



Parliamentarians
for Women's Health

Kenya National Workshop Report

**Nov. 7, 2005
Safari Park Hotel
Nairobi, Kenya**

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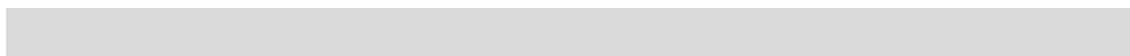


TABLE OF ACRONYMS

AWEPA	European Parliamentarians for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARV	Ant-retrovirals
CACC	Constituency AIDS Control Council
CDC	U.S. Centers for Disease Control and Prevention
CDF	Constituency Development Funds
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
COVAW	Coalition on Violence Against Women
CSA	Center for Study of AIDS
CSOs	Civil Society Organizations
DMS	Director of Medical Services
EGI	Ethical Global Initiative
HBC	Home-Based Care
FPAK	Family Planning Association of Kenya
FPPS	Family Programs Promotion Services
GOK	Government of Kenya
GVRC	Gender Violence Recovery Center
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic Social and Cultural Rights
ICRW	International Center for Research on Women
ICW	International Community of Women Living with HIV/AIDS
IIN	Indigenous Information Network
IPPF	International Planned Parenthood Federation
KANCO	Kenya AIDS NGOs Consortium
KNCHR	Kenya National Commission on Human Rights
LSK	Law Society of Kenya
MOH	Ministry of Health
MPs	Members of Parliament
MYW	Maendeleo ya Wanawake
NACC	National AIDS Control Council

NEPHAK	National Empowerment Network People Living with HIV and AIDS in Kenya
NET-POWCHY	Network of Positive Young Women, Children and Youth
NGO	Nongovernmental Organization
NWH	Nairobi Women's Hospital
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
TB	Tuberculosis
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UNDHR	U.N. Declaration on Human Rights
UNICEF	U.N. Children's Fund
WOFAK	Women Fighting AIDS in Kenya
WTO	World Trade Organization

Introduction

In many parts of Africa, in the realm of women's and girls' health needs are woefully underserved, particularly HIV and AIDS prevention, treatment and care. Today, nearly 60 percent of adults living with HIV in sub-Saharan Africa are women, according to UNAIDS.

Research by the International Center for Research on Women (ICRW) and others reveals that entrenched barriers such as gender-based violence and HIV/AIDS-related stigma continue to prevent women from gaining access to health services, even with the best-designed health interventions. Parliamentarians are well-placed to promote gender-sensitive health policies, whether through legislative mandates, acting as public role models and spokespersons for gender equality and public openness about HIV and AIDS, or supporting development of a sustainable national health infrastructure.

In January 2005, ICRW and four partners—European Parliamentarians for Africa (AWEPA), Center for the Study of AIDS at the University of Pretoria (CSA), International Community of Women Living with HIV/AIDS (ICW) and Realizing Rights: The Ethical Globalization Initiative (EGI)—launched the Parliamentarians for Women's Health project. The project is a three-year initiative, funded by the Bill & Melinda Gates Foundation, in which the consortium works with select parliamentarians in Botswana, Kenya, Namibia and Tanzania to bolster women's and girls' access to health services, including HIV and AIDS treatment, prevention and care.

In Kenya, the project started its activities July 11, 2005. The Kenya Women Parliamentarians Association (KEWOPA) identified the following parliamentarians to work on the Kenya project: Hon. Prof. Julia Ojiambo, Hon. Eng. Phillip Okundi, Hon. Dr. Esther Keino, Hon. Prof. Wangare Maathai and Hon. Dr. Naomi Shabaan

The Kenya National Workshop was held Nov. 7, 2005 at the Safari Park Hotel in Nairobi. More than 40 people attended the workshop, including parliamentarians, representatives from civil society organizations, health providers and Parliamentarians for Women's Health staff. The workshop was held amid a tense political climate as Kenya prepared for a referendum vote on a new constitution scheduled for 21 November 2005. Consequently, most parliamentarians were engaged in other activities related to the proposed referendum and were not able to attend the workshop. Three of the five select members of parliament (MP) were able to attend the workshop: Hon. Prof. Julia Ojiambo, Hon. Eng. Phillip Okundi, and Hon. Dr. Esther Keino. Hon. Naomi Shabaan and Hon. Wangare Mathaai were not able to attend the workshop.

