PARTICIPATION OF MEMBERS OF PARLIAMENT IN THE FORMULATION OF MALAWI'S HIV/AIDS POLICY

MASTER OF PUBLIC ADMINISTRATION AND MANAGEMENT THESIS

By

HANNAH NDOLIRO – KANKUZI
BA (HRM) – University of Malawi

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DECLARATION

I, the undersigned, hereby declare that this thesis is my original work and has not been submitted to any other institution for similar purposes. Where other peoples' work has been used, acknowledgements have been made.

HANNAH NDOLIRO – KANKUZI

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Full Legal Name

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Signature

_____

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the students own work and effort and has been submitted with our approval.

Signature:_____ Date:_____

Happy Mickson Kayuni, PhD (Professor)

FIRST SUPERVISOR

Signature: _____Date: _____

Dan Banik, PhD (Professor)

SECOND SUPERVISOR

DEDICATION

To my dear parents Mr. and Mrs. T.J. Ndoliro, for being the best parents any child could ever ask for. May God continue to bless and guide you in all you do.

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ABSTRACT

The study examined the extent to which Members of Parliament in Malawi participate in policy formulation by examining their participation in the formulation of the HIV/AIDS Policy (2013 – 2017). To achieve this, the study employed a qualitative research design characterized by in-depth interviews. This was followed by document analysis to triangulate responses obtained from key informants from government, MPs, donors and academics. The major conclusion of the study is that the participation of MPs in the formulation of the HIV/AIDS policy was not only partial but also at functional level when analysed using Pretty's typology of participation. The study found that policy formulation in Malawi is mainly undertaken by bureaucrats, technocrats and government ministries as they are the key stakeholders in policy formulation. It established that Malawi's politicians and bureaucrats are at liberty to decide whether to involve MPs as stakeholders' in policy formulation process or not. Furthermore, the study found that MPs participation in policy formulation was indirect, and done through the participation of the Parliamentary Committee on Nutrition, HIV/AIDS. The study established that the parliamentary committee had some influence on the content of the policy as evidenced through some of the provisions found in the final draft of the policy. From a public choice theory point of view, the study discovered that the participation of members of the Parliamentary Committee on Nutrition, HIV/AIDS in the formulation of the policy was informed by a variety of interests and motivations which ranged from financial allowances to more personal interests in matters concerning HIV/AIDS.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
DNHA	Department of Nutrition HIV and AIDS
HIV	Human Immunodeficiency Virus
MANASO	Malawi Network of AIDS Service Organisations
MCP	Malawi Congress Party
MP	Member of Parliament
MPHIA	Malawi Population HIV Impact Assessment
NAC	National Aids Commission
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
OPD	Out Patient Department
PLHIV	People Living with HIV and AIDS
UNDP	United Nations Development Program
UNAIDS	United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision

CHAPTER ONE

INTRODUCTION

1.1 Introduction and background to the study

The present study discusses policy formulation in Malawi, focusing on the participation of MPs in policy formulation as one of the ways in which MPs fulfil their role as peoples' representatives. In trying to understand how MPs participate in policy formulation, the Malawi National HIV and AIDS Policy (2013-2017) was used as a case study. This chapter provides a brief background of the concept of policy making, zeroing in on policy formulation process in Malawi during the one-party era and in the multiparty era. Furthermore, the chapter presents the problem that the study sought to address and its significance. It closes by providing by a chapter outline of the thesis.

Public policy as defined by Jenkins (1978, p. 15) is 'a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should, in principle, be within the power of those actors to achieve'. Similarly, Popoola (2016) describes policy as a course of action or a programme of actions that is chosen from among several alternatives by certain actors in response to certain problems. Once taken, the course or programme of action does not only guide behaviour, activities and practices but it also provides a framework for present and future decisions. Thus,

policies are formulated by certain actors to achieve certain goals and they consist of certain courses of action to be taken in certain processes.

In the light of the foregoing definitions, it is not surprising that Howlett, Ramesh & Perl (2009) describe policy formulation as the process of generating options of what to do about a problem whereby an initial feasibility assessment of policy options is conducted by exploring various ways or alternative courses of action available for addressing a concerned problem.

Policy formulation stems from agenda setting, a stage at which issues are discussed to the extent of attracting the attention of government (Capella, 2016). It, therefore, deals with the problem, goals and priorities, solution options for the achievement of policy objectives, cost benefit analysis, negative and positive externalities associated with each alternative (Hai Do, 2010). During this stage of the policy cycle, expressed problems, proposals, and demands are transformed into government programs. In other words, policy formulation and adoption include the definition of objectives i.e. what should be achieved with the policy, and the consideration of different action alternatives. Some authors differentiate between formulation of alternatives for action, and the final adoption of the policy (the formal decision to take on the policy) (Werner and Wegrich, 2007).

The actors in policy formulation are different from the actors in agenda setting. Unlike agenda setting, policy formulation is in the hands of official policy-makers, namely the legislature, the executive and judiciary who are constitutionally empowered to engage in the formulation of policies. These actors or participants are

crucial and influential in the sub-processes of policy initiation, choices, formulation, implementation and evaluation (Popoola, 2016, p.47).

1.2 The role of legislature in policy formulation

The legislature, which is usually referred to as Parliament, is comprised of a group of persons with the duty and power to make laws that govern a country (Patel and Tostensen, 2007). In this case, the legislature constitutes primary policymakers who possess direct constitutional authority to initiate and formulate policies. As elected law-makers, legislators represent people from their respective constituencies. Therefore, as Popoola (2016, p.48) rightly observes, they are expected to collate the views, interests, demands and problems of their constituents, harmonise them, and translate them into policy proposals. Such policy proposals are then subjected to an entire legislative process of reading, scrutiny, and debating.

This final decision made by parliament regarding a policy is preceded by a more or less informal process of negotiated policy formation, with ministerial departments and the units within the departments, organized interest groups and, depending on the political system, elected members of parliament and their associates as major players (Werner and Weigrich, 2007). In Malawi, like some other country's parliaments, the parliament has three main functions, namely representation, which deals with the relationship between MPs and voters who they represent (vertical accountability), law making, and oversight functions which concern the relationship between the Legislature and the Executive (Horizontal accountability) (Patel and Tostensen, 2007).

Regarding its role in policy formulation, Malawi's parliament has undergone a political transition in the country's post-independence era. The first phase was from 1964 to 1993, a period when Malawi was under Dr Hastings Kamuzu Banda's dictatorship. The policymaking process during this period was highly centralised as the State President almost entirely dominated the process due to the centralisation of decision-making in both the country's ruling party and government. Amundsen and Kayuni (2016) observe that the National Assembly debates in those days were characterised by delegates competing with each other on heaping praises on the country's leadership and endorsing the president's policy proposals.

With the introduction of multiparty democracy in 1993 followed by a new constitution, parliament was expected to take a more active role in the policymaking process including policy formulation. The transition to democracy presented opportunities for possible significant transformation of the policymaking process from the exclusive domain of influences of the President and the bureaucracy to an activity subjected to a wide range of influences from actors at different levels of society (Chinsinga, 2007).

1.3 Policy case study: Brief background to the HIV/AIDS policy (2013 – 2017)

The HIV/AIDS policy was developed when the first national HIV &AIDS Policy (2003-2008) under the theme "A Call to Renewed Action" was due for review. It was noted that although the country was making some strides in the fight against HIV/AIDS, the progress was not impressive as evidenced by the prevalence rate which was at 10.6% and new infections which were at 700,000 per year. The government of Malawi then decided to develop a new policy meant to run for a period

of five years (2013-2017) in line with the MGDS2. This policy was proposed to be operating under the theme “Sustaining the National Response” and to be operationalised through the National Strategic Plan (NSP). The HIV/AIDS Policy was also meant to facilitate evidence - based programming, scaling up innovations and re-alignment of the National Response to the fight against the pandemic (Minister’s Report on HIV/AIDS Policy, 2013). The HIV/AIDS policy was developed with linkages with the National Legislative and Policy Framework. For example, it is aligned to the Constitution which, among other things, provides for the Principles of National Policy and Human Rights (under Chapters III and IV, respectively).

Although there was an HIV/AIDS Policy in place, the pandemic still posed a serious challenge to the development of Malawi because it impacts the economy of the country through the loss of human resource due to illness and death (Malawi HIV and AIDS policy, 2011 - 2016). While the country is making progress in the prevention of mother to child transmission, treatment as well as new infections, the 2015-2016 Malawi Population-based HIV Impact Assessment (MPHIA) study revealed that the pandemic still poses a huge challenge to the country.

Based on the MPHIA research conducted in 2016, the HIV prevalence among adults aged 15 to 64 years was 10.6%, with annual incidence of the same group at 0.37% (28,000 new cases of HIV annually). HIV prevalence among children was at 1.6%. In December, 2018, an estimated one million people were living with HIV (PLHIV) in Malawi, about 104,093 of whom were children younger than 15 years of age. Furthermore, HIV prevalence remains disproportionately higher among females than males; for example, HIV prevalence is three times higher among 25-29-year-old

females than males, pointing to higher HIV incidence among females than males aged 15-24 (UNAID Data, 2017).

Apart from the study conducted by MPHIA, the Demographic Health Study (2016) also revealed that overall, 8.8% of Malawians age 15-49 are HIV positive. By district, HIV prevalence is lowest in Salima (3.0%) and highest in Mulanje (20.6%). HIV prevalence is higher among women (10.8%) than among men (6.4%). HIV prevalence is higher among women and men living in urban areas. Among women, HIV prevalence is lowest at age 15-19 (3.3%) and highest at age 40-44 (19.8%). Among men, HIV prevalence is lowest at age 15-19 (1.0%) and highest at age 45-49 (19.2%). Figure 1 below reflects the percentage of men and women between 15 – 49 years who are HIV positive.

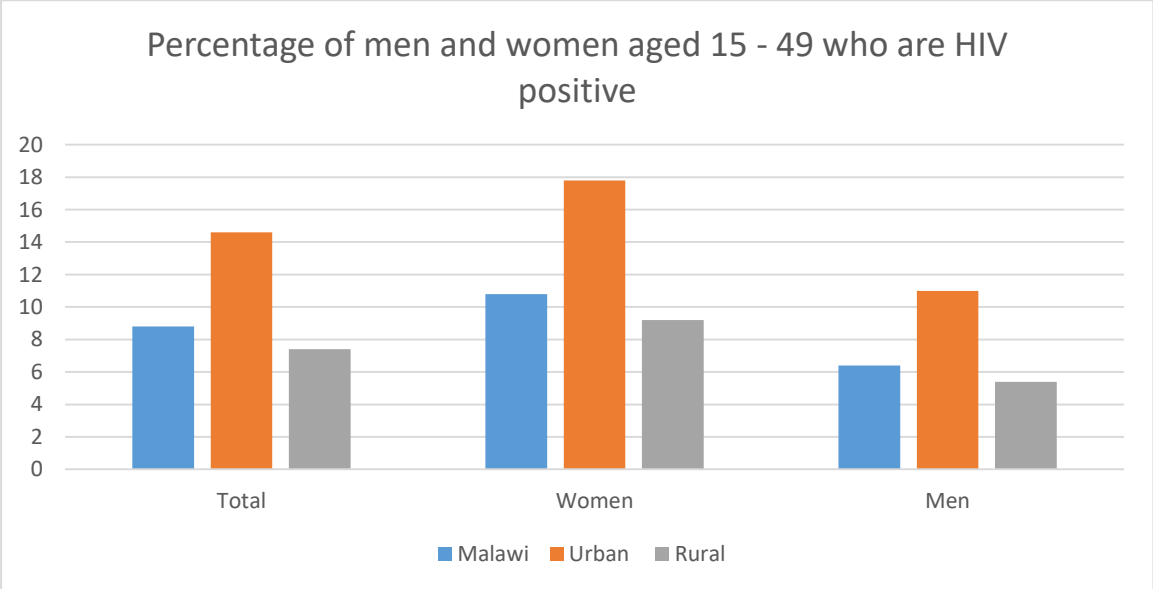

Figure 1: Percentage of men and men aged 15 – 49 who are HIV positive

Source: Researcher

In terms of legislation, the Policy was designed to operate in an environment which has other legislations that touch on, HIV & AIDS related issues, such as: The Penal

Code, The Public Health Act, The Employment Act and The Occupational Safety, Health and Welfare Act and others. The Policy is also guided by international human rights instruments which Malawi is party to, such as; The Declaration of Commitment on HIV & AIDS "Global Crisis – Global Action", Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), The Convention on the Rights of the Child, among others. Apart from the international instruments, the policy is guided by the Malawi Growth and Development Strategy MGDS II**,** which identifies HIV and AIDS as one of the priorities within priorities under *"Public Health, Sanitation and HIV and AIDS Management".* Similarly, it is guided by other strategic plans such as the National Health Policy and Health Sector Strategic Plan; National Nutrition Policy and Strategic Plan; National Action Plan for Orphans and Other Vulnerable Children; National Education Sector Policy; National Gender Policy National Sports and Youth Development Policy; Decentralisation Policy; National Sexual and Reproductive Health and Rights Policy among others.

