

**PARLIAMENTARIANS USE LOCAL ASSESSMENTS
TO CONNECT WITH THEIR COMMUNITIES**

*Assessments in Kenya and Namibia Arm MPs
with Firsthand Knowledge of Women and AIDS*



**Parliamentarians
for Women's Health**



Members of parliament (MPs) in African countries stand to be powerful allies in the fight against HIV and AIDS, especially in meeting the needs of women and girls. However, many MPs find that they lack the resources, time and comprehensive understanding of the epidemic to effect the legislative change that their constituents require.

The Parliamentarians for Women's Health project provided a select group of MPs the support they needed to strengthen their role as leaders in women's health. In two project countries—Kenya and Namibia—MPs worked with project staff to organize a series of grassroots community and constituency assessments to learn more about the health care needs of women, especially in relation to HIV and AIDS.

By leaving their national capitals and entering the world of their constituents and positive women, MPs gained a more comprehensive understanding of HIV and AIDS, the gaps in health care services, and barriers many women face in accessing care. Some MPs

had been unaware of their own bias against people with HIV and their misconceptions about AIDS. More broadly, some had been unaware of their internalized notions of women's roles in society.

Through their assessment participation, many MPs came to know the names and faces of some of the women behind the issues, women who before had been merely statistics. This firsthand experience moved several MPs toward a deeper understanding not only of women's health care, but also of how they could use their positions as political leaders to take action and improve their national health care systems.

THE ASSESSMENT PROJECT: KENYA AND NAMIBIA

At national workshops for each country in 2005, the MPs worked with staff to develop project objectives that aligned with their needs and aspirations. In Kenya and Namibia, the participating MPs explained that as legislators they needed locally specific information about health care and AIDS services to craft policy appropriate for their countries' HIV/AIDS situation. Specifically, MPs asked that the project teams design and execute a series of community assessments to evaluate local health care for women and girls, focusing on community perceptions of the gap between needs and delivery.

In Namibia, assessments took place in 2006 in three regions with high rates of HIV and AIDS: Khomas, Kavango and Caprivi. The sessions were open to all project MPs who could attend. In Kenya, sessions took place in 2006 in three constituencies: Kericho, Rangwe and Funyula.

The assessment sessions borrowed the methods of corporate focus groups—role-play, icebreakers, group exercises—to put participants at ease. The one- and two-day sessions included diverse populations: (1) HIV-positive women, (2) untested or negative women, (3) a mixed group of those two categories, (4) service providers and (5) community leaders.

The assessments were geared to put MPs in touch with their constituents and to connect them with positive women.

BREAKING DOWN BARRIERS

The assessments provided the MPs with specific information about the communities and people they represent, enhancing their role as legislators. In particular, the assessments provided many MPs with insights into women's health needs and gaps in services, and how women live with HIV and manage their lives. The MPs also gained insights into their own perceptions of women and issues related to HIV and AIDS.

For example, Mr. Kanguatijvi, a parliamentary committee clerk in Namibia, noted that, before the community visits, MPs lumped men's and women's health care needs together. After the visits, "[MPs] see women's health issues as clearly different," he says. Hon. Peya Mushelenga (Namibia) had considered the main health issues for women to be rape and domestic abuse. After the assessments, he acknowledged that women have many health care needs, including care for HIV and AIDS.

Many MPs were unaware of the gender inequities in their national health care systems. By hearing the women talk about their experiences directly, especially those experiences related to health system failures, several MPs commented that they were forced to grapple with these realities. Hon. Esther Keino, who considered herself knowledgeable about women's issues in Kenya, said she was shocked by the stories she heard as part of the assessments—stories of social discrimination against women, continued reliance on traditional healers, and the many cultural and social barriers that women face in the health system. Hon. Elma Dienda (Namibia) said that she had not realized that women felt they lacked a platform on which to share their concerns and that even if they gained such a platform, many believed no one would listen.

RENEWED LEADERSHIP

These one-on-one experiences between MPs and community members led several MPs to say that they had a renewed sense of themselves as legislators, leaders and advocates—a sense that they were ultimately responsible for solving the women's problems. Hon. Mushelenga says, "I am responsible for making solutions. I have a role to play in improving health."

A few MPs, however, found the experience overwhelming because they saw these health care problems as too big to solve. Hon. Julia Ojiambo (Kenya) in her interview said that she was frustrated at the scope of the women's difficulties and a sense of her own helplessness. Nevertheless, she added that she would continue to advocate for women's health needs.

HOW DATA WAS COLLECTED FOR THE CASE STUDY

This case study presents lessons learned from the community and constituency assessment projects in Namibia and Kenya, which were part of the Parliamentarians for Women's Health project. It documents changes in MPs' knowledge, understanding and attitudes related to women's health and subsequent actions to improve health systems. This study is based on (1) intensive one-on-one interviews with participating MPs, (2) observation of the assessment sessions and the roundtables on findings, (3) interviews with project staff and other participants and (4) records of policy actions undertaken by the MPs.

