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Strengthening the parliamentary response to the health needs of vulnerable and marginalized women, children and adolescents

26 June 2024

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Acronyms

Acronym	Meaning
CSOs	Civil society organizations
FGD	Focus group discussion
IPU	Inter-Parliamentary Union
PMNCH	Partnership for Maternal, Newborn and Child Health
WCA	Women, children and adolescents

Preface

The Inter-Parliamentary Union (IPU), the global organization of parliaments, is collaborating with the Partnership for Maternal, Newborn and Child Health (PMNCH) to support national parliaments in using their core parliamentary functions to strengthen capacities and competencies to identify, promote accountability, and respond to the health needs and rights of vulnerable and marginalized women, children and adolescents (WCA).

Due to the constantly changing context in which these vulnerable and marginalized groups live, there is a need for ongoing monitoring of activities designed to respond to their needs, so as to identify what works, for whom and why.

Making parliaments more responsive to the health needs and rights of WCA requires a better understanding of how parliaments define, identify and target vulnerable and marginalized groups.

We therefore require an approach to identifying these groups, and an understanding of how institutional structures, mechanisms and processes can be used to effectively identify and respond to the needs of these groups.

This guidance document encapsulates the efforts of the IPU and PMNCH to provide information on: how best to engage parliamentarians in identifying vulnerable and marginalized WCA; and how to support parliaments to effectively articulate and respond to the health needs and rights of these groups.

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"Marginalized and vulnerable women, children and adolescents are groups who [generally] have worse health outcomes, lower levels of education than the general population."

Ms. Lorraine Clifford-Lee, Senator, Ireland

"They are subjected to marginalization, hampered by cultural practices, and can experience mental health trauma and post-traumatic stress disorders."

Ms. Given Katuta Mwelwa*, Member of Parliament, Zambia*
Mr. Mohamed-Iqbal Ravalia, Senator, Canada

Foreword

Inequity arises when vulnerable and marginalized groups – including among WCA – are unable to access health services.

By focusing on vulnerable and marginalized groups, governments are better able to ensure the human right to health through universal coverage. It is a matter of equity, rights and justice.

Parliamentarians play an important role in identifying and responding to the health needs of vulnerable and marginalized WCA by using their core parliamentary functions of legislation, scrutiny/oversight, budgeting and representation.

Through the promotion of access to and utilization of quality health services, parliamentarians can improve health outcomes for WCA. In turn, this can influence transformative societal changes, which can contribute to achieving the Sustainable Development Goals.

Making parliaments more responsive to the health needs and rights of WCA requires a better understanding of how parliaments define, identify and target vulnerable and marginalized groups.

The ability of parliamentarians to address the health needs of marginalized and vulnerable WCA can be improved by developing appropriate and contextually sensitive capacity-building, and other mechanisms to support parliamentarians to effectively articulate and respond to the health needs and rights of WCA.

Although the need to identify and respond to the needs of marginalized and vulnerable groups is not a new concept, it can be a challenging environment to navigate, given diverse societal contexts and the time-dependant composition of the category of marginalized and vulnerable groups. In addition, little is known about how parliamentarians develop capacities and competencies to identify, promote accountability, and respond to the health needs of WCA.

This document guides the efforts of the IPU and PMNCH to strengthen parliamentary institutions and fill knowledge gaps on how best to deliver on the health needs of WCA and achieve health equity.

1. Introduction

Parliaments can use their prerogatives of legislation, budgeting, oversight and representation to make a case for changing public policy, and service design and delivery, as well as increasing public awareness and funding, in order to identify and address the health needs of vulnerable and marginalized WCA. They play an important role because of where they sit in society, often acting as a lynchpin between the communities they represent, providers of health and other types of service, and policy makers. With their demonstrated traits of persistence and innovation on behalf of the communities they work for, they can continue to have an increasingly important role in improving health outcomes for WCA.

To fulfil this role, evidence is needed about the capacities that parliaments should build to improve their understanding of the health needs of vulnerable and marginalized WCA and how to respond to them.

The IPU and PMNCH commissioned a desk review and study to identify how they can strengthen parliaments' capacities, reach and quality of response in identifying and targeting vulnerable and marginalized groups as a means of using parliamentary action to improve the health of marginalized and vulnerable WCA.