Considering that the HIV and AIDS pandemic has affected every Malawian in one way or another, the proposed study considered it very critical to analyse the extent of MPs participation in the formulation of this policy.

1.4 Statement of the Problem

As highlighted in the foregoing discussion, the legislator constitutes primary policymakers; as elected law makers, they represent their people from their various constituencies. The legislature, therefore, possesses direct constitutional authority to initiate and formulate policies in their countries (Popoola 2016). In Nigeria, for example, these are members of the National Assembly (the Senate and the House of

Representatives) while in Malawi, these are members of the National Assembly (Patel, 2007). MPs, as peoples' representatives, are therefore expected to collate the views, interests, demands and problems of their constituents, harmonise them and translate them into policy proposals for the government (Popoola, 2016).

In Malawi, Parliament legislates policies and provides oversight for their implementation. This function is done through open debates and through parliamentary committees. The Malawi Constitution therefore provides that parliament may establish any committees for the scrutiny of legislation and the performance of other functions. The Constitution also stipulates that apart from the standing committees, parliament should have departmentally related committees one of which is the Nutrition, HIV/AIDS committee. However, regardless of these constitutional provisions, Banik and Chinsinga (2016) note the Malawian legislature has been largely dominated by the executive ever since the introduction of multiparty democracy.

As discussed above, the primary policymakers, receive their authority to act in policy making process from the constitution and parliamentary standing orders. However, Chinsinga's (2007) observed that the Malawi Parliament abdicated its responsibility during the formulation of the Malawi Poverty Reduction Strategy Paper (2002). Based on Chinsinga (2007) findings, it is clear that, contrary to expectations of the post 1993 referendum, the active participation of MPs in policy formulation in Malawi cannot be guaranteed since our policy making does not really provide the parameters in which MPs would operate in when they are participating in policy formulation. It may be assumed that the participation of MPs in policy formulation has improved over the

years considering that Malawi's parliament established departmental committees which are meant to increase the participation of parliament in policy formulation (Patel, 2007). The expectation is that the members of those committees should develop expertise in those specific fields (Patel & Tostensen, 2007). However, the reality is that the mere presence of the committees cannot guarantee active MPs participation in policy formulation.

There is vast literature on policy formulation globally, however, this literature is limited when it comes to specifically address policy formulation and more so how the legislature participates in policy formulation. The situation in Malawi is not different from the international one. For example, Chinsinga (2007) focuses on policymaking in Malawi by looking at the roles of stakeholders in policymaking in general and not specifically in policy formulation. What is even more significant is that although there have been some studies on policy formulation in Malawi (e.g. Luhanga 2001; Ferreira-Borges et al. 2014), they only focus on the process of policy formulation without paying much attention to how the actual stakeholders like MPs participate in the process of policy formulation. It is against this backdrop, that this study is aimed at establishing whether the situation that prevailed during the development of Malawi Poverty Reduction Strategy Paper (2002) continued to prevail the time the HIV/AIDS policy was being formulated, by analysing the participation of MP's in the formulation of the HIV/AIDS Policy. The key question that was asked by this study was 'To what extent did the MPs participate in the formulation process of the HIV and AIDS Policy as expected of them by the Malawi Constitution and by their constituents?'

1.5 Main research objective

The main objective of this study is to analyse the extent to which MPs participated in the formulation of the HIV/AIDS Policy.

1.5.1 Specific research objectives

a) Examine how the HIV/AIDS policy was formulated;
b) Investigate how MPs contributed in the formulation of the HIV/AIDS policy;
c) Assess the role of the parliamentary committee on HIV/ AIDS in the formulation of the HIV/AIDS policy;
d) Examine the extent of influence exercised by the parliamentary committees on HIV/AIDS in the formulation of the HIV/AIDS policy.

1.5.2 Research Questions

a) How was the HIV/AIDS policy (2013-2017) formulated?
b) How did the MPs contribute to the formulation of the HIV/AIDS policy?
c) What role did the Parliamentary Committee on HIV/AIDS play in the formulation of the policy?
d) How, and to what extent, did the Parliamentary Committee on HIV/AIDS influence formulation of the policy?

1.6 Significance of the study

Governments and development organisations often claim that they promote a philosophy of participation that advocates for peoples' capacity and right to define and control their own development (Eylers and Foster, 1998 cited in El-Gack, 2007, p.3). However, several participation theorists contend that, regardless of the concept

of peoples' participation in development planning, policy making and decision sharing remain more of rhetoric than actual practice (Ibid). Furthermore, not much interest has been given to measuring the level of MPs participation as peoples' representatives, in the formulation of policies in Malawi, hence the justification of this study which was interested in establishing the level of MPs participation in policy formulation in a democratic Malawi. By making policy formulation its mainstay, the study contributes to the body of existing literature by representing a departure from an enduring policy studies tendency of concentrating on the concept of policy making in general at the expense of policy formulation. This tendency cannot be taken for granted especially considering that policy formulation is a major stage in the policy formulation cycle. It is during policy formulation that policy-makers are expected to decide and formulate the course of action in addressing the public problem raised in the agenda setting stage (Howlett et al. (2009). This study, therefore, expands frontiers of knowledge regarding how policies are formulated in Malawi, including the level of MPs participation in policy formulation. Furthermore, by situating this study in public choice theory, the study reveals interests of various stakeholders that determine MPs participation level in policy formulation. Overall, the study contributes to the debate about the role of the legislature in policy formulation.

There are numerous policies in Malawi that have been debated in Parliament which have equally affected the life of Malawians. This study will analyse the HIV/AIDS policy because although recent studies have indicated that the fight against HIV/AIDS is going on well in most countries including Malawi, the pandemic still pauses a great challenge to most people every individual has been affected by the virus in one way or the other. The UNAIDS Data (2017) found that about 39.9 million people were living with HIV globally, while AIDS- related deaths were estimated to be at 940,000.

The situation is not very different from Malawi's as evidenced through the MPHIA (2016) study which showed that Malawi has about 980,000 living with the virus while about 350, 000.00 do not know their status since they have not gone for Voluntary Counselling and Testing.

1.7 Structure of the thesis

Chapter one constitutes the introduction of the study and, among other elements, it presents an introduction to the chapter, background to the study, and the problem that was investigated by the study. The second chapter discusses the literature review and theoretical framework formed the foundation of this research. The research design and methodology is discussed in the third chapter while chapter four focusses on the study's findings, and their analysis. The final chapter presents the conclusion of the study and as recommendations concerning future research in policymaking and participation of MPs in policy formulation in Malawi.

1.8 Conclusion

The present chapter has presented a brief background to the study at hand by focusing on the concept of policy making. It has, in turn, zeroed in on policy formulation and the role of the legislature in Malawi during the one-party era and in the multiparty era. Furthermore, the chapter has presented a statement problem that the presented study sought to address. The chapter closed by presenting the study significance and an outline of the thesis.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews literature relating to policy formulation and participation of MPs in policy formulation and presents the theoretical framework of the study. The chapter begins by exploring concepts of policy formulation and policy formulation actors and, in turn, discusses roles of parliament in general and parliamentary committees in particular in policy formulation. Finally, it discusses the theoretical framework of the study by exploring several policy formulation theories with emphasis on public choice theory and participation theory as theories guiding this study.

2.2 Literature Review

2.2.1 The policy making process

Public policy refers to a relatively stable, purposeful course of action taken by Government or public actors in order to address a social problem such as unemployment, inflation, housing, welfare, health, and education (Chinsinga, 2007). Schmidt (2008, cited in Howlett et al. 2009, p.10) explains that government's public policy decisions are done in a process which should be understood as socio-political, involving successive stages from public problems articulation to adoption and implementation of their anticipated solutions. Fundamentally, the process is about constrained actors attempting to match policy goals with policy means in a process that can be characterized as 'applied problem-solving' (Desai, 2011). Thus, although,

governments rarely address problems using a single decision (Huci et al. 2013), public policy making is specially understood as a dynamic process in that it is normally the result of a set of interrelated decisions. It has to be noted, however, that although policy process in seen as an ongoing cycle, most policies do not have a fixed life cycle; rather they seem to recur in slightly different guises as one policy succeeds another with minor or major modification.

Considering that public policy is a complex phenomenon consisting of numerous decisions by individuals and organisations inside government and influenced by others operating within and outside state machinery, there is need to simplify public policy-making for analytical processes. This need is met by conceptualising public policy making as a process i.e. a set of interrelated stages through which policy issues and deliberations flow in a more or less sequential fashion from problems to policies (Howlett et al. 2009). Werner and Wegrich (2007) refer to the sequence of the stages as the policy cycle. Several policy cycles have been developed by policy scholars but this study utilises the cycle developed by Brewer (1983). Huci et al. (2013) note that Brewer (1983) developed a policy process that expands beyond the confines of government in exploring how problems are recognized, and that he clarifies the terminology for describing the various stages of the process, hence its relevance to the present discussion. Brewer's policy process model, according to Werner and Wegrich (2007), has five stages, namely agenda setting, policy formulation, decision making, policy implementation and policy evaluation. A brief discussion of the four stages of policy making will follow before focusing on policy formulation.

Werner and Wegrich (2007) consider agenda setting as a list of subjects or problems to which governmental officials, and people outside the government closely associated with those officials, pay serious attention at any given time. Agenda-setting process can, therefore, be narrowed from a set of conceivable subjects to a set that actually becomes the focus of policy makers' attention and interest (Kingdon, 1984, cited in Capella 2016, p.7). Put differently, as rightly explained by Cloete and Meyer, (2006 cited in Desai 2011, p.64) agenda-setting refers to a deliberate planning process through which policy issues are identified, problems defined and prioritised, support mobilised, and decision-makers lobbied, to take appropriate action. The process starts with identification of a policy issue or problem by one or more stakeholders in society, who feel(s) that the actions of government detrimentally affect them or a certain segment of society. Thus, it can be successfully argued that agenda setting involves different actors within and outside government making an issue receive government attention or recognition. This does not necessarily mean that agenda setting is a neutral a policy tool since practically it can be used for both good and nefarious purposes. In some contexts, skillful manipulation of formal rules or the use of informal channels of political influence and communication can block attempts to advance reform thereby acting against change (Huci et al. 2013).