Most MPs who participated in the assessments have been inspired and excited by the experience. For example, in Namibia Hon. Dienda adopted the assessment interview methods to continue her own investigations. On her visits to community centers, clinics and hospitals, as well as at her meetings with government officials, she used the questions devised through the project. Hon. Mushelenga and other MPs in Namibia have followed her lead. At the time of the interviews (2007), these MPs were continuing to ask questions and investigate women's health issues, building their knowledge and evidence base to serve as stronger legislators and better government watchdogs.

WIELDING THE POWER OF THE PURSE

Armed with new data and renewed conviction, several MPs took what they learned back to their capitals to effect legislative change, especially for women's health funding allocations.

In most sub-Saharan African countries, MPs can influence budgets in several ways: voting on national budgets, influencing party and government policy in drawing up budgets, and managing constituency funds.

The community and constituency assessments raised several MPs' awareness of the importance of effective resource allocation and the role they could play in wielding the power of the purse to improve women's health services. For example, Hon. Keino said that the firsthand knowledge she gained from the assessments means that she is "better placed to scrutinize the budget." Similarly, Hon. Mushelenga commented that because of the assessments, he "can say where we should scale up and where we shouldn't." MPs' deeper technical understanding of women's health care issues also helped them argue for specific line items in the health budget.

Working at the macro-budget level, Hon. Dienda withheld support for the Health Minister's budget in 2006 based on what she had learned from the assessments, declaring, "I refuse to be a rubber stamp." She also did not support the Minister of Finance's budget because health care was not a high enough priority.

In Kenya, Hon. Philip Okundi used the assessment data from his communities to inform budget discussions with various ministries. At press time, he was negotiating with the Minister of Health ways to increase funding for additional staffing and medicine at local health facilities—priorities that arose from the community assessments.

Some MPs in Kenya also found ways to inform budget decisions made at a regional level, specifically through the Constituency Development Funds, which are allocated by the central government. The MPs and a committee of constituents decide how to spend this money. Based on what he had learned from his constituency in Rangwe, Hon. Okundi set the priorities for the Fund to include health, education and infrastructure. Moreover, armed with the assessment data, Hon. Okundi said he now had the ammunition he needed to demand that this Fund's spending align with the communities' needs.



INFORMING POLICY—BILLS AND COMMITTEES

The MP's primary legislative function is to capture policy priorities in law, a direct way to improve health care access and services. Several participant MPs used information that they learned from the assessments to help shape laws that relate to women's health care. In Kenya, for example, several project MPs helped craft the HIV/AIDS Prevention and Control Act (2006) and the Sexual Offenses bill (2007).

Several MPs took this legislative function a step further and introduced new bills to address service gaps they became aware of because of the assessments. For example, in Kenya Hon. Ojiambo introduced the Nutrition and Dieticians Act and Community and Social Enterprise bill (2006). In Namibia, Hon. Dienda put forward a motion in 2007 to tackle discrimination by insurance companies against HIV-positive people.

Several MPs also used the powerful parliamentary committee system to disseminate and take action on what they had learned. Parliamentary committees have oversight of government departments. These committees have the power to call inquiries, issue reports and exert a collective voice to call for change. Given the multitude of government functions and concerns, health-oriented committees ensure that an official, specific, ongoing group is formally committed to examining health issues. They also can serve the practical and vital role of addressing issues that may cut across several traditional policy divisions.

In Kenya, after participating in the assessments and learning more about gender inequities and how they can affect health care access and quality of services, Hon. Keino determined that the parliament needed a more concerted focus on gender issues and women's health care. So, she campaigned for—and successfully won—a new committee, the Equal

Opportunities Committee, charged with the oversight of gender issues across other political concerns such as health care.

In Namibia, Hon. Dienda initiated a new parliamentary subcommittee on HIV and AIDS under the Committee on Human Resources, Social and Community Development. In addition to highlighting the importance of HIV/AIDS issues for all MPs, this subcommittee served a crucial function as a repository of HIV/AIDS information, including reports and other materials issued by project staff. For example, participant MPs and project staff shared the findings of the assessments with the full committee, which decided to present this information to the entire House for review. According to Hon. Mushelenga, a committee member and project participant, the information gleaned from the assessments and

Applying a gender lens to policy allows MPs to assess whether health services address women's needs. Once, prior to the project, a group of parliamentarians planned a maternal and newborn clinic and forgot to include running water. "Policy is not driven enough from the women's perspective."

:: HON. ESTHER KEINO, KENYA

the project's overall focus on women's and girls' access to health services has become "an integral part of the approach and content" of the committee.

The Namibian MPs in the committee also found that the project provided a way to connect to civil society organizations (CSOs) quickly to get grassroots' input on fast-moving legislation—input which the MPs appreciated because of their experiences with the assessments. This occurred in 2006 when project MPs were presented with a new HIV/AIDS bill only a few days before parliament was to vote. Hon. Dienda asked project staff to convene an urgent meeting of CSOs to discuss with the committee the proposed bill and make recommendations.

Because the CSOs were comprised primarily of positive women, the process effectively allowed the positive women's voices to be part of the legislative process. Hon. Dienda, Hon. Diergaardt and the other committee members fed the information from this committee meeting into the parliamentary debates. This information provided a human rights focus to the national AIDS strategy. Though the new legislation is the most comprehensive AIDS document in Namibia, the committee has asked that project staff and CSOs provide continued input on AIDS measures to ensure that future efforts also are well informed.