The objectives of the assignment were to:

- Elucidate parliamentarians' definitions of vulnerable WCA. Additionally, parliamentarians were asked about the perceived facilitators and barriers to identifying and responding to the health needs of vulnerable WCA.
- Describe current parliamentary structures, mechanisms and processes that identify and respond to the health needs of vulnerable WCA.
- Provide recommendations on how parliaments can mainstream approaches and processes for achieving equity as they respond to the health needs of WCA.

This practical guide is the result of the desk review and focus group discussions (FGDs). It draws on information presented by the participants, as well as on the expertise of various members of the IPU Secretariat and PMNCH.

The information from this assignment can be used to guide the IPU and PMNCH in developing appropriate and contextually sensitive capacity-building and other mechanisms to support parliamentarians as they identify, articulate and respond to the health needs of WCA, and thus achieve health equity.

2. Methodology

2.1 Desk review

A desk review was conducted to provide information on: existing definitions of vulnerable and marginalized populations; current strategies, policies, parliamentary practices, and institutional processes that MPs use to identify and respond to the health needs of marginalized and vulnerable WCA; and capacity-building initiatives for making parliaments more responsive to identifying and addressing the health needs of vulnerable and marginalized WCA.

2.2 Qualitative primary data collection

In February 2024, two FGDs were conducted virtually. One involved members of the IPU Advisory Group on Health, and other parliamentarians. The other FGD was for parliamentary staff from selected countries. Interviews were recorded, transcribed and analysed using systematic text condensation. One key-informant interview was conducted with a member of the IPU team.

FGD participants were asked to: (1) define marginalized and vulnerable groups in their communities; (2) describe parliamentary structures and processes used to respond to the [health] needs of these groups; (3) provide recommendations on the capacities that parliamentarians needed to build in order to improve their abilities to identify and respond to the health needs of these groups.

FGD participants shared and discussed their views, opinions and experiences of addressing the health needs of WCA. They took into account the different contexts in which they operated, and the fact that marginalized and vulnerable groups were likely to change over time.

The study highlighted the power of taking an evidence-informed approach to support parliamentarians, and guide their efforts in improving the health of vulnerable and marginalized WCA.