The third stage in the policy making process is decision making. Some authors e.g. Werner and Wegrich (2007) argue that decision making forms part of policy formulation as the last step in policy formulation. However, Howlett and Ramesh (2009) identify decision-making as a separate stage. According to the two authors, decision making is a stage where one or more or none, of the many options that have been debated and examined during the agenda setting and policy formulation is

approved as an official course of action. Policy decisions usually produce some kind of a statement, formal or informal, about the government's intent to take some action on the issue at hand using its public actors. This action comes in form of a law or a regulation (Howlett and Ramesh, 2007).

Once a decision has been made to act on a certain policy, subsequent choices are required in order to attain the desired results. These choices include allocating funds, personnel and developing rules and procedures for the policy to work. Werner and Wegrich (2007, p.51) define policy implementation as "what happens between the establishment of an apparent intention on the part of the government to do something, or to stop doing something, and the ultimate impact in the world of action". They observe that this stage is critical as political and administrative action at the frontline are hardly ever perfectly controllable by objectives, programs, laws, and the like. Therefore, policies and their intentions will very often be changed or even distorted; its execution delayed or even blocked altogether (Weigner and Wegrich 2007, p.51). Howlett and Ramesh (2009, p.160) note that although policy implementation depends on civil servants and administrative officials to manage the necessary actions, non-governmental actors who were part of the policy subsystem can also be involved in implementation activities (Ibid).

The final stage of policy making is policy evaluation. Howlett and Ramesh (2009) note that policy evaluation broadly refers to the stage of the public policy process at which it is determined how a public policy has actually turned fared out in action by looking at the objectives achieved and the means used to achieve the objectives. During the evaluation stage of the policy cycle, these intended outcomes of policies

move into the centre of attention and the plausible normative rationale that, finally, policy-making should be appraised against intended objectives and impacts forms the starting point of policy evaluation (Werner and Wegrich, 2007). Policy evaluation should not be associated only with the final stage in the policy cycle that either ends with the termination of the policy or with its redesign based on modified problem perception and agenda-setting. This is the case because policy evaluation can be used as a way of policy learning (Howlett and Ramesh, 2007, p.179).

2.2.2 ***Policy formulation***

Policy formulation is the second stage in policy making process as it stems from agenda setting, which is the first stage in policy making. Sidney (2007, p.79) notes that in the traditional approach to policy making, policy formulation is part of the pre-decision phase; it involves identifying and/or crafting a set of policy alternatives to address a problem, and narrowing that set of solutions in preparation for the final policy decision. Werner and Wegrich (2007) point out that it proceeds as a complex social process in which state actors play an important role. Howlett et al (2007, p.110) add that policy formulation is the process of generating options on what to do about a public problem. And according to Cochran and Malone (1999) cited in Sidney (2007, p.79), policy formulation takes up the "what" questions: "What is the plan for dealing with the problem? What are the goals and priorities? What options are available to achieve those goals? What are the costs and benefits of each of the options? What externalities, positive or negative, are associated with each alternative?" Hai Do (2010, p.3) notes that this task includes the crafting identification of a set of public policy alternatives to address the socio-economic problems, and selection process by

narrowing that set of solutions in preparation for the final policy solutions for the next stage.

Significantly, the foregoing approach to policy formulation, which is embedded in a stages model of the policy process, assumes that participants in the policy process have already recognized and defined a policy problem, and moved it onto the policy agenda (Hai Do, 2010 p.3). Sidney (2007, p.79) adds that formulating the set of alternatives thus involves identifying a range of broad approaches to a problem and, in turn, identifying and designing the specific sets of policy tools that constitute each approach. Furthermore, it involves drafting the legislative or regulatory language for each alternative approach and articulating to whom or to what they will apply and when they will take effect. Selecting from among these a smaller set of possible solutions from which decision makers actually will choose involves applying some set of criteria to the alternatives such as judging their feasibility, political acceptability, costs, and benefits. In general, fewer participants than those involved in the agenda-setting stage are expected to be involved in policy formulation, and most of the work is expected to take place away from the public eye (Sidney, 2007, p.79). Standard policy texts describe policy formulation as a back-room function. For example, Dye (2002, p.40) conceptualises policy formulation as something that takes place in government bureaucracies, in interest group offices, in legislative committee rooms, in meetings of special commissions, with details often formulated by staff.

In the light of the above descriptions of policy formulation, it can be argued that policy formulation is clearly a critical phase in the policy making process because alternatives that decision makers are expected to consider directly influence the

ultimate policy choice. Furthermore, the process expresses and allocates power among social, political, and economic interests considering that the definition of the alternatives is the choice of conflicts, and the choice of conflicts allocates power to different stakeholders (Schattschneider 1960, cited in Sidney, 2007, p.79).

Although policy formulation is an explicit object of enquiry in studies of policy design and policy tools, attention to policy formulation is also embedded in work on subsystems, advocacy coalitions, networks, and policy communities (Sidney, 2007, p.81). Howlett and Ramesh (2009) note that identifying the actors in policy formulation, and understanding their beliefs and motivations, their judgments of feasibility, and their perceptions of the political context, goes a long way toward explaining the public policies that take shape. These actors can be political or non-political. The chapter now discusses these actors focusing more on the MPs as actors in policy formulation.

2.2.3 Policy formulation actors

An important relationship exists between policy actors and policy formulation process. Hai Do (2010) observes that in policy formulation, the relevant actors are usually restricted to members of policy subsystems considering that a requirement of participation at this stage of the process of policy making is some minimal level of knowledge in the subject area. This allows an actor to comment on the feasibility of options put forward to resolve policy problems. According to Howlett and Ramesh (2009), these actors can be individuals or groups divided into the following five categories. Firstly, there are elected officials, consisting of executive and the legislature. Secondly, there are appointed officials who provide bureaucratic

assistance and these are also central figures in policy process in a policy sub-system. Then there is government and politicians who sometimes need information that is provided by interest groups in order to effectively achieve policy making or to attack their opposition; the fourth group is made up of research organizations, formed by universities and experts or consultants of policy while the last group is the mass media.

Policy formulation actors can also be categorised based on their type of participation in policy formulation process. For example, the role of governmental agencies such as the legislature, cabinet and state governments in policy formulation is a direct one while the role of the non- governmental agencies such as the mass media, political parties, citizens and pressure groups is indirect. Anderson (1979 cited in Popoola 2016, p.47) divides policy formulation actors into two groups, namely official participants; (government agencies, the president and the legislature and the judiciary), and non-official participants; (interest groups, political parties, and citizens). Similarly, Anderson (1979) and Egonmwan (1991, cited in Popoola, 2016, p.48) subcategorise the official policymakers into primary policymakers; and supplementary policymakers. Primary policymakers are those that are constitutionally empowered to engage in the formulation of policies; it is their constitutional assignment and responsibility. Consequently, they need not depend upon other governmental agencies or units or structures to perform their policy-making roles. The supplementary policymakers, expectedly, receive their authority to act in policy making process from the primary policymakers such as the National Assembly. These are expected to be responsive to the interests and requests of the National Assembly. Examples of supplementary policy makers are persons, agencies or bodies that need

authority from others in order to act as they are dependent on, or are controlled by, others. They include ministries, departments and other governmental agencies that initiate policies and push for them (Popoola, 2016, p.48). The situation discussed above is similar to the Malawian situation. As Chinsinga (2007, p. 364) notes, there are several actors on policy making in Malawi, these stakeholders, among others, include political parties, civil society, the media, international organisations (international financial institutions and donor agencies),the three branches of Government (Legislature, Executive and Judiciary) and the public at large through their MPs.

Important differences have been observed between actors in policy making in developing and developed countries. Ribka and Wajaya (2013) note that in developing countries, the policy making structure is simplified while in developed countries it is complex. These differences are attributed to the type of actors that are involved in policy formulation in the two groups of countries. In developing countries policy formulation is controlled by elite groups with less society influence, thereby simplifying the policy formulation process. Concerning roles of actors in developing countries in various cases and sectors, Howlett and Ramesh (2003) observed that motivation and participation in the community was low while the state and businesses dominated the policy making process. In contrast, in developed countries, policy making process is complex because every citizen has interest in policy in their country (Ribka and Wajaya, 2013). Similarly, Sidney (2007, p.81) argues that policy formulation is more complex in developing countries due to weak institutions, regulatory capacity, accountability and participation and responsibility of subsystem of government, and these weaknesses make policy formulation a continuous process.

2.2.4 The role of Parliament in policy formulation

The role of parliament which is related with policy formulation is legislation function; in this case, local parliament makes local regulation through the members. As indicated earlier, the legislators constitute primary policymakers as they possess direct constitutional authority to initiate and formulate policies. As elected law makers, they represent their people from their various constituencies. Consequently, they are expected to collate the views, interests, demands and problems of their constituents, harmonise them and translate them into policy proposals for the legislature. Practically, however, legislators do not generate and develop policy proposals from their constituents only; they also develop draft policies from their fellow legislators and the executive (Popoola, 2016, p.48). Whatever the case, however, the policy proposals are subjected to the entire legislative processes of reading, debating and scrutinising by the relevant standing committees. Policies formulated from such proposals are then forwarded for presidential assent. Formulated policies stipulate policy programmes and required actions which are, in turn, implemented and evaluated by the executive (Ibid).

In a democratic system of government, the role of the legislature as the prime policy making body has great significance. Considering that it is the representative body, the legislature deliberates on various issues and formulates policies. However, it is now widely accepted that the power of the legislature is more real in a constitutional sense than in terms of practical politics. It is now regarded as a constitutional procedural device for legitimizing the policies and decisions of government rather than as an independent policy making unit (Popoola, 2016, p.48). He adds that in reality, legislators often appear to have practically and largely abdicated to the executive their

constitutional responsibility of policy making. It was observed, however, that in some countries like Nigeria for example, legislators no longer exert considerable influence on the initiation and formulation of policies. In most cases, they mainly just formalise and legitimize policies already formulated by the executive; they look up to the executive for legislative leadership (Ibid). In Malawi, it was also observed that the legislature does not play an active in policy making. For example, Chinsinga (2007, p. 365) found that the legislature Parliament is often weak and marginalised in terms of its legislative and oversight functions.

Certain factors are responsible for this abdication of responsibility. In the Nigerian context, for example, the first factor is that legislators are fragmented, not only along party lines, but also along ethnic and religious lines, consequently lacking the necessary cohesion to generate, initiate and formulate policies that can benefit the majority of citizens. Secondly, many legislators lack the intellectual depth, professionalism, skills and technocracy needed to tackle complex problems of modern-day societies and governance which the executive functionaries have. Lastly, most legislators demonstrate flippancy in that they have little understanding of the weight of their assignment and are not well-positioned to meet the increasing need for expertise in governance (Popoola, 2016, p.48). This observation is echoed by Chinsinga (2007, p.365) who noted that the Malawian Parliament is often side lined in policy making due to the fact that the legislature lacks skills and expertise to undertake such a demanding and challenging task. However, although they are faced with the above highlighted challenges, one must appreciate that the legislators are still active in the policy-making process in developed democratic dispensations and they

play significant policy roles in the presidential system of government (Popoola, 2016, p.49).

The Malawian situation is that the legislature is concerned with passing laws of the land, which are consistent with values of democracy, human rights and good governance. Patel (2016) notes that, in terms of the policy process, the legislature is involved in debating and approving government bills. In the course of their work, parliamentarians may sometimes demand alterations to policies in question. However, the nature of the problem being considered affects the level of involvement of the legislature in the policy process. She adds that experience has shown that national security, foreign policies and emergency crises usually do not involve the legislature as these issues are usually discussed in secret. Similarly, an emergency crisis may not involve the legislature because of the long processes taken in introducing, debating and passing a bill. However, the government budget is debated in the legislature because it is the principle of parliamentary government that the executive must seek funds and authorisation for its expenditure once a year (Ibid).