Objectives

The workshop objectives included:

- Formally introduce the Parliamentarians for Women's Health project in Kenya;
- Present issues surrounding women's access to health care and examples of best practices; and
- Provide a forum for the key project participants to agree on preliminary project objectives and an action plan.

Agenda

The Kenya National Workshop was divided into four major sessions:

- (1) Kenya and Women's Access to Health: Key Issues

- (2) Parliamentary Action: Vision and Objectives of the Parliamentarians for Women's Health Project and Perspectives of MPs, and a Preliminary Discussion on Action Plan
- (3) Addressing the Issue: Action On the Ground, Select Best Practices
- (4) Action Plan: Drafting and Presentation of the Action Plan

The workshop was followed by a reception that was sponsored by Parliamentarians for Women's Health and UNICEF-Kenya.

Official Opening and Welcome

Mr. P.C Omollo, deputy clerk of administration at the National Assembly of Kenya, welcomed and thanked the participants for their attendance. Mr. Omollo chaired the opening plenary as well as the session on women's access to health care in Kenya.

Prof. Miriam Were, chairman of the National AIDS Control Council (NACC) opened the workshop, stating that women had been sidelined for too long and stressing the urgent need to restore women to their rightful position in society. "Women's issues should not be addressed in isolation but globally, as the important role of women in society cannot be overemphasized," she said. She pointed out that women's emancipation did not mean their taking over for men, and articulated the importance of women as mothers and care givers in society.

Overview of the Parliamentarians for Women's Health Project

For an overview of the Parliamentarians for Women's Health project, Ms. Patricia Caffrey, the project's director, and Ms. Elizabeth Aroka, the project's East Africa regional coordinator, addressed workshop participants.

Parliamentarians for Women's Health's focus on women came out of the realization that women's health needs are underserved, despite the fact that women bear a heavier disease burden and have more specialized health needs than men. Any change in the prevailing situation requires political will and leadership. Parliamentarians are well placed to lead change through inter alia legislative actions like the promulgation of laws, policy and increased budgets for women's health.

The three-year project will support five parliamentarians with technical assistance, information, and skills training while also facilitating linkages with communities and women living with HIV and AIDS. The technical assistance phase will be implemented in the project's second year. During the third year, an East African regional workshop will convene to reflect on the project's progress in the region (i.e., Kenya and Tanzania).

Ms. Aroka concluded the overview with the hope that parliamentarians and their collaborating stakeholders would carry the project's findings far beyond the project's official completion in 2007.

Kenya and Women's Access to Health Care: Key Issues

Mr. Omollo, deputy clerk of administration at the National Assembly of Kenya, moderated this session and its panels, which included experts and specialists from various fields. The following topics were presented and discussed:

- Situation Analysis of Women's Access to Health Care in Kenya by Mr. Bernard Mugisha, parliamentary legal assistant in Kenya, and Ms. Erica Ndinyo, ICW project

officer. Mr. Mugisha and Ms. Ndinyo are Parliamentarians for Women's Health staff working with the five parliamentarians in Kenya.

- HIV and AIDS-Related Stigma in Health Care Provision by Ms. Dorothy Onyango, executive director of Women Fighting AIDS in Kenya and The International Community of Women Living with HIV/AIDS (ICW) country representative -Kenya. Ms. Onyango is also a member of the executive advisory council for the Parliamentarians for Women's Health project in Kenya
- Health as a Human Right: Analysis of Kenya's Policy and Legislative Gains by Mr. Ambrose Rachier, advocate and chairman to the Task Force on Legal Issues Relating to HIV and AIDS in Kenya

Situation Analysis of Women's Access to Health Care in Kenya

Mr. Bernard Mugisha summarized the country profile and situation analysis on women's access to health care in Kenya, which he researched and wrote. Both Mr. Mugisha and his counterpart, Ms. Erica Ndinyo, traveled to the parliamentarians' constituencies to investigate the situation at the community level. Major barriers to women's access to health care include stigma, gender-based violence and government policy on and access to antiretrovirals (ARVs) and malaria treatment. In Kenya, ARVs are administered only up to the district hospital level, which hinders many people living with HIV and AIDS, especially women, from accessing much-needed health care. Mr. Mugisha emphasized the need for ARVs at the dispensary level to ensure that more women living with HIV and AIDS are able to access the drugs.