3. Summary of findings

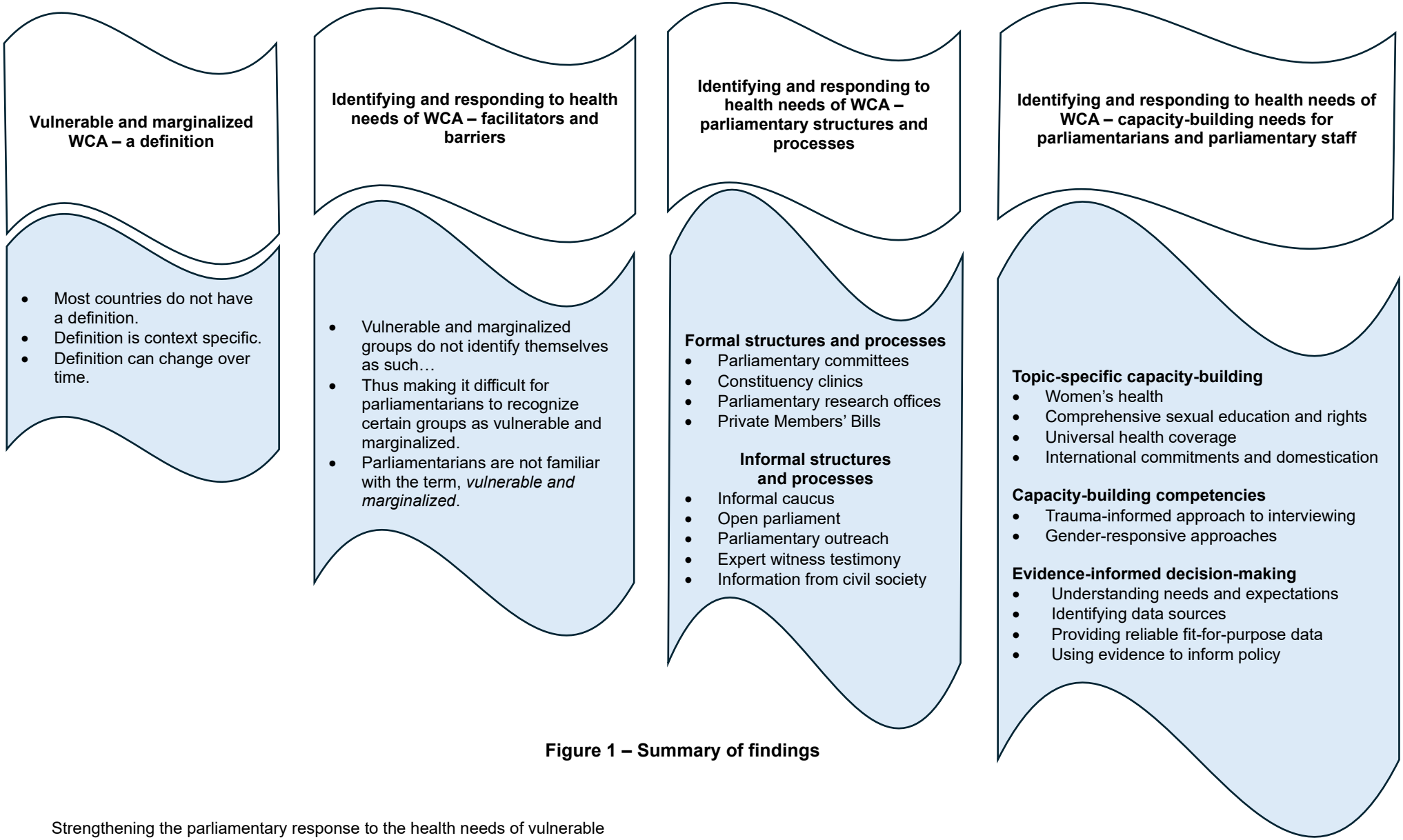

Figure 1 – Summary of findings

4. Findings I – Vulnerable and marginalized WCA – A definition

4.1 Findings

Two definitions of vulnerable and marginalized groups of WCA were given:

> *Persons who, because of their age, disability or other circumstance, whether temporary or permanent, are in a position of dependency on others, or are otherwise at greater risk than the general population of being harmed by a person in a position of trust or authority towards them (Canada)*
>
> *Definition of vulnerable and marginalized groups – Canada*

> *Persons who, for whatever reason, are less able to withstand socioeconomic shocks, and are therefore at an elevated risk of experiencing declines in welfare and/or other forms of social deprivation (Rwanda, based on National Social Protection Policy, June 2020).*
>
> *Definition of vulnerable and marginalized groups – Rwanda*

Examples of groups that served as proxy definitions for the term "*vulnerable and marginalized*" are shown in table 1. Vulnerable and marginalized populations were also described as those: with lower levels of education; amongst the lower wealth quintiles; and with worse health outcomes compared to the general population.

Women	**Children**	**Adolescents**
• Women with disabilities • Women in hard-to-reach areas • Women in sex work • Female-headed households • Women in rural settings	• Disabled children • Children in rural settings	• Adolescents in rural settings
Other • Black, racialized populations (Canada) • Homeless individuals • Indigenous populations (Canada) • Irish Travellers (Ireland) • LGBTQ2 community • New migrants and refugees • Older populations • Populations of persons who take narcotics • Populations with disabilities • Populations with mental health trauma, post-traumatic stress disorders		

Table 1 – Examples of vulnerable and marginalized WCA given by FGD participants

The perceived barriers to identifying and responding to the health needs of vulnerable and marginalized WCA were language barriers; low literacy levels; distrust of government officials and some authorities (such as health authorities); and the fact that vulnerable and marginalized WCA can use different forms of media compared to the general population.

Individuals and populations are at greater risk of being vulnerable and marginalized in communities due to certain characteristics. These include age, residency, disability, education, ethnicity, gender, health status, income and sexual orientation. The level of risk depends on social norms, context and power relations in the community.

4.2 Observations

4.2.1 Most countries in the FGD did not have a definition

Most countries did not have a definition of vulnerable and marginalized populations, and examples of groups considered to be vulnerable and marginalized were given.