2.2.5 The role of Parliamentary Select Committees

Parliament plays its role in the formulation of policies through its parliamentary committees. Nizam (2001, p.26) points out that it is widely recognised that one important way of strengthening parliament without weakening the executive is to make maximum use of parliamentary committees. In addition, Halligan (2008, p.137) notes that parliamentary committees are not only a major vehicle for scrutinising the executive but are also an important means of facilitating public contributions to parliamentary deliberations. Essentially, dividing the house into committees allows

for specialised work to be conducted by the house and creates a narrower and more detailed space in which focused work is done than which the plenary can accommodate (Doyle, 2016 p.38). Committees also enable the legislature (who represent the public) to perform numerous functions that otherwise might not be conducted at all (Nizam, 2001, p.18). For example, they help parliament reduce its workload and, in turn, perform various functions more efficiently. They also help perfect legislation and provide an important means of parliamentary oversight of government. Committees are also capable of offering MPs a variety of rewards and opportunities such as encouraging them to build up a more specialised knowledge of policy areas, providing a means of keeping them busy and feeling useful, and granting them more active and rewarding participation in the governing process. More significantly, they are seen as one of the most effective means of underpinning the authority of the assembly against the executive (Nizam, 2001, p.19).

Although parliamentary committees perform different roles as highlighted above, Halligan (2008, p.137) argues that the roles can be reduced to three basic types, namely scrutiny, investigation and legislation. However, the contributions of parliamentary committees are not standard components of the policy process, certainly not in the earlier stages. Committees are prominent at the legislative stage and have review and scrutiny options through, and to some extent, even beyond, the policy implementation stage (Halligan, 2008, p.140).

Parliamentary committees in countries such as Bangladesh, Australia, South Africa and Malawi owe their origin to two sources from which they also gain legitimacy; the constitution of the country and the rules of procedure of parliament (Nizam, 2001;

Patel and Tostensen, 2007; Halligan, 2008; Patel, 2016; Doyle, 2016). The Constitution of Bangladesh, for example, provides that it is mandatory for parliament to set up a Public Accounts Committee (PAC) and a privileges Committee, and empowers the parliament to constitute as many standing committees as it considers necessary (Nizam, 2001, p.17). Similarly, the Malawi Constitution provides that Parliament should have the following committees; Public Accounts Committee (PAC), Budget and Finance, Legal Affairs Committee, and Defence and Security Committee and as many standing committees as necessary. Furthermore, the country's parliamentary standing orders specify the actual number of committees to be set up at a given time and delineate their formal scope of operation. The standing orders also specify the composition of various committees and prescribe important matters pertaining to their operations such as the way decisions are to be taken, the procedures to be followed to convene meetings of a committee, and the methods used for examining witnesses (Nizam, 2001, p.18).

Doyle (2016: p.43) observes that the above framework of parliamentary committees constructs the institutional design in terms of how committees ought to be composed, function and provide an enabling environment for the exercise of legislative oversight. These provisions structure the various mechanisms for practically conducting oversight such as scrutinising departmental annual reports and summoning a member of the executive to appear before a committee (Ibid). Regarding the sitting of committees, Nizam (2001, p.20) notes that normally, the sittings of a committee are held within the precincts of the House. However, he is quick to clarify that if it becomes necessary to change the place of the sitting outside the house, it can be done with the permission of the Speaker. Committee meetings are held in private and are

not open to the public (Nizam, 2001). Only committee members and staff, are eligible to attend a committee's deliberations. A committee can regulate its sittings and the way it conducts its business, and it can obtain cooperation and advice from any expert in its field, if deemed necessary. Similarly, a committee has the power to send for persons, papers, and records. No document submitted to a committee can be withdrawn or altered without its knowledge (Nizam, 2001, p.21; Patel, 2007, p.93; Patel, 2016).

Although the creation of an elaborate committee system is necessary, it is not sufficient to ensure that it works unless some other conditions are met. This is not surprising because, as Nizam (2001, p.22) argues, much of what committees can do depends on the nature of powers granted to them. In practice, most committees do not possess general competence power as their powers and functions are, generally, coded in the rules of the National Assembly/Parliament. Thus, if a committee remains seriously handicapped in the exercise of functions, rarely can one expect it to be useful (Nizam, p.22). With reference to Malawi, Patel and Tostensen (2007, p.94) add that the role of Parliamentary Committees in policy formulation is undermined by budgetary constraints, low educational levels of the committee members which translate to lack the technical expertise in relevant fields of their respective committees, breaches of reporting procedures and pressures from administrative officials as well as party leaders. (Patel, 2016, p.136).

2.2.6 The Influence of the Parliamentary Select Committees in Policy Formulation

As highlighted above, parliamentary committees were established in order to increase the participation of MPs in policy making. Parliamentary committees not only scrutinise the policies by the Executive but also play an important role in facilitating public contributions to parliamentary deliberations (Halligan, 2008, p.137). Delcamp (2018, p.1) adds that, historically, the establishment of committees was a pragmatic answer to an evident need to gather members of parliament in smaller groups in order to enable more efficient work and to give parliament more time to prepare its answers to government initiatives.

The establishment of parliamentary committees has increased the participation of MPs in policy formulation and has shown that committee work can exert significant influence on the final decision about a policy (Delcamp, 2018, p.23). Patel (2016), however, observed that although Malawi's parliamentary committees were established to increase participation of MPs in their oversight function, including contributing to policy formulation processes, their level of participation is mostly reduced because regardless of the fact that they make recommendations, they are not decision-making bodies. Practically, final policy decisions are made by government. This view is echoed by (Johnson & Nakamura, 2006) who noted that in some developed countries such as the UK and the USA technocrats had a final say about what should appear in the policy document regardless of the fact that parliament had opportunity to make significant contributions to the policy.

As earlier highlighted, during the period of formulating Malawi's HIV/AIDS Policy, Parliament, had 20 Select Committees set up in the National Assembly. The composition of each of the Select Committees was shared between the parties and in 2014, most of the committees were chaired by the opposition Malawi Congress Party (MCP) because it had the largest membership in parliament. Committees were required to report results of their work to the National Assembly which had power to use its discretion to either accept or reject the findings.

The foregoing literature has discussed how policies are formulated by focussing on actors in policy formulation. It has highlighted that the key actors are government bureaucrats, elected politicians, and academics, among others. Concerning how MPs participate in policy formulation, the reviewed literature has revealed that, in Malawi, parliament seems to have abdicated its responsibility of scrutinising and reviewing policies made by government to an extent that in the present case, it is mostly side-lined by government. The parliamentary committees, nevertheless, play a key role in policy formulation because they meet to review and scrutinise policy proposals. Their role has also helped to increase citizen' participation in policy formulation because the committee members are supposed to collect views and ideas from their constituencies which are, in turn, considered for inclusion e in the policy document.

The challenge, however, is that the influence of the MPs on the content of the final policy document is limited because they are not final decision makers. It is against this background that the present study's objectives sought to examine how the HIV/AIDS policy was formulated by focussing on the contribution of MPs in the formulation of the policy. Particularly, the study examined the role of the

Parliamentary Committee on HIV/ AIDS in the formulation of the policy, emphasising the extent of its influence on the formulation process.

2.3 Theoretical Framework

Considering that the study focuses on the extent of MPs participation in policy formulation, it will be grounded in Participation Theory. Participation is defined by ODA (1995, cited in El-Gack 2007, p.21) as a process in which all those with interest play an active role in decision making and in the consequent activities which affect them.

Arnstein (1969, p.217) defines participation as the strategy by which the public join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parcelled out. Similarly, Rydin and Pennington (2000) view public participation as a democratic right to be involved in the public policy process in that people have the right to say on policy and should not be by-passed by technocratic means. The emphasis here is on enabling access to the policy process, encouraging the take-up of that access and ensuring that such participation makes a difference to policy outcomes. The policy process is seen as a locus for the articulation of values and preferences on policy options, and public participation is a means of bringing the pattern of values and preferences represented within the policy process closer to that existing within society as a whole (Ibid). Thus, it is not surprising that Arnstein (1969, p.217) conceptualises that public participation is a measure of the overall legitimacy of the policy process.

From the above definitions, it can be concluded that participation is the means by which the public enjoy their democratic right by inducing significant social reforms which enable them to share the benefits of an affluent society (Arnstein, 1969 and Olson 1965, cited in Hillman 2008, p.15) categorises participation in two ways, namely individual and collective. Individual participation refers to individual efforts to affect public policy while collective participation refers to collaboration of two or more individuals in the policy process. However, participation is further divided into two other forms which Pateman (1970, cited in Carpentier, 2016) terms as partial and full. He defines partial participation as "a process in which two or more parties influence each other in the making of decisions but the final power to decide rests with one party only" (p.70). In contrast, full participation is defined as "a process where each individual member of a decision-making body has equal power to determine the outcome of decisions" (p.71). In the light of all these different conceptualisations of participation, in this study participation shall be measured based on how MPs, as individuals, contributed to the debate in the formulation of the HIV/AIDS policy on the one hand, and how, on the other hand, they contributed collectively by looking at the role of the parliamentary committee on Nutrition, HIV/AIDS.

2.3.1 Conceptual framework for analysing participation

Over the years, several ladders have been developed to analyse levels of participation. Arnstein (1969) developed an eight-level categorisation of participation in form of a ladder in which she distinguishes three main categories, namely non-participation, tokenism, and citizen power. The category of non-participation consists of two levels; manipulation and therapy and the objective of the level is "not to enable people to

participate in planning or conducting programs, but to enable power holders to 'educate' or 'cure' the participants" (Arnstein 1969, p.217). Tokenism refers to situations where communities are used in a perfunctory or merely symbolic way to give the appearance of real participation but the reality is that it is mostly one-way communication which, although important, give people little opportunity to influence decisions.

The final category is citizen power, which has three levels; partnership, delegated power, and citizen control. In the case of partnership, the responsibilities of citizens and power holders are shared through "joint policy boards, planning committees and mechanisms for resolving impasses" (Arnstein, 1969, p.221). In the case of delegated power, citizens achieve dominance in decision-making authority for a particular plan or programme. Citizen control further increases the power position of citizens, although Arnstein (1969) warns against faith in a situation of full control.

Arnstein's ladder of participation presents a hierarchical and normative model that correctly focuses attention on participation and power relationships. However, Jones and Kardan (2013, p.12) observe that the ladder-based model also has a series of problems. Most of which are also acknowledged by Arnstein, p.217). First and foremost, the model suggests the existence of easy cut-off points between dichotomised positions. Even when several steps are distinguished, these discrete models still suggest fairly crude categorisations e.g. citizen power versus tokenism and non-participation, which do not always rest well with the complexities of participatory processes. Secondly, the multi-layeredness of participatory processes also makes them difficult to be captured by the ladder-based approaches as

participatory intensities can change over time since several components within one process can sometimes also yield differences (Carpentier, 2016, p.76)

While Arnstein's ladder looks at participation from the perspective of those on the receiving end, Pretty's (1995) typology of participation speaks more to the user of participatory approaches. Pretty (1995) argues that his typology suggests that the term 'participation' should not be used without appropriate clarification since the model itself categorises participation in several ways which include manipulative, passive, consultation, functional, interactive and self-mobilisation. In addition, Cornwall (2008, p.271) observes that the typology is equally normative as it goes from 'bad' forms of participation which he characterizes as manipulative participation, and passive participation subsequent to decisions that have already been taken to 'better' forms, such as participation by consultation and for material incentives. 'Functional participation' captures the form of participation that is most often associated with efficiency arguments; people participate to meet project objectives more effectively and to reduce costs, after the main decisions have been made by external agents (Ibid). Rudqvist and Woodforf Berger (1996 cited in Cornwall 2008, p.271) believe that this is perhaps, the most frequently found type of participation in development since the last two categories evoke some of the professed goals of those who promote and use participatory approaches in community development i.e. Interactive participation and self-mobilisation.