Ms. Ndinyo spoke on the project's achievements to date, including the following activities:

- Development of the Kenya Country Profile/Situation Analysis;
- Visit to Rangwe (Hon. Okundi's constituency);
- Two visits to Funyula (Hon. Ojiambo's constituency);
- Two visits to Belgut Constituency (Hon. Keino's constituency);
- One visit to Malindi;
- Research for parliamentarians to use in developing a nutrition bill; and
- The national workshop.

HIV/AIDS-Related Stigma in Health Care Provision

Ms. Dorothy Onyango addressed the issue of HIV/AIDS-related stigma in health care provision. She noted that stigma works against efforts to scale up women's access to health care, particularly HIV/AIDS-related care because it often causes the HIV-infected person to isolate herself from society and refuse to seek treatment.

Ms. Onyango explained, "The role of parliament in stigma reduction is to push for the enactment of HIV/AIDS-specific laws and formulate other relevant legislation to strengthen and criminalize acts of discrimination; educate the community and other relevant stakeholders on the negative effects of stigma in access to health care services; monitor the performance of activities toward stigma reduction in their constituencies; and lobby [civil society organizations] CSOs to mainstream stigma reduction activities within their implementation schedules."

Health as a Human Right: Analysis of Kenya's Policy and Legislative Gains

Mr. Ambrose Rachier affirmed that “health as a human right” had achieved universal recognition. Kenya has ratified a number of international instruments that specifically deal with the right to health, including the U.N. Declaration on Human Rights; the Convention on the Elimination of All Forms of Discrimination against Women; the Cairo and Beijing Declarations on Women's Reproductive Health; the International Covenant on Economic, Social and Cultural Rights; and the WTO intellectual property rights (TRIPS) agreement.

Kenya generally has embraced women's rights, health rights and human rights. Its legislature introduced several bills on issues related to women and health care—the HIV and AIDS Prevention and Control Bill (originally of 2003 but now of 2005), the Sexual Offences Bill and the Domestic Violence Family Protection Bill of 2003—but little progress has been made in enacting legislation. The disparity between policy and law on the one hand and their implementation on the other illustrates the lack of political will and reluctance for reform. Commenting on the HIV and AIDS Prevention and Control Bill, Mr. Rachier said, “The HIV and AIDS bill has so far been published no less than three times since it was debated by parliament on Sept. 23, 2003, a day when ICASA [International Conference on AIDS and STIs in Africa] celebrations were on in Kenya.” According to Mr. Rachier, the HIV and AIDS bill that was instituted as a private member bill in 2005 was a shell of the 2003 bill. Mr. Rachier also said that poverty beleaguers Kenya making it difficult to manage the HIV/AIDS epidemic.

Addressing the Issues: Action on the Ground—Select Best Practice

Ms. Peggy Clark, managing director of Realizing Rights: The Ethical Globalization Initiative, chaired this session of three presenters from various organizations who have taken positive steps to address the issues that relate to women's health. The following topics were presented during the session.

- Administration of Early Post-Exposure Prophylaxis to Women Rape Survivors by Dr. Lucy Kiama of Nairobi Women's Hospital;
- Gender-Based Violence: An Affront to Women's Health Rights by Ms. Faith Kasiva of COVAW; and
- The Care Economy by Ms. Monique Tondo.

Administration of Early Post-Exposure Prophylaxis to Women Rape Survivors

Dr. Lucy Kiama of Nairobi Women's Hospital presented this session on behalf of Dr. Sam Thenya. She highlighted Nairobi Women's Hospital, which has implemented a Gender Violence Recovery Centre (GVRC), a charitable trust of the Nairobi Women's Hospital. GVRC provides free post-exposure prophylaxis (PEP), medical management and psychological support to survivors of sexual violence who report to them within 72 hours of assault. One of the hospital's objectives is to expand the geographic scope of the program by establishing satellite centers in Kenya's eight provinces. Dr. Kiama told a moving story of a 5-year-old girl who was raped and violently beaten by a man who pulled her into a house while she was walking home from school. The hospital gave her much-needed medical care and psychological support.