In addition to affecting national policy through debates on legislation, parliamentary committees can apply significant pressure on ministries to spur targeted action. Kanguatijvi, the parliamentary clerk of the Committee on Human Resources, Social and Community Development in Namibia, reported that the MPs at a constituency assessment had been shocked by the shortage of health workers and the poor

“I know poverty, but not like this. This is terrible and I need to see it because I’m sitting in parliament on their behalf.”

:: HON. HANSINA CHRISTIAN, NAMIBIA

working conditions for nurses. The MPs were determined to move the issue higher up the parliamentary agenda. Using the collective voice of the committee, they began to investigate the conditions of health workers. The Health Minister was prompted to respond with a report on health workers, including recommendations to the committee and the House for increased budget allocations for health workers.

During another assessment visit, MPs visited a hospital where administrative staff reported that they were unable to pay salaries or buy needed medicine. Although the hospital had repeatedly asked the Ministry of Health for emergency relief, the agency had not responded. Hon. Dienda took this documented case back to the Committee on Human Resources, Social and Community Development, and the Health Minister finally responded with a promise to help.

This committee engaged the ministries of Health, Education and Workforce as well as the House on other issues that arose during the community assessments. For example, the committee inquired into why some women reported paying for health care and education services that should have been free.

TAKING A STAND

As political leaders, parliamentarians have greater reach than most citizens in their roles as educators and advocates. Once moved to action, they can use their positions of power to make a difference. For example, individual MPs can table questions in the House. These go on the record. The answer, or lack of answer, is also a matter of public record. In this way, MPs can bring issues to light and hold their peers accountable. In Namibia, Hon. Dienda tabled 10-to-20 questions after the assessment visits, all directed to the Ministry of Health.

Some of these questions can lead to direct action. For example, in 2007 Hon. Dienda participated in an assessment visit to a hospital where she saw that the entrance to the clinic that treated sexually transmitted infections was clearly labeled, “STI.” She had learned from discussions with women in earlier assessments that such a label could dissuade women from visiting the clinic; women feared that people might see them and spread rumors about why they



*breaking
the silence

were visiting that clinic. Concerned that women were not receiving the STI services they needed, Hon. Dienda approached the Ministry of Health and convinced the minister that this clinic should be housed separately from the hospital, offering women more privacy.

MPs can also use their status and prominence as a bully pulpit to advocate for better women's health, for more citizen education and against perpetuating HIV/AIDS stigma. In this way, MPs can break down barriers related to discussing sex and AIDS and even motivate others to learn their HIV status. For example, during a visit to the Khavango area in Namibia, Hon. Dienda was publicly tested for HIV. The Namibian media covered this event, helping to make it highly emblematic. In Kenya, Hon. Keino helped dismantle similar barriers by using her position to bring HIV-positive women to her events, demonstrating that people's fear of casual contact with positive people is unwarranted.

BUILDING RELATIONSHIPS AND ACCOUNTABILITY

Perhaps the most significant impact of the assessment processes was how they led to relationships between some constituents—especially positive women—and MPs. These new relationships forged opportunities for shared learning as well as increased communication and accountability. Hon. Hansina Christian (Namibia) described a renewed personal accountability and moral duty because he participated in the assessments: “I know poverty, but not like this. This is terrible and I need to see it because I'm sitting in parliament on their behalf.” Hon. Ida Hoffman (Namibia) says, “The experience made me promise myself: I will do something. I must do something.”

At the same time, there is a rising sense of political awareness and engagement among the electorate. Hon. Dienda said that the traditional “parliament-centric” vision of the MPs' role must co-exist with a new emphasis on the MPs connecting with the people they represent. We are “acting like human beings,” she says, “and not just ‘honorable.’”

The constituents themselves also are demanding more accountability (though admittedly, there is a learning process about what parliamentarians can deliver). Dr. Wacira, a consultant hired to work on the Kenyan assessment, noted that people are seeing the disconnect between the reality they are living and what they think that reality should be. He observed that people have started to ask if part of the problem was

electing the wrong leaders—and they have started to question how to go about electing the right ones.

Wacira said that the women and community participants in the assessment project gained a new or renewed sense of entitlement to services and a better standard of care. He noted that some participants also said that their elected officials are responsible for providing these services and high quality care.

LASTING LESSONS AND IMPRESSIONS

The project assessments provided eye-opening experiences for the MPs and underscored the importance of firsthand knowledge and grassroots connections. A measure of the project's success is the fact that MPs continue to increase their knowledge about health issues, sometimes adopting the same interview techniques that were used in the assessments.

The intimacy of the assessment process—putting MPs in touch with the realities of their constituents' everyday life—had a galvanizing effect on the MPs, reinvigorating their sense of accountability and responsibility. They are more aware of the many ways they can work to improve health care for women and girls—as legislators, budget/funding negotiators, government monitors, public leaders, educators, role models and advocates. As important, members of their constituents, including positive women, have begun to hold MPs more accountable.



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.

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