As noted earlier, typologies such as the ones discussed above can be read as implicitly normative, suggesting a progression towards more 'genuine' forms of participation. When these forms of participation are contextualized, however, they become more

ambiguous. Participation through information sharing, for example, might limit more active engagement, although it could be argued that transparency over certain kinds of information opens up the possibility of collective action in monitoring the consistency of rhetoric with practice. But keeping a flow of information going is in itself important, rather than being simply a 'lesser' form of participation. Transformative participation may fail to match with citizens' expectations of the obligations that the state has to them (Cornwall, 2008, p.272).

Regardless of the above highlighted weaknesses, this study still analysed the level of MPs participation in the formulation of Malawi's HIV/AIDS policy using Pretty's typology. Unlike Arnstein's ladder of participation, Pretty's typology is more useful in studying participation in developing countries as it acknowledges the existential threat that moving to the autonomy of self-mobilisation poses to hegemonic agents. Moreover, the typology advances the argument that external agents involved in the participation process need to acknowledge local people as peers (models of participation). Therefore data collected in the research was analysed using Pretty's Typology of participation with an aim of understanding the level and scope of participation of MPs in the formulation of the HIV/AIDS at each stage of the policy formulation process. The analysis focussed on how much influence the MPs had in terms of the content of the policy by looking at the contributions that they made and comparing the same with the provisions in the policy.

Table 1: Pretty's typology of participation

Type of participation	Features
Manipulative participation	• Pretence with nominated representatives having no legitimacy or power
Passive participation	• Unilateral announcements by an administrator without listening to people's responses. Information being shared belongs to external professionals.
Participation by consultation	• External agents define problems and information • People participate by being consulted or answering questions • External agents define problem and information gathering processes and so control analysis.
Participation for material incentives	• People participate by contributing resources (labour) in return for material incentives
Functional participation	• External agencies encourage participation to meet predetermined objectives
Interactive participation	• People participate (as a right) in joint analysis, development of action plans and formation or strengthening of local institutions
Self-mobilisation	• People take initiatives independently of external institutions to change systems

Source: Adapted from Pretty (1995, p,1252)

2.3.2 Public choice theory

Apart from using the above discussed framework of participation, the study was grounded in one of the theories in policy making. Howlett et al (2009) points out that there is no one theory that best explains policy making or formulation. In view of this, the study shall be informed by public choice theory developed by Buchanan (1964). According to Buchanan (2009, p.13) public choice theory essentially takes the tools and methods of approach that have been developed to quite sophisticated analytical levels in economic theory and applies them to the political or government sector. Howlett et al. (2009, p.32) adds that the theory rests on a firm foundation that draws on the values of neo-classic economics to try explain aspects of human behaviour. The primary assumption in this perspective is that political actors, just like their economic counterparts, act 'rationally' i.e., in a calculating fashion, to maximise their utility or satisfaction. In this model, the only political actor that counts is the individual and the primary motivation that arises from that person's rationality is self-interest as defined by the individual (Buchanan, 2009, p.14). This means that in a public choice approach, the assumption is that individual political actors are guided by self-interest in choosing a course of action that will be to their best advantage.

Shrug and Fontanini (1994) however, argue that self-interest should not be confused with being selfish and with rampant greed considering that 'self-interest' just refers to whatever people consider to be in their own interest without ruling out its potential to be of equal relevance to other people because people tend to have a wide range of interests. Buchanan (2009, p. 13) also notes that the interests in mention refers to the individual's utility and preference. For example, democratically elected legislators depend on re-election to make a living. To this end, they are incentivized to take

actions that will appeal to the electorate under the assumption that popular policies are rewarded with votes. Schuster (2016) agrees with Shrug and Fontanini's (1994) observation by noting that a legislator would not back a statute that represents a significant and apparent detriment to the electorate, as this would risk antagonizing voters and risks him losing future elections. This is why Howlett et al. (2009, p.34) note that this simple assumption about the basis of human behaviour leads public choice theorists to create an extensive series of related propositions used to explain various aspects of politics and public policy making.

Schuster (2016) acknowledges that public choice theory has been attacked for misplacing assumptions of hyper-rationality in the decisions of public actors despite research establishing that not all parties behave in their own interest. Similarly, others posit that public choice unduly oversimplifies the motives of public actors to suit the theory. However, regardless of the weaknesses highlighted above, public choice theory remains useful in analysing the interests of different actors in the formulation of Malawi's HIV and AIDS because it focuses on an individual's behaviour in decision making (Howlett et al. 2009, p.31). It also offers an understanding and explanation of the complex institutional interactions that go on within the political sector (Buchanan, 2009, p.13). The theory shall, therefore, help the researcher to understand how the MPs behaved during their participation in the formulation of the HIV and AIDS policy. Special attention shall be given to understanding the interests of actors such as bureaucrats, donors and MPs which, as Shrug and Fontanini (1994) explains, can take the form of incentives, competition, and differences. These differences potentially lead to policymakers to make different decisions reflecting

their different level of participation influenced by their efforts to maximise their self-interests.

2.4 Conclusion

In conclusion, policy formulation is indeed a critical stage in policy making process and as such, it is of key importance that the public takes part in how policies are formulated. In democratic countries, this participation is done through members of parliament. The chapter has highlighted how policy is formulated, the actors involved in formulating policies and the role of MPs and parliamentary committees in formulating policy. The chapter has also highlighted the gap in the discussion of how MPs actually participate in the formulation of policies. By discussing the framework of participation and public choice theory, the chapter has managed to highlight the theories that are guiding this study.

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.1 Introduction

This chapter discusses the research design and methodology employed in the study. The discussion particularly concerns itself with describing the design of the study by focusing on qualitative research and how it has been used to investigate the participation of MPs in policy formulation. The chapter also discusses the study area and the sampling method in collecting data. In terms of data collection methods, this chapter will discuss that the study used in depth interviews with key informants and a review of literature and other relevant documents. Data analysis and interpretation methods, ethical considerations, and the scope and limitations of the study will be discussed at the end of this chapter.

3.2 Research design

Research design refers to the entire process of research from conceptualising a problem to writing the narrative, not just the methods used in data collection and analysis (Cresswell, 2007) On the other hand, Parahoo (1997) looks at research design as a plan that describes how, when and where data will be collected and analysed. In order to achieve the main objective of the study which was to analyse the extent to which MPs participated in the formulation of the HIV/AIDS Policy, the research mainly employed a qualitative approach which, Denzin and Lincoln (2005) refer to as a situated activity that involves an interpretive and naturalistic approach that entails

studying issues in their natural settings and attempting to make sense of or interpret phenomena in terms of meanings that people bring to them. Put differently, qualitative research is "any type of research that produces findings not arrived at by statistical procedures or other means of quantification" (Strauss, 1998, p.13). Thus, unlike the quantitative approach, the qualitative approach is known for helping in understanding a social or human problem based on building a holistic picture formed with words, reporting detailed views of informants and conducted in a natural setting (Creswell, 2014).

From the above definitions, it can be inferred that qualitative research is different from other research approaches. Unlike its quantitative and mixed methods counterparts, the qualitative approach is textual in its orientation, interpretative in its analysis, and it is done in a natural setting of the respondents (Creswell, 2014, p.34). As Tracy (2013) rightly explains, while the quantitative approach transforms data such as conversations, actions, media stories, facial twitches into numbers, the qualitative approach focuses on a thick description of context which often emerges from situated problems in the field. These features reflect the philosophical assumptions about ontological, epistemological and methodological claims that underpins qualitative research design.

Although the use of qualitative research limits the generalization of the research findings, it is still useful in this study as it enhanced the depth of research in order to investigate further into problems that may be complex (Cresswell, 2014). The research design was also chosen on an understanding that it would enable the researcher to understand the level of MPs participation in policy formulation i.e. what

they actually do when formulating policies and how they do it. Consequently, qualitative data was collected to answer the study's research questions that were formulated to understand the level of MPs participation in policy formulation.

3.3 Study location

This study was conducted in Malawi. However, it was not limited to any specific geographical location or specific study areas, districts or locations. This was the case because the nature of the study required participation of people (MPs, donors, bureaucrats and government officials) who were, in one way or another, involved in the formulation of Malawi's HIV/AIDS policy. These people cannot be tied to a specific location because they reside in different areas of the country.

3.4 Study Population

A research population (sometimes called a target population) is the set of all elements. It is the large group to which a researcher wants to generalize his or her sample results. In other words, it is the total group that one is interested to learn more about (Johnson, R. B and Christensten, L. 2014, p. 209). Teddie and Tashakkori (2009, p. 170) add that population refers to the totality of all elements, individuals or entities with an identifiable boundary consisting of specific and wee defined characteristics. In the present study, the population referred to the main actors in policy formulation which include MPs for the period 2009 to 2014, staff members of the Department of Nutrition, HIV and AIDS, the donor community, academics, media practitioners and representatives of people living with HIV/AIDS.

3.5 Sampling method

Sampling refers to the process of drawing a sample from a population (Johnson, and Christensen, 2014, p. 300). During the sampling process, we study the characteristics of a subset selected from a larger group to understand the characteristics of the larger group. After researchers determine the characteristics of the sample, they generalize from the sample to the population; that is, researchers make statements about the population based on their study of the sample (Ibid, p. 300). The nature of this study's research objectives compelled the researcher to use purposive sampling in order to target the people who were actively involved in policy formulation in an effort to get the required information. Purposive sampling is also referred to as judgemental sampling and, unlike random sampling, it implies a conscious and deliberate intention of the researcher in identifying research participants based on a selected criteria (Deacon, et al, 1999 and Silverman, 2008). According to Creswell (2014), under purposive sampling, the researcher clearly specifies the type of sampling strategy for selecting both the case and the participants and provides a justification of the selection. In addition, Tracy (2013) argues that purposive sampling is more appropriate when it is essential to conduct research with informants that have first-hand knowledge about the research topic. Although purposive sampling is considered weak in that, unlike random sampling it has high level of researcher bias, the technique was chosen for its reliability in ensuring that only participants who were part of the policy formulation process were interviewed.

In this study, purposeful sampling was used to identify MPs and other stakeholders who were involved in the formulation of the HIV/AIDS policy to ensure that the study collects rich data using in-depth interviews. The study's sample, was comprised of

thirteen respondents, namely five MPs (including the Chairman and members of the Parliamentary Committee on HIV/AIDS), two representatives from the donor community, two senior members from NAC, one member from the academia, two senior officials from the Ministry of Health (Department of Nutrition HIV/AIDS) and one person from the media fraternity. The study also used snowballing where it started with having interviews with officials from the Department of Nutrition, HIV/AIDS. From these interviews, the researcher was able to find out the other stakeholders who participated in formulating the policy.

The decision to interview two donor community members and two NAC senior members was made in order to compare their responses with those coming from MPs. This approach enabled the validation of the responses from MPs, thereby making the study findings more reliable. Similarly, the study recruited a member from the academia and two senior officials from the Ministry of Health on grounds that they had extensive knowledge regarding how policies are formulated and how MPs ought to participate in policy formulation processes.