Gender-Based Violence: An Affront to Women's Health Rights

Coalition on Violence Against Women (COVAW) is a women's human rights organization committed to breaking the cycle of violence against women and girls in Kenya. It works toward building the capacities of individuals, communities and the entire nation to recognize

violence against women as violence against humanity and to take appropriate measures to stop it and protect women and girls who are in danger of violence.

Ms. Faith Kasiva described violence against women as a worldwide human rights and public health problem that increases female vulnerability to HIV. In Kenya, it remains one of the major challenges to women's full enjoyment of their health. Recent national and international reports note that the incidences of violence against women in Kenya remain relatively high. Although the current constitution, amended in 1998, outlaws discrimination on the basis of sex, subsequent clauses of the constitution undermine this amendment by permitting discrimination in personal and customary laws, according to Kenya's combined third and fourth periodic report on compliance with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

The incidence of gender-based violence in Kenya presents particular concerns given the high rate of HIV/AIDS infection in the country. Ms. Kasiva revealed that Kenyan women bear a disproportionate burden in terms of infection levels, care and access to treatment. Most women diagnosed with HIV/AIDS are infected by husbands or regular male partners. "Gender dimensions of HIV and AIDS among Kenyan women demonstrate that unequal relations impact women's ability to negotiate safe sex. Cultural practices, such as female circumcision and widow inheritance, which are still in practice in Kenya, not only violate women's rights but also prevent efforts to fight the spread of HIV/AIDS, rape and attempted rape. There is growing evidence that a large share of new cases of HIV infection are due to gender-based violence in homes, schools, the workplace and other social spheres," she said.

Ms. Kasiva concluded by suggesting the following strategies to address the problem:

- Mobilize leadership at the global, national and community level to generate action to ensure that normative change occurs to make violence against women unacceptable ;
- Provide legal aid, counseling, and care and treatment services with more emphasis on engaging the state to develop capacity and an effective program to provide these services for needy women;
- Lobby the state to set aside funds for crucial services that support the recovery of victims of gender-based violence, which will ensure access to post-rape services among other services; and
- Focus funding on supporting service delivery in areas of the country where there are no services.

The Care Economy

Ms. Monique Tondoï defined the care economy and home-based care as the following: Care economy refers to the social and domestic provisioning within a household and community usually carried out by women and girls, including work done for family or "volunteer" work where women assist other households or the community more generally. It is work that is done in the domestic sphere and supports the productive economy. Home-based care, on the other hand, is the care of persons who are infected by HIV and AIDS and extends from the hospital to the patient's home through family and community participation. The following are the four basic characteristics of home-based care:

- Work is unpaid;
- Care activities serve people and their well-being;
- Activity has an economic value and cost in terms of time and energy; and
- Activity is performed in the context of a social or contractual obligation.

Home-based care has four major components: (1) clinical management; (2) nursing care; (3) counseling; and (4) support, which includes social, spiritual, material, emotional and psychological. People generally assume women will undertake home-based care for people who are seriously ill and dying. Ms. Tondo categorically stated that this assumption needs to be challenged because of the negative social and economic impact. She cited the following effects:

- High opportunity costs for women and an unsustainable impact on social and economic levels;
- Intensification of poverty among women;
- Reduction in women's empowerment;
- Negative impact on children; and
- Reduction in food security.

She asserted the need to increase gender equity; reduce men's violence and coercion; increase women's access to income and productive resources; and increase women's legal protection. She urged participants to come together to hasten the expansion of programs targeted to help women such as:

- Promulgating programs, policies and strategies to address the provision of services to poor households coping with HIV and AIDS;
- Implementing social protection benefits to compensate for loss of income;
- Ensuring food security;
- Raising the visibility of women's work within the household and the impact of HIV and AIDS on this work through advocacy and education campaigns; and
- Promoting change in gender relations at a household level.

Parliamentary Action: Vision and Objectives of the Parliamentarians for Women's Health Project and Perspectives of MPs

A primary workshop goal was to bring together key stakeholders to agree on project objectives and an action plan. During the workshop the MPs, under the chairmanship of Hon. Julia Ojiambo, defined their vision and possible objectives for the project. Prior to the workshop, the MPs were given three guiding questions:

- (1) What is your personal vision for the Parliamentarians for Women's Health project?
- (2) What do you see as the major barrier in Kenya to improving women's access to health care that this project should try to address?
- (3) What are your personal objectives for what you would like to achieve by the end of the project (December 2007)?