It is easier to identify the needs of vulnerable and marginalized populations when: (1) groups working with them have strong parliamentary lobbying skills; and (2) disaggregated national data, or national data for specific policy areas such as health, are available.

4.2.2 Definitions are context specific and can change over time

Definitions of "*vulnerable and marginalized*" make no reference to the context and circumstances that define vulnerability and marginalization. Definitions could also remove references to events, policies and systemic injustices that have caused the circumstances faced by vulnerable and marginalized populations. The term might be likely to disguise the complicated situations in which these populations find themselves.

4.2.3 Vulnerable and marginalized groups may not self-identify as such

Communities do not describe themselves using the terms "vulnerable and marginalized", as they may not want to be seen in that light.

4.2.4 Parliamentarians are not familiar with these terms

Parliamentarians may not be aware that certain groups are vulnerable and marginalized. Identifying vulnerable and marginalized populations is likely made easier through personal contacts rather than through formal definitions.

Changing the terminology "vulnerable and marginalized" could enable populations to be distinguished from their circumstances. This change could also shift vulnerability and marginalization from being a personal trait and identity to something that is happening to someone or has been perpetuated against them.

Communities' distrust of health systems is likely to limit vulnerable and marginalized populations' access to health care and services, thus aggravating inequalities. Delivering on equitable public services can support the fostering of relationships between vulnerable/marginalized groups and authorities.

4.3 Recommendations I: Vulnerable and marginalized WCA – a definition

The IPU should:

- Consider modifying the terminology from "*the vulnerable*" to "***people who are vulnerable***", and from "*the marginalized*" to "***people who are being or have been marginalized***". This change would reflect that vulnerability and marginalization are circumstances that happen to a population, rather than something that a population inherently is.

- Deconstruct the term *"vulnerable and marginalized"* so that parliamentarians and their communities can relate to it in their own particular context.

In the absence of a definition of vulnerable and marginalized groups that fits every context, the IPU should:

- Continue compiling an examples list of vulnerable and marginalized groups as a proxy for a definition of populations who are vulnerable and are being marginalized.

To strengthen accountability and social inclusion of vulnerable and marginalized groups, the IPU should encourage parliamentarians to:

- Include vulnerable and marginalized groups, through regular public dialogue in priority settings at the local level.
- Empower vulnerable and marginalized groups by instituting budget practices, where they determine budget priorities based on their needs.
- Adjust and tailor messages to specific groups, involving local opinion leaders and referencing positive cultural attitudes.
- Distribute messages on media channels that vulnerable and marginalized groups already use. For groups that are collectivist in nature, traditional media should be chosen.

5. Findings II – Identifying and responding to health needs of WCA – Parliamentary structures and processes

5.1 Findings

Table 2 shows formal institutional structures, mechanisms and processes that parliamentarians use to identify and respond to the needs of vulnerable and marginalized groups.