Using purposive sampling, a total of 13 key informants participated in the study as indicated below;

Table 2: Details of Interviews conducted

No	Participant Institution	Gender	Date of Interview	Place
1	Ministry of Health	F	17th April, 2019	Lilongwe
2	Ministry of Health	F	17th April, 2019	Lilongwe
3	NAC	F	20th June, 2019	Lilongwe
4	NAC	M	12th November, 2019	Blantyre
5	UNAIDS	F	20th June, 2019	Lilongwe
6	UNDP	M	18th June, 2020	Lilongwe
7	MEDIA	M	14th November, 2019	Blantyre
8	PLHIV	M	14th November, 2019	Blantyre
9	ACADEMIA	M	21st June, 2019	Blantyre
10	HIV/AIDS Committee Chair	M	18th April, 2019	Lilongwe
11	HIV/AIDS Committee Member	M	17th April, 2019	Lilongwe
12	HIV/AIDS Committee Member	M	19th July, 2019	Blantyre
13	Member of Parliament	F	19th June 2019	Lilongwe

Source: Researcher

3.6 Data collection methods

3.6.1 In-depth interviews with key informants

Interview is a data-collection method in which an interviewer (the researcher or someone working for the researcher) asks questions of an interviewee (the research participant) (Johnson, and Christensen, 2014, p. 223). In other words, the interviewer collects data from the interviewee, who provides the data. Interviews that are done face-to face are called in-person interviews while interviews conducted over the telephone are called telephone interviews (Teddie, C. and Tashakkori, A. 2009, p. 230). Although Johnson, and Christensen, (2014, p. 223) argue that interviews have potential to lead to researcher bias depending on responses that interviewees give to an interviewee, unlike other data collection methods, interviews have an important strength, namely that a researcher can build a relationship with the interviewee and freely use probes (prompts used to obtain response clarity or additional information). In the present study, a set of four interview guides were developed to collect data from MPs; members of the Parliamentary Committee on Nutrition, HIV/AIDS; donors and the academics, media and PLHIV representative.

In order to achieve the objectives of the study, in-depth interviews were conducted with people who were highly involved in the formulation of the HIV/AIDS policy. These participants were selected proportionally in order to make a representative sample. The in-depth interviews enabled the study to generate rich data concerning interests, motivations, and ideological positions of the actors involved in the policy formulation process, and their views and experiences regarding how different actors utilised or were constrained to utilise their power to influence the formulation of the policy. Considering that issues to do with policy formulation, and HIV and AIDS are

sensitive and are broad in nature, researcher took down notes or electronically recorded the interviews depending on the consent given by the respondent. Eventually, all recorded interviews were transcribed into a word document and stored in a computer for easy retrieval. Copies of the electronic data were stored in two specially designated flush discs to avoid permanent loss of data in case the computer crashed.

3.6.2 Review of documents

The major document that was reviewed in this study was the HIV/AIDS Policy document which shed important light regarding how much influence the MPs had in the content of the policy. The researcher therefore focussed on the three drafts of the policy document and analysed the differences in the content of different draft documents. The main purpose of analysing the policy document was to critically analyse the content of the document and compare it with what the MPs contributed to be part of interventions against the pandemic. This analysis enabled the researcher to determine if the contributions made by the MPs were included in the policy document and how those contributions helped in shaping the final policy document. Apart from analysing the policy document, the study reviewed documents such as reports on the progress of the policy formulation process, Minister's reports on the policy, official documents in the Ministry of Health and NAC and newspaper articles concerning how the HIV/AIDS policy was formulated.

3.7 Types of data collected

3.7.1 Primary data

The primary data for this study came from the respondent's views in how the MPs participated in the formulation of the HIV/AIDS policy through the in-depth and semi-structured interviews which the study conducted. Data collected was very

crucial in the analysis of the level of MPs participation in policy formulation using Pretty Typology of participation.

3.7.2 Secondary data

The study obtained its secondary data from the review of the documents. The HIV/AIDS policy was used as a major source of secondary data in the study because it contained the actual strategies that would be used in preventing HIV/AIDS. Other sources of secondary data were books, journal articles, and newspaper articles, which contain discussions and debates on policy making, specifically policy formulation.

3.8 Data analysis and interpretation

Considering that the study used a qualitative approach which relied more on in depth interviews with key informants, once data was collected it was mainly analysed using Content Analysis. Content Analysis, basically, refers to the study of all forms of recorded human communication by, among other things, focusing on who said what, to whom, how and why (Babbie, 2007, p.320). Berelson (1952, p.18) conceptualises content analysis as a research technique for the objective, systematic and description of the manifest content of communication. More significantly, the technique is claimed to be objective (Wimmer and Dominick, 1983, p.138). The use of content analysis was crucial in this study because it enabled the research to sieve out the researcher's personal biases and idiosyncrasies from the study (Ibid).

Data reduction through coding, clustering and summarizing is important because it provides the first step of simplifying the information collected and it enables one to explore relationships and gauge the relative significances of different factors

(Walliman, 2011). Using content analysis, data collected through the in-depth interviews with key informants was recorded and, in turn, transcribed into word documents. Thereafter, the data was reduced, categorised into different themes for the researcher to make sense of and interpret accordingly.

In order to ensure the reliability and validity of the responses presented, the study used the principle of 'Triangulation'. Triangulation is an important principle in research; it enhances reliability of qualitative evidence using different methods of data collection. Cresswell (2007) notes that in triangulation, collaborating evidence from different sources is used to shed light on a theme or perspective. This approach also builds into the study and research process systematic cross-checking of information and conclusions through the use of multiple procedures or sources (Johnson and Christensten, 2014, p. 318). In the present study, responses of government officials were compared with those of MPs, Donors and other stakeholders. Since the study is also focussing on the influence of the parliamentary committee on Nutrition, and HIV/AIDS, their responses from the interviews were also compared with information contained in relevant documents more especially the policy document. Conclusions were, in turn, made in order to determine the level to which MPs, especially the parliamentary committee participated in the formulation of the HIV/AIDS policy.

3.9 Ethical considerations

The research study put in place appropriate mechanisms for ensuring that the study was conducted ethically, with all subjects being treated with uttermost dignity. Therefore, the study recognised each respondent's right to decide to participate or not to participate in the study and therefore, it designed a consent form which each

respondent was given and was asked to sign before starting the interviews. Similarly it made sure that none of the respondents risked getting penalised or experiencing prejudicial treatment for participating in the study. This was made possible by assuring the respondents that the information gathered from them would be used for academic purposes only and that even during this use their personal identity would not be disclosed. Similarly, the study respected respondents' rights to withdraw from the study at any time if they found it necessary to do so, and to withhold information which they were not comfortable to share with the researcher or to ask for clarification about the purpose of the study. Furthermore, no coercion was used in the study. The researcher also respected the respondent's right to privacy by ensuring that she did not disclose to anyone their identity and the information she obtained from them (Tracy, 2013).

3.10 Scope and Limitations of the study

The research study experienced several limitations. The first one concerns the methodology chosen. Burnhan (1999) points out that although qualitative research is attractive in that it involves collecting in-depth information but from a relatively small number of cases it is disadvantageous in that the emphasis on in-depth information occurs at the expense of its ability to make any generalisation about the phenomenon. Bearing in mind that the study used the qualitative research approach, the fact that several lessons can be generated from it concerning policy formulation in Malawi does not necessarily mean that its findings can be generalised to the understanding of policy formulation in Malawi in general and to other periods but rather to the HIV and AIDS policy only.

Another limitation concerns difficulties associated from collecting data from MPs who were in parliament when the HIV/AIDS policy was being deliberated. Malawi was approaching a campaign period for the May 2019 general elections and this meant that most MPs did not have enough time to spend on this study's interviews hence the need to use semi-structured interview which, in turn, limited the quantity and quality of the information that was collected. While triangulation addressed this shortfall to some extent, the use of unstructured questionnaire to MPs would have added value to the quantity and quality of the data collected by the study.

3.11 Conclusion

The present chapter has illustrated that the research study is primarily qualitative due to the nature of the topic under study. It has further depicted that the research used purposive sampling technique in order to have interviews with those people that were involved in the formulation of the HIV/AIDS policy. Furthermore, the chapter has highlighted data collection methods and data analysis tools. Finally it has discussed the scope and limitations of the study as well as ethical principles that informed the design and implementation of the study.

CHAPTER FOUR

RESULTS AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter presents and discusses the findings of the study. It is categorised into three key sections; firstly, it will focus on policy formulation in Malawi which also discusses the actors in policy formulation; the role of MPs in policy formulation; the role of the parliamentary committee in the policy formulation process. The chapter then discusses the extent to which the parliamentary committee influenced the content of the HIV/AIDS policy by measuring it against Pretty's typology of participation. Public choice theory will then be used to discuss the interests of MPs during the formulation of the policy.

The present study endeavoured to analyse the participation of MPs in policy formulation focusing on the HIV/AIDS policy. It's main objectives were to find out how the policy was formulated, how MPs participated in the formulation of the policy, the role of the parliamentary committee on Nutrition, HIV/AIDS (2009-2014 parliamentary committee) and the extent of influence of parliamentary committee members in generating content of the policy. In order to achieve these objectives, the research mainly used in depth interviews with key informants and it made the following key findings:

4.2 Formulation of the HIV/AIDS policy

4.2.1 Stages in policy formulation

The study found that the HIV/AIDS policy was formulated through a process that had three main stages. According to the response from a Senior Member of staff at the Department of Nutrition HIV and AIDS, the process of formulating this policy started in 2009 with consultation meetings with different stakeholders as a review of the first HIV/AIDS Policy (2003-2008). From these consultations an 'Issues Paper' was produced. This paper was, in turn, taken and presented to the stakeholders meeting for their contribution. When asked, one of the respondents from the Department of Nutrition, said the following;

> *The process of policy formulation normally takes a number of steps. The first one is that usually we have the stakeholder meeting, the very first stakeholder meeting where you would call or invite key stakeholders. During the formulation of the HIV/AIDS Policy, these were called to a stakeholder mapping meeting where the objectives of the policy and identification of other key stakeholders in the development of this policy was discussed. From this meeting, a national steering committee comprising National Aids Commission as a coordinator for national HIV and AIDS response, Department of nutrition and HIV and AIDS, UNAIDS and other NGOs like MANET PLUS and MANASO was formulated* (Senior Officer, Department of Nutrition, HIV/AIDS, key informant 1, April, 2019)

Through the interviews conducted, the study also found that apart from the National Steering Committee, a separate task force was created. This task force was mainly composed of technocrats and was responsible for reviewing the second policy in order to highlight issues that would feed into the policy that was being formulated. The MPs were not part of the initial meetings that were dealing with policy formulation in the earlier stages. This scenario relates to what Sidney (2007, p. 79) observed when he pointed out that in general, fewer participants than those involved in the agenda-setting stage are expected to be involved in policy formulation.

4.2.2 ***Actors in the formulation of the HIV/AIDS policy and their roles***

Howlett and Ramesh (2009) identified several actors in policy formulation which can be individuals or groups. They divided these actors into five categories namely; selected officials, consisting of executive and the legislature, appointed officials who provide bureaucrats assistance, government and politicians, research organizations, formed by universities and experts or consultants of policy while the last group is the mass media.

The study found that there were several actors during the formulation of the HIV/AIDS policy. One of the respondents from the Department of Nutrition, HIV/AIDS said that these actors included Government Department of AIDS, HIV and Nutrition, NAC as Secretariat, Donors like UNDP and UNAIDS and some NGOs like MANET Plus and MANERERA among others. From the interviews conducted with the two senior officers at the Department of Nutrition, HIV/AIDS and a member of academic, it was found out that the main actors in the formulation of the policy under study can be grouped into four categories i.e government, bureaucrats, donors and

politicians from ruling and opposition parties. However, government is the main player in policy formulation as it is the government that initiates policy as one respondent from UNAIDS said, policies basically are political pronouncements when it comes to their expected achievements. Those that are in government, therefore, would actually play the vanguard role because policies come out of the ruling party's manifesto, and during that time, there were several policy ideas and some were specifically tackling issues about HIV and AIDS. The study also found out that government then decides on whether to involve other stakeholders like MPs and NGOs. A member of the academic interviewed during the study added that most of the times actors like the legislature are involved in policy formulation if government knows that the policy being developed will be pushed into a law. But most of the times government formulates policies without having MPs participate in the process.

