the need for a project focusing on women's issues and did not consider women disadvantaged. Some female MPs said that they doubted the commitment of some of their male counterparts, claiming their commitment was a façade of political correctness. As one MP put it, "Gender issues are not close to the heart of most MPs, who are focused on other issues that got them elected [such as infrastructure]. They lack real understanding of gender, and don't prioritize it."

The workshops also deepened MPs' awareness of HIV/AIDS stigma and its pervasiveness. In Botswana, MPs identified forms of stigma occurring within the health services (e.g., stigma among health staff, and how accessing orphan care food baskets can expose families to stigma) and then developed strategies to combat stigma.

Breaking the Silence about HIV and Sex. Several MPs said that the workshops helped them see the importance of getting communities to talk openly about the sexual issues underlying HIV. Some emphasized the importance of talking to young people about

these issues and decried the ineffectiveness of existing communications:

"We blame young people for getting HIV, but we are not giving them the information they need to protect themselves. ... It is our job as parents and as MPs to talk openly about these issues—even if we find it difficult."

Gender-Based Violence. Participating MPs agreed that all forms of gender-based violence are wrong and should be stopped. But when asked to identify the causes, several MPs focused on immediate triggers such as "women talking back" or infidelity, and seemed uncomfortable discussing its root causes or gender inequality. MPs acknowledged that gender-based violence puts both men and women at risk of HIV, but also agreed that it is acceptable for men to have as many girlfriends as they want. Despite the trainings, they remained unconvinced that concurrent multiple sex partners is a key driver of HIV.

Some MPs, however, have developed a stronger commitment to tackling gender inequality. For example, one MP uses what he learned in the workshops to give regular talks to men on gender-based violence and its relationship to HIV.



The workshop also introduced MPs to domestic and international laws protecting women against gender-based violence. MPs appreciated this information and requested more. One participant in Botswana, who is the original author of the pending domestic violence bill, said the workshop encouraged her to continue her efforts to get the bill passed.

MPS TAKE ACTION

Ultimately, the workshops aimed to support MPs so they would be better prepared to take action to improve women's health care services. While it is not clear to what degree the workshop helped MPs in this regard, it is clear they put their learning into action.

Reaching Out to Constituencies. While one should not expect too much from a few short workshops on such complex issues, some MPs have started to apply what they learned to their work in a number of contexts.

Some MPs have used the new knowledge in speeches in parliament and to other groups. One MP, for example, used what he had learned when giving a speech during the debate on his country's new national AIDS policy.

Another MP is turning his newfound knowledge on post exposure prophylaxis (PEP) into a parliamentary question to the Minister of Health. He also plans to lobby for a more flexible approach to improve PEP access for women who have been raped.

Addressing Gender Issues. Gender was a difficult topic to tackle in the workshops' short time frames (usually one day). Still, several MPs said the workshops helped them focus on the importance of moving beyond rhetoric to practical action on gender issues:

"We can no longer pay lip service to women's issues. It is no longer good enough to feel sorry that women are badly treated and sexually exploited. We have to get up and do something. The playing field is not level so it is our duty to go out and teach others and facilitate change."

:: AN MP IN BOTSWANA

One MP in Botswana cited a need for new systems for reporting to constituents. At present, MPs report to constituents only on issues debated in parliament. He said MPs should also talk about "other priority issues (such as gender) that have not been discussed in parliament, but which need to be raised with the electorate." He argued that MPs must work together to identify priority messages on gender issues, which would provide the focus for an education and advocacy campaign, and said the Parliamentarian's for Women's Health project could play a helpful role.

Perhaps most encouraging, several MPs left the trainings saying that they need to share what they have learned with their political peers.

"We need to help reorient MPs so they incorporate a gender perspective into their speeches in parliament and in their constituencies. All MPs need to be more pro-active on the issues of gender inequality and gender-based violence, and raise them in the community. We need to help communities appreciate the magnitude of gender-based violence. MPs need to be better informed about the statistics and cases so that they use them in their speeches and arguments."

:: AN MP IN NAMIBIA

Influencing Policy and Budgets. Some MPs used what they learned to push for gender-related reform in their government's policy and budgets. One MP in Botswana has distributed copies of the African Union Protocol on Women's Rights to the AIDS and Population and Development committees, and is encouraging these committees to integrate gender equality





into their work. He sees the introduction of draft revisions to the Public Health Act related to AIDS by the Ministry of Health as an opportunity for MPs to influence policy. He also has submitted a question to parliament, asking the Ministry of Health to detail how much money is allocated to each HIV/AIDS component. He said this should trigger a more detailed discussion on national AIDS strategies in parliament. In Namibia, participating MPs had the opportunity to use their understanding in commenting on the new AIDS policy in parliament.

Monitoring Policy Implementation. MPs stressed the need for more rigorous assessment of policies that have already been passed. One MP cited the example of a 1991 amendment of the penal code on abortion. It was designed to prevent unsafe abortions, but parliament made no significant effort to follow up on implementation.

BUILDING CHAMPIONS FOR WOMEN'S HEALTH

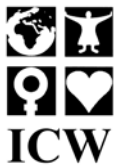
The experiences in Botswana and Namibia show that workshops can be an effective means of reaching MPs on sensitive and complex issues such as gender and AIDS. Properly designed, such workshops can convey important messages and information to MPs, especially when these messages come from positive women themselves.

The workshops not only exposed MPs to new ways of understanding the issues, but also their potential as agents of change. A number of MPs stressed the need to “win the hearts and minds” of more MPs to build a critical mass of informed, committed parliamentarians who will work with community actors and others to bring about change:

As an MP in Botswana says,

“HIV is only one of our issues. We are responsible for so many other issues. But we must remember that HIV is the most important issue we have to deal with—one of the biggest challenges facing our nation. So our task is to get more MPs who are passionate on this issue ... We need to stop passing the buck, saying it is the Ministry of Health's problem, and start taking real action.”

Adds an MP in Namibia, there can be no real change until gender and AIDS is treated as a priority political issue.



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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Funds from the Parliamentarians for Women's Health project are not used to carry out propaganda or otherwise attempt to influence specific proposed legislation or pending appropriations or introduce legislation in any country. The project will provide a reasoned, objective consideration of the relevant policy issues intended to enable participants to develop their own positions on any legislation or pending appropriations that may be discussed.