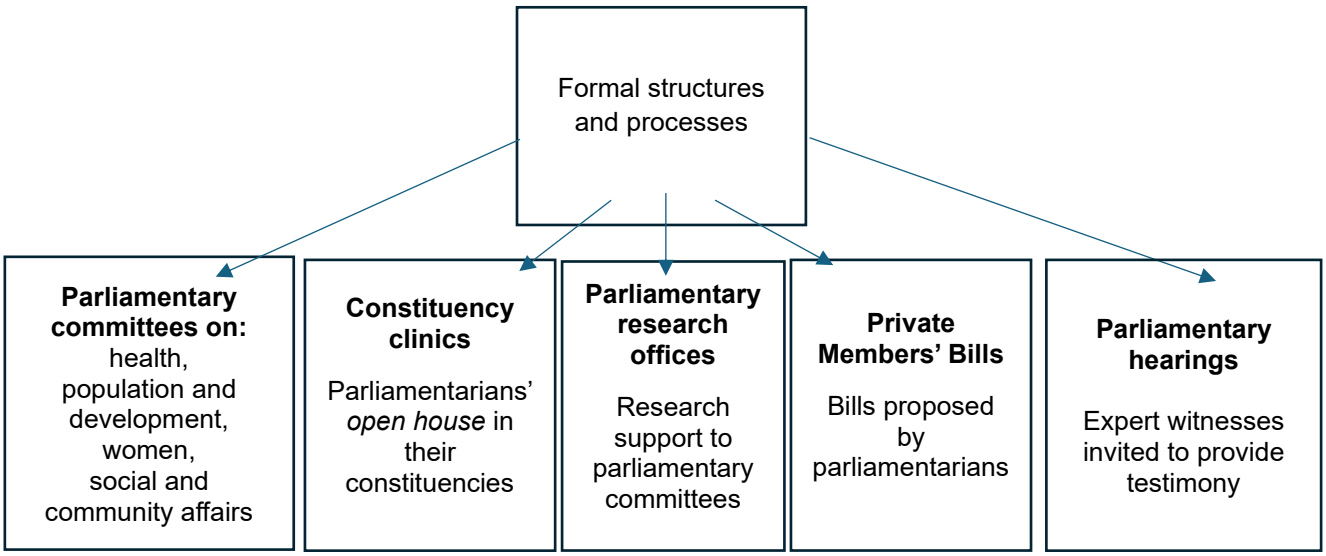

Table 2 – Formal parliamentary structures and processes for identifying and responding to the health needs of vulnerable and marginalized WCA

5.2 Formal structures and processes

Parliamentary committees that focus on gender-based violence, women and children's health. Committees provide data to support recommendations for policy and legislative changes, and can hold sessions with WCA who have lived experiences.

Constituency clinics. Members of the public in constituencies are invited to meet parliamentarians to discuss any topic.

Parliamentary research offices. These provide research support to parliamentary committees on request.

Private Member's Bill. A parliamentarian proposes a Bill on a specific subject.

Parliamentary hearings. Expert witnesses contribute data and information to support the institutional and policy-making activities of formal committees.

Table 3 shows other mechanisms that parliamentarians use to identify and target vulnerable and marginalized groups.