The MPs presented their expectations.

Hon. Julia Ojiambo

Hon. Julia Ojiambo thought the project was quite timely as parliamentarians rarely had time to go to the grassroots and interact personally with their constituents who looked to them to improve service delivery. She said that her constituency is beset by the following problems:

- Lack of health care facilities;
- Facilities that often lack equipment and trained personnel, and service delivery is difficult due to scarcity of water and lack of electricity;
- District hospitals are spaced widely apart and some patients must travel as far as 50 kilometers to be able to access the nearest facilities; and

- Lack of a supplementary feeding program has led to malnourishment among people living with HIV and AIDS.

Hon. Ojiambo urged stakeholders to envision these issues on a larger scale.

Hon. Esther Keino

Hon. Keino believes female parliamentarians should be more oriented to community and women. She recalled when she was first nominated into parliament, health was at the top of her agenda. Hon. Keino has been successful in integrating grassroots into this agenda, which has allowed her to govern based on experience. Hon. Keino has learned about issues that affect women through medical camps. She also has formed a group, Advocates for Positive Living, to enable people to come out more freely to be tested. Hon. Keino contended that the following are the problems facing her constituency:

- Reproductive health issues remain taboo and shrouded in silence;
- Lack of adequate health care (for women);
- Poverty has greatly hindered people from accessing health services;
- Lack of a participatory approach in promoting curative health;
- Harmful cultural practices that increasingly put women's health at risk;
- Gender relations where men occupy a superior position in society;
- Lack of proper infrastructure and facilities; and
- Long distances between health centers.

Hon. Phillip Okundi

Hon. Okundi lauded the Parliamentarians for Women's Health project as timely and effective in reaching people at the grassroots. He believed people found it easier to relate to and speak more freely with the interns than the parliamentarians, which allowed for more transparency. The problems affecting his community include the following:

- Lack of access to ARVs for people living with HIV and AIDS; and
- Mismanagement and misappropriation of funds set aside for the AIDS Control Committee to run its programs.

He explained that containing HIV and AIDS requires effective and workable laws and policies relating to HIV/AIDS, and orphans and vulnerable children. He urged the Parliamentarians for Women's Health project and other key stakeholders to realize specific frameworks of action on women's health. He cited the initiation of projects that would scale up access to health care while providing income for women living with HIV and AIDS, and the need to allocate funds for such activities.

Group Discussion and Small Group Work

After the MPs had presented their views, the floor was opened to the remaining workshop participants to express their opinions as members of CSO and health providers. Participants reiterated most of the issues raised by the MPs. Everyone agreed that many of the issues related to women's health are not new. It was now time to effectively address the issues and follow up with concrete action.

During the session, participants were reminded of the focus on women and HIV and AIDS by specifically addressing women's issues in the context of access to health care. Participants suggested the following ways forward:

- Convince other MPs to rethink the percentage of funds from the Constituency Development Funds (CDF) that they allocate to health-related issues, particularly women's health.
- Lobby government to devise policies at the national level to deal with the societal and cultural barriers for women, widows, orphans and vulnerable children.

One participant, Ms. Rebecca Lolosoli from the Indigenous Information Network, stated that women from marginalized communities like Samburu, Turkana and Maasai had even more specific needs when compared to other women because of their subservient roles. She also pointed out the dearth of information in these communities. Consequently, women's issues are not treated seriously and remain shrouded by myths that militate against women.

Three priority areas emerged during discussion and formed the project's objectives:

- (1) Develop and implement new constituency-based strategies to improve women's access to health care services, reduce stigma and increase health care awareness;
- (2) Improve, reform, enact and implement women's health care policy and legislation, especially the HIV and AIDS Prevention and Control Bill; and
- (3) Monitor and influence budget allocations in favor of women's health care (and ensure that the health budget reaches 15 percent of the national budget in compliance with the 2001 Abuja Declaration).