One such policy is the Malawi National Health Policy which as one MP said, the Parliamentary Committee on Health was only invited to the launch. Although this is mostly the situation at hand, a respondent from the Department of HIV/AIDS said that during the formulation of the HIV/AIDS policy, MPs mainly through the Parliamentary Committee on Nutrition, HIV/AIDS were involved in the formulation of the policy because the government wanted to have a shared responsibility with the MPs as issues to do with HIV/AIDS affect most Malawians. The respondent added that during the formulation of the policy under study, MPs were involved since government knew that the policy was going to be developed into a bill and they wanted to gather enough support from the MPs even before the debate on the bill. However, on policies, which the executive felt they would face challenges from MPs if they involve them, the study found out that government totally avoided involving

the Members of Parliament. What this means is that in Malawi, the participation of MPs in policy formulation is dependent on whether the executive believes that having them participate will add value to the policy in one way or the other.

Through the findings from the respondents above, in the study confirm what is in the literature on actors in policy formulation is about having power and the government chooses stakeholders who are going to help achieve what the government wants. This observation is in line with what Popoola (2016, p.48) observed when he concluded that it is the ministries, departments and other governmental agencies that initiate policies and push for them. This power, gives mandate to government to choose which other actors to be involved in formulating a particular policy and which ones not to involve.

Donors are the second major actors in policy formulation in Malawi. The present study found out that the role of donors in policy formulation is mainly to provide technical assistance. Specifically, in the formulation of the HIV/AIDS Policy, one respondent from UNDP said the following on the role of donors;

> *Donors like UNDP were involved in ensuring that Human Rights issues were taken into consideration, e.g. minority rights. They also offered financial assistance in several studies that fed into the formulation of the policy. These included the Legal Framework affecting the HIV/AIDS Policy and other Demographic focusing on LGBT Population among other studies (Senior Officer, UNDP, key informant 1, June, 2019).*

As said by the respondents from UNDP, UNAIDS and the Departments of Nutrition, HIV/AIDS, the study found that during the formulation of the HIV/AIDS policy, donors like UNDP and UNAIDS provided support by funding the process and providing technical support. However, the donors had their own interests as well. For example, during the formulation of the policy, one of the issues that the donors wanted to include in the policy as an intervention to the spread of HIV/AIDS was Voluntary Medical Male Circumcision (VMMC). However, this contribution did not go well with the government as it believed that most Malawian men would not welcome it due to different cultural backgrounds and beliefs. One respondent from UNDP said that government used MPs, especially the members of the Parliamentary Committee on Nutrition, HIV/AIDS to quash this proposition from donors by providing funding for field research trips made by MPs which were designed with an aim of 'soliciting' ideas on HIV/AIDS prevention and care from the communities among other things.

The point of having MPs visit to different communities in Malawi was echoed by a representative from the Department of Nutrition, HIV/AIDS, NAC as well as two members of the parliamentary committee on Nutrition HIV/AIDS. The member of the parliamentary committee had the following to say;

> *Apart from consulting our constituencies, as a committee we also went into the field… we would go to the clinics where people would have ARVs, we would visit CBOs, we would visit the mother groups, all those interested groups, we would get input from them to put into the policy (Member of the parliamentary committee on Nutrition, HIV/AIDS, key informant 1, April, 2019).*

What is interesting in the above statement is that neither the government official nor the MPs mentioned that the funding for the trip was meant to frustrate the donor interests in terms Voluntary Medical Male Circumcision. On the contrary, the study found that what mattered to the MPs was simply that they noted that their contributions on the prevention of the spread of HIV/AIDS were taken on board just like the government side was simply satisfied that their consultation had yielded some fruits. However, although the MPs, through their field trips revealed that due to different cultural background and religious beliefs, the issue of VMMC should not be used as a blue print for reducing transmission of the HIV virus. This finding however raises questions about who really owns the policy in Malawi because as it can be appreciated from the above observation, an intervention which was not well received by most Malawians found its way into the final policy document.

The last group of actors in policy formulation are the elected politicians. As highlighted in the literature review chapter, politicians have been subcategorised by Anderson (1979) and Egonmwan (1991) (cited in Popoola 2016, p.48) as primary policymakers who are constitutionally empowered to engage in the formulation of policies; it is their constitutional assignment and responsibility. Consequently, they need not depend upon other governmental agencies or units or structures to perform their policy-making roles. In the formulation of the HIV/AIDS policy, one MP pointed out that as MPs, they were basically meant to perform their oversight function. This involved determining whether programmes being proposed in the policy were the kind of programmes that make sense for the people that they represented. The study therefore found that during the formulation of the HIV/AIDS Policy, the MPs were not involved in the actual formulation of the policy as evidenced by the respondent from the Department of Nutrition, HIV/AIDS. However,

when the stakeholders had developed the first draft policy, it was presented to the Parliamentary Committee on HIV/AIDS.

4.2.3 MPs knowledge of the HIV/AIDS policy

The study found that three of the five MPs interviewed had some knowledge about HIV/AIDS policy before they joined parliament. However, they became more knowledgeable about the policy due to their involvement with the Parliament, especially the parliamentary committee as revealed by the following responses from some of the committee members:

> *I know a lot about the policy, and as you said earlier on, I used to chair that committee. What I know about that policy is that it is a paper which we sat down and develop, which wold help us in combating the pandemic. So, I know quite a lot about it, the way it was formulated, how it was formulated until when it was passed (Member of the Parliamentary Committee on Nutrition, HIV/AIDS, key informant 1, April, 2019).*

Another MP said that:

> *What I know is that in 2013, the ministry decided to change some of the policies about HIV/AIDS because most of the affected people were not happy with some policies which were in that particular time... So, the ministry made their policies and they sent the policy to parliament for debate. One of the issues raised was that there was no component of nutrition in HIV/AIDS. So, the ministry decided to attach that component of nutrition to HIV/AIDS. (Member of the Parliamentary Committee on Nutrition, HIV/AIDS, key informant 2, April, 2019).*

However, one of MP indicated that she knew about the policy before it came to parliament due to her area of expertise. She said that had been involved in some consultations on similar issues way before the policy was brought to parliament because of the background she had. This is what she said:

> *I know a lot about the policy because I worked in the health sector so it is a policy that I was already aware of (Member of Parliament, Key Informant 4, June, 2019)*

The study further established that some MPs had a lot of knowledge about the policy as evidenced through the fact that they even knew about the objectives of the policy and why it was developed. The following response from one of the respondents testifies about this:

> *Well, from what I can remember, the HIV policy basically is aimed at preventing the occurrence of the infections on people who are HIV positive and aimed at raising awareness and it is also aimed at equipping those who are already infected with the knowledge as to how they can conduct themselves (Member of the Parliamentary Committee on Nutrition, HIV/AIDS, key informant 3, June, 2019).*

The remaining two MPs indicated that they became aware about the policy only after becoming parliamentarians.

4.3 How MPs participated in policy formulation

Legislators constitute primary policymakers since they possess direct constitutional authority to initiate and formulate policies. Popoola (2016, p.48) observes that as

elected law makers, they represent their people from their various constituencies. In a democracy, the role of the legislature as the prime policy making body has great significance considering that as the representative body, the legislature deliberates on various issues and formulates policies. Consequently, as earlier discussed, they are expected to collate views and problems from their constituents, harmonise them and translate them into policy proposals (Popoola 2016). However, the study established that during the formulation of the HIV/AIDS policy, parliament in general, did not play an active role in the formulation process as revealed by the following response:

> *The Parliamentary Committee on HIV/AIDS reported whatever was discussed to parliament. Additionally, when we had a final draft copy of the policy, the department of Nutrition, HIV and AIDS then, invited all the 193 MPs to brief them on what was in the policy. This enabled the MPs to put in their contribution, before coming up with the final draft/ document passed (Senior Officer, Department of Nutrition, HIV/AIDS, Key Informant 1, April, 2019).*

This response contradicts Popoola's (2016, p.48) argument that legislators develop draft policies from their fellow legislators and the executive. Chinsinga (2007) also points out that Parliament legislates policies and provide oversight in the implementation of those policies, and is, therefore expected to articulate citizen's choices, scrutinise policy proposals, and then provide legitimacy for policy decisions. Contrary to Popoola's (2016, p.48) argument was that whatever the case, the policy proposal should be subjected to the entire processes of reading, debating and scrutinising, the study found that in Malawi the legislature only comes at the very end of the process, thereby exerting little or no influence on the content of the policy.

One of the MPs interviewed explained that for policies from which the government sought to develop a bill as was the case in the HIV/AIDS policy, there were occasions when the Minister responsible came and made a policy statement in parliament after which MPs were invited to ask questions concerning the policy. In other words, the study findings did not support the claim that only bills as opposed to policies are discussed by parliamentarians. On the contrary the study found that policy related matters were also deliberated by MPs to the extent of engaging with the minister through asking questions or making comments in an effort to understand the policy better. Whether the minister would take the comments and questions seriously or positively and, in turn, use them to refine those policies is a different matter altogether. The study particularly found out that the aim was to get MPs on board considering that government knew that the MPs would play an active role in the formulation of a bill that would emanate from a passed policy. This was reflected in thoughts of a respondent who added that, the situation was different for policies which were not meant to translate into bills in that they were not even read in parliament.

The foregoing observation is similar to what Popoola (2016, p.48) noted when he commented that in Nigeria, legislators appear to have abdicated to the executive their constitutional responsibility of policy making. This observation is true for Malawi too since as one MP noted, when it came to policies, usually by the time the minister stood in parliament to inform the house about particular policy the reality was that it was in its final stages, meaning that the parliamentarians could not contribute meaningfully to the content of policies.

The fact that MPs were not actively involved in policy formulation should, however, not be considered a big problem since, according to Howlett and Ramesh (2003) participation at this stage of the process requires possession of a certain minimum level of knowledge in the subject area, which the MPs mostly did not have. This qualification allows only concerned actors to comment, at least hypothetically, concerning the feasibility of options put forward to resolve problems concerning the policy at hand. In other words, in policy formulation, relevant actors are usually restricted to members of policy subsystems. This is why Hai Do (2010) points out that it is necessary for developing countries to define the policy regime as the dominant actor belongs to state.

4.3.1 Party influence in policy formulation

One of the factors that have been noted to influence MPs to abdicate their responsibility of formulating policies is the influence of their party affiliation. Popoola (2016, p. 48) notes that in the Nigerian context, for example, legislators are fragmented along party lines and, therefore, the decisions that they make are only those that seem to favour their political parties. In Malawi, the situation is not different from Nigeria's because the legislature is also divided along party lines. For example, during the debate in the formulation of 50 plus 1 bill, some MPs voted against the Bill in order to satisfy their political parties' expectations although they were convinced that the bill would help to sanitise Malawi's democracy.

As far as party influence in policy formulation is concerned, the study found that the process through which the HIV/AIDS policy was formulated, was in some way different from the way other policies were formulated. Political parties, for example,

allowed the committee to deliberate the policy at committee level and pass it without the parties having their positions on what the members should contribute into the policy. This is evident in the words of one key informant;

> *We were looking at the formulation at the HIV/AIDS policy which is at the heart of almost each and every Malawian, you talk of 17-18 million people, so you have to differentiate this from the other documents we discuss in parliament. For example, the 50 plus 1 bill which we discussed in Parliament. If you look at HIV/AIDS issues almost everybody agrees with it, so I wouldn't say that we consulted so much with our political parties. (Member of the Parliamentary Committee on Nutrition, HIV/AIDS, key informant 1, April, 2019).*

While the above highlighted response creates an impression that the HIV/AIDS policy was passed without a lot of influence from the political parties due to the fact that the political parties were in support of it considering the well-known challenges that the virus was posing to Malawi, a response by another MP suggests that this was not necessarily the real reason. One of the members of the Parliamentary Committee on HIV/AIDS said the following;

> *When we go to the parliamentary committee meetings, we don't consider where the committee members are coming from, we just focus on the policy, what is it saying. We don't consider much on what our parties had told us to do. This is the reason why some issues are referred to the committee because some members do not contribute anything in the chamber for fear of their political parties (Member of*

the parliamentary committee on Nutrition, HIV/AIDS, key informant 3, April, 2019).