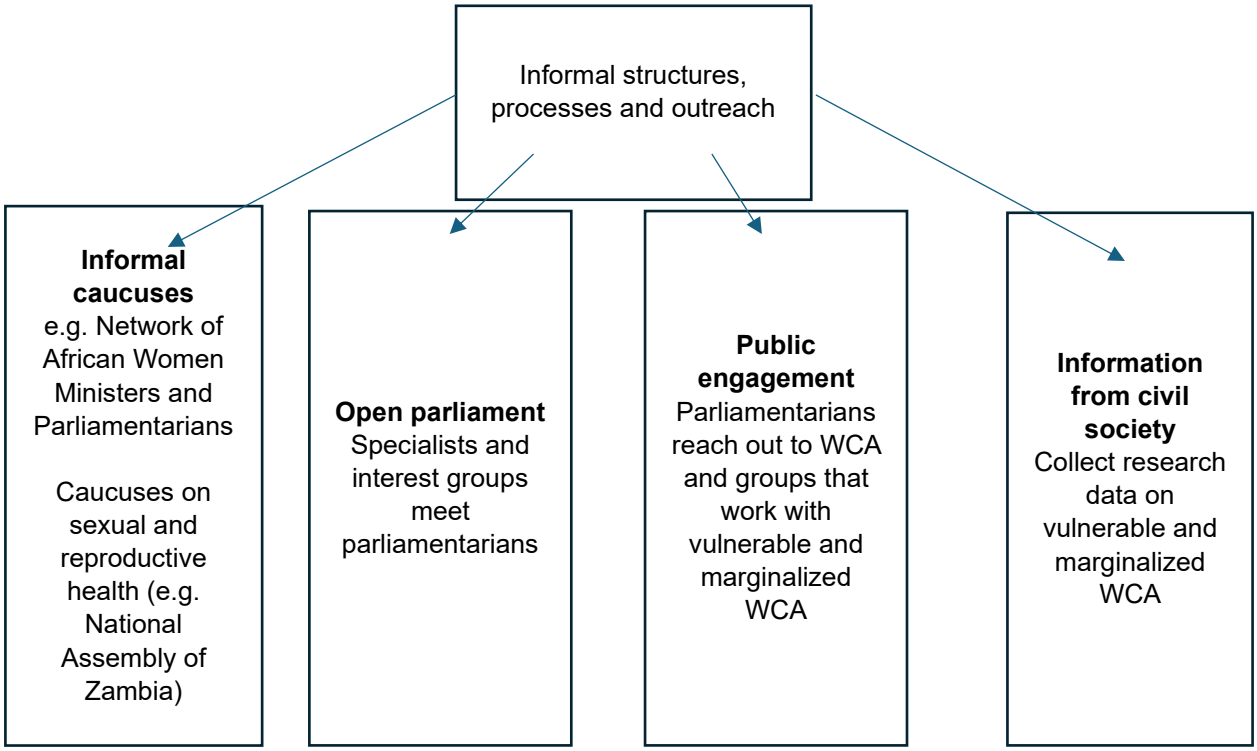

Table 3 – Informal parliamentary structures and processes for identifying and responding to the health needs of vulnerable and marginalized WCA

Informal caucuses. These advocate for improved services and adequate finance to meet the health needs of specific groups.

Open parliament. Space for special interest groups to present information, discuss interests, and make recommendations to parliamentarians.

Public engagement. Parliamentarians reach out to WCA and groups that specialize in vulnerable and marginalized WCA for information, updates on trends, and recommendations,

Civil society organizations. These provide parliamentarians with data, information and knowledge that give visibility to the everyday realities of vulnerable and marginalized WCA.

A unique informal process from Canada

Parliamentary staff are encouraged to submit a proposal to a formal specialist parliamentary committee on how to improve an existing process, such as how to identify vulnerable and marginalized groups and their needs. The committee secretary assesses the proposals submitted and selects the best ones to implement.

5.3 Observations

Formal committees focus on the health of women, children and newborns, with few committees focusing solely on the health needs of adolescents.

Using existing formal parliamentary structures and informal outreach mechanisms, parliamentarians hear from lobby and advocacy groups, as well as charities representing vulnerable and marginalized WCA populations.

By providing parliamentarians with data, information and knowledge, these groups are actively involved in strengthening parliamentary oversight mechanisms, and in ensuring that parliaments are effective in holding government to account.

Effective parliamentary lobbying for some groups may overshadow the needs of other vulnerable and marginalized groups. The politics of the day may determine which groups' needs are addressed. Groups perceived as a political liability may not be readily identified, which may prevent their needs from being addressed.

5.4 Recommendations II: Identifying and responding to the health needs of WCA – parliamentary structures and processes

- The task of identifying populations who are vulnerable and are being marginalized should be mainstreamed into all parliamentary committees, structures and mechanisms, particularly those that deal with budget and finance issues.
- Parliamentary structures should adopt a “nothing about us without us” principle when working with populations who are vulnerable and being marginalized. This inclusive and participatory approach gives voice to these populations, and strengthens their ability to influence decision-makers.
- Parliamentary processes should ensure that responses to populations’ needs are adapted to the local context and address the root causes of the vulnerability, including discrimination.
- Where possible, parliamentary response mechanisms and interventions should address multiple and intersecting vulnerabilities for more sustainable impact, effective targeting and better results.
- Wherever possible, parliamentary structures, processes and mechanisms should include in their deliberations the testimonies of persons with lived experiences who are likely to experience poor health or health inequities, and explore the intersectional nature of their vulnerabilities.
- To improve the delivery of health services, parliamentarians should collaborate with service providers and vulnerable and marginalized populations. Collaborating should ensure that those populations’ needs are articulated, that local solutions are proposed, and that changes in the health system and other systems as appropriate are made.

6. Findings III – Identifying and responding to the health needs of WCA – Capacity-building needs for parliamentarians and parliamentary staff

6.1 Findings

Parliamentarians' capacity-building needs can be categorized into the three groups shown in table 4:

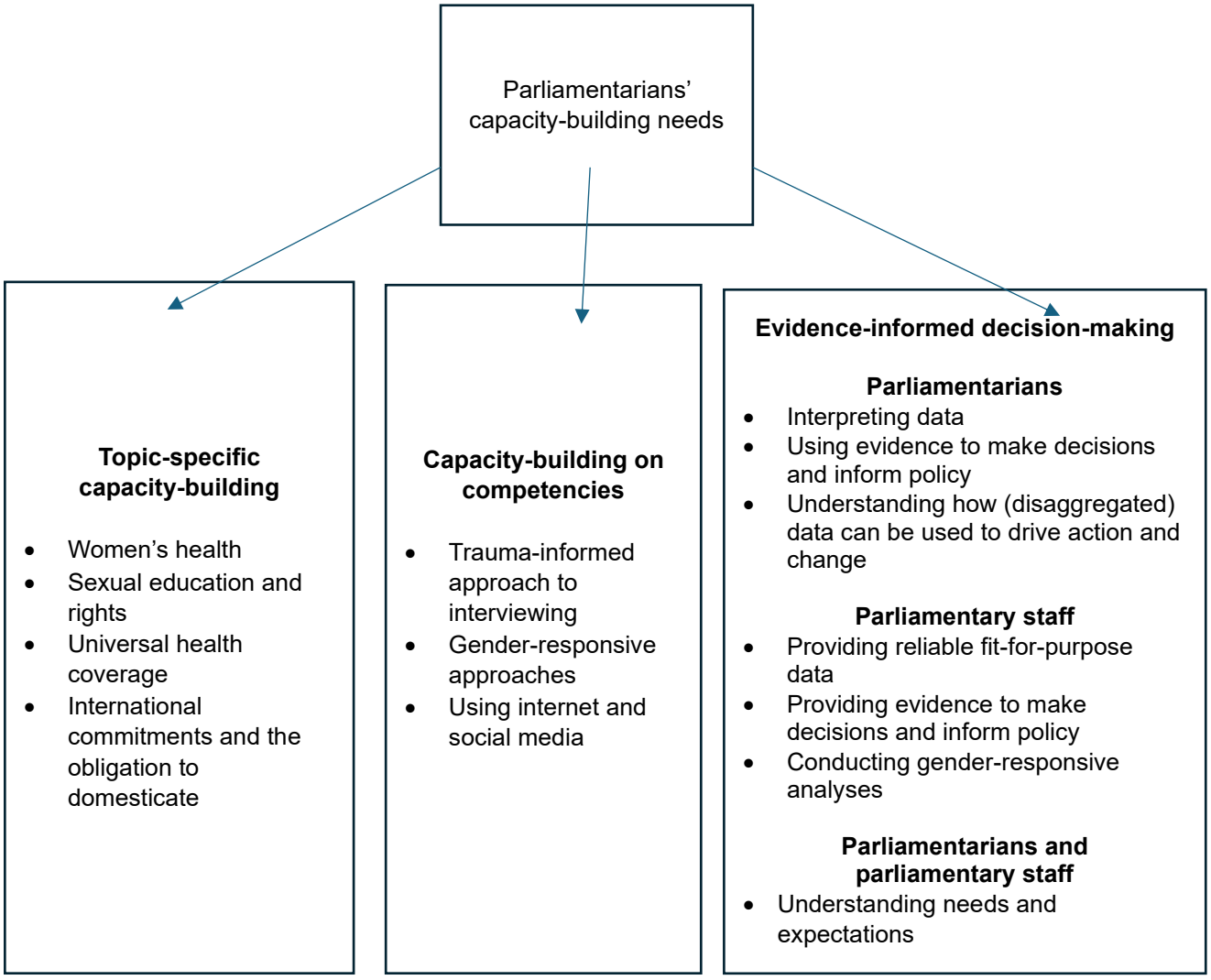

Table 4 – Parliamentarians' capacity-building needs to support identification of and responses to the health needs of vulnerable and marginalized WCA

6.2 Observations

Building parliamentarians' capacities can give them understanding, empathy, and the ability to respond to the perspectives of vulnerable and marginalized groups. These attributes are crucial for building trust and connection.

Capacity-building also improves the quality and effectiveness of parliamentarians' activities, and the ability to represent all their constituents effectively.

As parliamentarians gain more topic-specific knowledge, they appreciate and understand the challenges that vulnerable and marginalized populations face.

Evidence should be generated to inform best practice, with an emphasis on rapid translation and use of evidence.

Parliamentarians can receive evidence from a range of sources, such as their constituents, scientists, audit institutions and governments. They can use this evidence to inform the decisions, policies and laws that they make.

Whilst parliamentarians should understand the needs and expectations of specific members of their constituencies, it is incumbent on parliamentary staff to identify data sources, provide reliable fit-for-purpose data, and present useful evidence when preparing parliamentary hearings and outreach work.