Three groups, each headed by an MP, were formed to discuss each of the project objectives and define a preliminary plan. The tasks of each group were as follows:

- Devise activities that would facilitate achievement of the objective;
- Identify strategic challenges in their efforts to achieve the objective;
- Identify the support and resources required for the activities;
- Identify persons who would lead the activities; and
- Give a time frame for activities to be completed

The groups were headed by the following MPs:

- Objective 1: Hon. Julia Ojiambo
- Objective 2: Hon. Phillip Okundi
- Objective 3: Hon. Esther Keino

The groups devised the following preliminary plans. The interns will meet with the MPs and stakeholders in early 2006 to finalize the plans.

define solutions, leverage funding and implement solutions.				
3. Evaluate and document.				

OBJECTIVE 2: Improve and pass women’s health legislation, especially the HIV and AIDS Prevention and Control Bill

Activities	Strategic challenges	Support/ resources	Who is responsible	When
<i>HIV and AIDS Prevention and Control Bill</i>				
1. Bring together lobby groups, including MPs and other lobby groups, to discuss the urgency of the HIV and AIDS bill.	Strong lobbying groups (e.g. , insurers who have blocked the bill)	Set up luncheon	Hon. Okundi as convener Elizabeth Aroka as coordinator	After Nov. 22, 2005
2. Identify and list groups blocking the bill and research the underlying reasons for blocking the bill.			Dorothy Onyango, Bernard Mugisha Erica Ndinyo	
3. Constructively expose those who oppose the bill and determine how to accommodate them.		Discuss in lobby group and inform media	Hon. Okundi	
4. Lobby and sensitize MOH to increase budget allocations for women’s health care access.			Hon .Okundi Project team	
<i>Orphans And Vulnerable Children (OVC) Bill and Nutrition Bill</i>				
1. Educate about the bill.			Hon. Eng. Okundi Hon. Ojiambo	
2. Continue refining bill.			Hon. Eng. Okund	

			Hon. Ojiambo	
3. Discuss with the Ministry of National heritage (Children's Department)			Hon. Okundi Project team	
4. Lobby National AIDS Control Council (NACC).				
5. Facilitate the passage of bills.				

OBJECTIVE 3: Influence budget allocations in favor of women's health

Activities	Strategic challenges	Support/ resources	Who is responsible	When
1. Educate MPs about budget proposal/bill in advance (MPs normally are given a huge book describing allocations a day before the debate on the budget or sometimes after the debate).		Provide information on where the possibilities are to influence allocations	Project team - research/budget analysis	By end of December 2005- onward
2. Identify gaps in the budget regarding women's access to health care and attend public hearings.		Parliamentarians for Women's Health assists in research	Project staff, MPs and relevant NGOs	December 2005- onward
3. Submit the proposal/ recommendations to the relevant ministry for consideration in the budget.		Project staff	MPs	During the public hearings
4. Monitor government's compliance with budgetary		AWEPA, KEWOPA and the budget	Project provides information on	Mid-February 2006

allocations/spending.		committee in the parliament	compliance with the spending as a briefing to the 5 MPs	
5. Reviewing Constituency Development Funds (CDF) to have some of funds allocated to management of HIV/AIDS (all MPs should be involved, not just the 5).			KEWOPA and allies as well as project staff.	Mid-February 2006

WORKSHOP RECEPTION

After the workshop, participants were invited to attend a reception that was sponsored by the Parliamentarians for Women's Health project and UNICEF-Kenya. Some of those in attendance included: Hon. Phillip Okundi; Hon. Prof. Julia Ojiambo; Hon. Dr. Esther Keino; Dr. Nico Scholten, president of AWEPA; Mr. Heimo Laakkonen, the country representative for UNICEF; UNICEF, representatives of various civil society organizations ; and project staff. Hon. Charity Ngilu, the minister for health, sent her apologies for not being able to make it for the session.

The guests mingled freely and were treated to an array of lavish foods with entertainment by a group of puppeteers from Family Programmes Promotion Services. Dr. Scholten and Mr. Heimo Laakkonen spoke of the need to scale up women's access to HIV/AIDS, malaria and tuberculosis treatment and care.

ANNEX A: PARTICIPANTS OF THE WORKSHOP

NAME	ORGANIZATION	DESIGNATION	EMAIL ADDRESS
1. Hon. Phillip Okundi	Parliament	MP	pokundi@yahoo.co.uk
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40. Dr. Jeff Balch	AWEPA	Director	

41. Mr. Dan Agwa	Parliament	P.A.-Hon Okundi	
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