Parliamentarians can develop a culture and environment that supports and implements an evidence-based response to populations' needs. This approach is more likely to result in high-quality, safe, cost-effective and improved outcomes for populations.

6.3 Recommendations III: Identifying and responding to the health needs of WCA – topic-specific capacity-building

The IPU should:

- Provide capacity-building for parliamentarians on topics such as:
  - Women's health
  - Comprehensive sexual education and rights
  - Universal health coverage
  - International commitments and their domestication.
- Continue collecting case studies on how MPs use parliamentary structures to identify and respond to the needs of vulnerable and marginalized WCA, paying particular attention to documenting the process of change.
- Exploit parliamentary *change-over times,* using induction sessions to introduce new topic-specific content and competencies that are appropriate for responding to the needs of vulnerable and marginalized groups.

6.4 Recommendations III: Identifying and responding to the health needs of WCA – capacity-building competencies

The IPU should:

- Conduct training on trauma-informed interviewing for parliamentarians, including how to build rapport and trust, be as transparent as possible during an interview, and create space for storytelling.
- Provide training, and support parliamentarians in practising their soft skills, such as communication, time management, decision-making and negotiation.
- Raise awareness of and support opportunities to practise respectful interaction with vulnerable and marginalized groups, even in stressful situations or when discussing sensitive issues.
- Provide training for parliamentarians and parliamentary staff on:
  - The principles of gender sensitivity
  - How to recognize gender biases in data collection
  - How to avoid gender biases, and integrate a gender perspective into data collection and analysis.
- Provide capacity-building that can equip parliamentarians with the skills not only to speak to and address sensitive health issues (such as abortion, maternal death, female genital mutilation (FGM) and teenage pregnancy), but also to make connections between issues (such as FGM, early sexual debut and teenage pregnancy).
- Provide parliamentarians with training on dialogue and building partnerships with key community members; and encourage MPs to tap into civil society organizations as sources of information.

6.5 Recommendations III: Identifying and responding to the health needs of WCA – evidence-informed decision-making	
Using existing structures, such as parliamentary research, technical offices and civil society organizations, **the IPU should:**	
Strengthen parliamentarians' abilities to:	Strengthen the abilities of parliamentary staff to:
• Rapidly translate and use evidence • Understand needs and expectations of vulnerable and marginalized WCA • Use data to support their position	• Identify data sources • Understand needs and expectations of vulnerable and marginalized WCA • Provide reliable fit-for-purpose data • Present evidence to inform the making of decisions, policies and laws
Use the internet and social media, in particular to access vulnerable adolescents.	
Through regular training and support from parliamentary research offices, **the IPU should:** Encourage the creation of an evidence-based culture where parliamentarians transform the collection and use of evidence into a systematic process. This would allow MPs to: answer questions; learn; and disseminate and use their findings to continuously identify the needs and improve the health outcomes of vulnerable and marginalized WCA.	

6.6 Recommendations III: Identifying and responding to the health needs of WCA – delivering capacity-building

- **Continuing professional development.** Conduct lunch seminars on topic-specific issues to increase the knowledge of parliamentarians and their staff.
- **Include parliamentary and research staff in training sessions.**
- **Train parliamentary and research staff to produce constituency maps** of populations who are vulnerable and are being marginalized.
- **Raise awareness of vulnerable and marginalized populations** by including the topic in all training for parliamentarians and their staff.
- **Use a *Training of Trainers* approach.** This involves training parliamentary department heads, so that they can in turn train others.
- **Use funds to attract funds.** Parliamentarians are encouraged to use funds to generate evidence about the needs of vulnerable and marginalized groups. Such evidence is more likely to attract funding from donors.
- **Benchmarking.** Encourage parliamentarians to source good examples from other countries about the processes used there to identify and respond to the health needs of vulnerable and marginalized WCA.

Conclusion

Parliamentarians are well placed to use their position and voice to improve the situation for the communities they represent and achieve health equity for vulnerable and marginalized groups.

As elected officials, MPs are responsible for using all parliamentary functions – budgeting, legislation, representation and oversight – to effectively and meaningfully serve their communities.

Perseverance will be key. We wish them success in their endeavours.