Although the study found that during the formulation of the HIV/AIDS policy, the situation was different from other policy formulations, does not necessarily mean that political parties did not influence policy formulation at all. For example, one MP from the ruling party reported that the ruling party tended to utilise policy briefings by ministers to push its ideas into the policy through the participation of its members in the policy formulation process. The parliamentary member of the committee said:

> *There are times when the minister briefs members of a committee (from the ruling party) on a policy that is coming to that specific committee. This is done with an aim of mobilising support from all members of the ruling party (who are in that committee) so that they can all support the policy that is coming. We therefore tactfully influence the other members to see things from the government side and support what has been presented in the policy.*

The key informant added that:

> *Of course, there are times when the points that members of opposition parties present make sense and are constructive. In such cases, we from the government support their contribution without considering that it is coming from the opposition side. (Member of the parliamentary committee on Nutrition, HIV/AIDS, key informant 2, April, 2019).*

The influence of the ruling party in policy formulation should not be a surprise. As noted earlier on in the discussion, policies are mainly owned by government and therefore the expectation is for government to use whatever structures at its disposal to ensure that its ideas contained in the policy should pass.

4.4 The role of Parliamentary Committee on Nutrition and HIV/AIDS in policy formulation

The study established that the parliamentary committee on Nutrition, HIV/AIDS participated in the formulation of the HIV/AIDS policy to a certain extent. The work of the parliamentary committee in the formulation of this policy mainly involved scrutinising the policy to provide additional input into it to ensure it reflects constituents' needs. One of the MPs responded that:

> *Although generally in Malawi MPs are not actively involved in the formulation of policies, in the formulation of the HIV/AIDS policy, the parliamentary committee on Nutrition and HIV/AIDS was actively involved in the formulation of the same. The major reason for involving the parliamentary committee in its formulation was mainly because of the nature of the policy at hand. It is indeed the Members of Parliament who deal directly with individuals who are affected and/or infected by the virus that causes AIDS (Department of Nutrition, HIV/AIDS, key informant 5, April, 2019).*

Although the statement above creates an impression that the parliamentary committee on Nutrition and HIV/AIDS participated in the formulation of the HIV/AIDS policy,

the study found that the actual role played by the committee in terms of the actual formulation of the policy was still minimal. This is so because the committee members were given opportunity to contribute to the formulation of the policy only when the policy was already in draft from instead of engaging them from its initial drafting stages. One of the members of the parliamentary committee on Nutrition, HIV/AIDS noted that:

> *Well, we were consulted at what I would call a draft level because what happened was that the Ministry of Health, Nutrition HIV and AIDS and other stakeholders came up with a draft policy. So when it was still in a draft form, as a committee we were consulted to give in our input, however, at the initial stage of drafting and coming up with the policy, we were not part of it (Member of the parliamentary committee on Nutrition, HIV/AIDS, key informant 1, April, 2019).*

This statement was echoed by other members of the parliamentary committee who were interviewed. They reported that the parliamentary committee on Nutrition, HIV/AIDS was not directly involved in the initial stages of formulating the policy. In other words, the committee performed its oversight functions only by responding to issues already contained in the draft policy document, by raising relevant issues especially those that had to do with the kind of programmes that were being proposed in the policy and by, in turn, making relevant recommendations for improving the policy. Similarly, another respondent from National Aids Council (NAC) added that at the initial stage of formulating the policy the committee was not really involved, as policies in Malawi are mainly formulated by technocrats.

The foregoing observations mean that policy formulation is basically a function of government and its bureaucrats as these are the ones that have the technical know-how in terms of policy formulation. This observation should not be surprising because as Sidney (2007, p.79) rightly argues, fewer participants than those involved in the agenda-setting stage are expected to be involved in policy formulation, as most of the work is expected to take place away from the public eye. However, it can be argued that the fact that the parliamentary committee on Nutrition, HIV/AIDS was consulted when the policy was already in a draft form implies that the committee was partly able to fulfil its function. According to Johnson, and Nakamura (2006) this function involves investigating policy initiatives that are yet to be brought for ratification. To this effect, the two authors' argument that parliamentary committees allow groups of legislators to review policy matters more closely than would be possible by the entire chamber also resonates with this finding.

However, although parliamentary committee's contributions are not standard components of the policy process in the earlier stages, committees are prominent at the legislative stage and have review and scrutiny options (Halligan, 2008, p. 140). No wonder then that Chinsinga (2007, p. 354) describes policy formulation as a "seamless, complex mesh of interactions and ramifications between policymakers who are the parliamentarians and implementers who are civil service bureaucracy".

A more notable role played by the parliamentary committee on Nutrition, HIV/AIDS in the formulation of the HIV/AIDS policy occurred when the committee was part of the team that visited different parts of the country and formally research on issues that were affecting the community at large and specifically people living with HIV in an

effort to establish what needed to be included in the proposed policy. The motivation behind the research was to give the parliamentarians opportunity to see for themselves what was happening on the ground and to establish kinds of issues that needed to be included in the policy. This is clearly expressed in a response by one of the key informants:

> *In terms of the participation of the parliamentary committee in the formulation of the HIV/AIDS policy, I think more importantly would be times when we would go into the fields to see for ourselves the kind of projects or programmes which were being marked which have been implemented and having observed what was happening where we would possibly observe some challenges which were faced in the field… During these visits we were able to appreciate some challenges faced by PLHIV in accessing ART and issues to do with their privacy. Some of these issues were raised in our reports which we submitted to the committee (Member of the parliamentary committee on Nutrition, HIV/AIDS, key informant 4, April, 2019).*

By visiting different areas of the country to establish the people's needs and issues that need to be included in the policy the committee was fulfilling one of its roles which, according to Halligan (2008, p.135), is to facilitate public contribution to parliamentary deliberations. Visiting different places where HIV/AIDS prevention interventions were being implemented, for example, potentially enabled the committee's members to fulfil the committee's function and mandate of allowing the public to participate in the parliamentary discussions as highlighted above. The

assumption was that members would, in turn, use their field findings and observations to inform their discussions during formulation of the policy.

The study also established that one of the issues that the committees accomplished during their field visits is that they found a way of encouraging Malawians to begin to go for voluntary counselling and testing. It was established that in those days most people were shunning away from visiting clinics for counselling and testing because of the fear of being stigmatised that they were HIV positive. This was the case because in most clinics which the committee members visited, apart from having a separate room for voluntary counselling and testing, they had a specific day for ART clinics which, in turn, discouraged people from going for voluntary counselling and testing because people felt that every person who saw them visiting the ART clinics and specifically going into the voluntary counselling and testing room would conclude that they were HIV positive and begin to discriminate against them. The MPs used these findings to inform their discussion during policy formulation.

This finding reflects Johnson & Nakamura's (2006) observation that parliamentary committees can improve community participation through community outreach programs. This is possible because such interactions with citizens in the field often provide committee members with an opportunity to make valuable assessment of the real situation on the ground and take necessary measures to address it.

Mvzoma (2010) argues that the use of parliamentary committees in policy formulation, has increased public participation in policy making. That the findings above reveal that the members of the parliamentary committee on HIV/AIDS engaged

the public through their field research and, in turn, reported to their fellow stakeholders during policy formulation cannot be taken for granted. It is significant to note that some of the observations made by the committee's members were eventually included in the policy.

It is, however, important to note that the study revealed that some respondents were of the view that, the fact that the members of the parliamentary committee conducted research about how HIV/AIDS interventions were being implemented and, in turn, recommended what should be included in the policy did not necessarily mean that the parliamentary committee was fulfilling its oversight function. A respondent from the donor community, for example, said that a parliamentary committee does not have to be sent as it were to do its oversight function. Rather it is supposed to be the committee itself doing that on its own. As Johnson & Nakamura (2006) rightly observed, some of the functions of the parliamentary committee are to monitor, investigate, enquire into any aspect of the legislative programme, budget, policy or any other matter it may consider relevant to the government department falling within the category of affairs assigned to it and make relevant recommendations concerning the same. The criticism made by the said respondent from the donor community cannot be taken for lightly bearing in mind that it was made at the time that some scholars were concerned that parliaments were fast abdicating some of their core functions. Nevertheless, it can still be argued that considering the HIV/AIDS situation in Malawi during that time, it should be appreciated that by visiting different places in the country and, in turn, make useful recommendations which were eventually included in the HIV/AIDS policy at hand the parliamentary committee on Nutrition, HIV/AIDS significantly fulfilled its oversight function.

4.4.1 Consultation with constituency members

When MPs are participating in the formulation of policy, they are doing it on behalf of the people they represent thereby fulfilling their representational role. The study therefore wanted to establish if the MPs consulted the members of their constituencies on issues they would want the policy to address. The study found that not all MPs consulted their constituents concerning what should be included in the policy. This is evident in a response given by one of the four MPs who said that:

> *On the HIV/AIDS policy, the HIV/AIDS itself is an agenda. I therefore consulted a few members of my constituency, especially on the item I presented earlier on ART clinics, I consulted them and they had their own input. Because when we came up with this idea that we should mix with the other services, we thought it was better for us to go and consult (Member of parliamentary committee, key informant 1, April, 2019).*

However, another respondent said he did not consult his constituents emphasising that he was working on trust:

> *I did not consult the members of my constituency, I assumed they trust me because to be honest, they don't really follow the issues that are happening in parliament. My experience from the past has been that if I try to consult the members of the constituency to get their views on certain issues, they would say; 'we chose you to represent us, just go and do your job (Member of parliamentary committee, key informant 3, April, 2019).*

Another member of the committee echoed the above sentiments but, in addition, emphasised indirect consultation as one of his normal ways of sharing information with constituents;

> *I did not really consult the members of my constituency directly but you see there is what we call Area Development Committees. Now in those times that you interact with the leadership, at that level of the community in the course of possibly sharing with them what is happening in parliament and so on. I assumed that as a member of the committee I understood some of the challenges, and that I knew their needs (Member of parliamentary committee, key informant 6, April, 2019).*

The study found out that two out of the three members of the parliamentary committee interviewed, did not consult their constituents to get their views concerning what they would want included or excluded in the policy. Through an interview with a member of academic, the study found that the problem was that Malawi lacked good structures for linking MPs with their constituents who are mostly rural masses. The best structure for this linkage would have been through the existing political parties, however, the parties tend not to have their own policies and values. This explains why most MPs tend to only focus on what they consider development ideas by assuming that that is what would get them to be re-elected into office.

The fact that most of the members of the Parliamentary Committee interviewed did not consult their constituent members on policy issues should be a cause of concern as

far as the representational role of MPs is concerned. This is an important point because the underlying assumption of this function is that the MPs understand the views, interests, demands and problems of their constituents. In as much as some of the issues can be understood without really consulting the constituent members, failure to consult the constituent members puts the majority of Malawians at a disadvantage because their views do not count.

It may, however, be argued that although it is clear that most of the MPs did not consult their constituents during the formulation of the HIV/AIDS policy should not overshadow other forms of effort by the committee itself to ensure that Malawians were consulted concerning the matter. One of such efforts was that the committee was divided into three teams that engaged in field research in the Southern and Eastern, Central and Northern regions of the country respectively.

However, the weakness of this argument is that it confuses constituency level consultation with national level consultation when the two are not the same. On one hand, constituency level consultations involve a member of parliament consulting with people from the area which he or she is representing while on the other hand, national level consultation is done nationally without involving a specifying MP for a specific constituency.

4.4.2 Consultations with fellow MPs

The study also investigated whether during their participation in policy formulation the MPs consulted their fellow MPs on what issues should be added in the policy. The researcher's assumption was that as a committee the MPs were knowledgeable of the

fact that being in the committee at hand did not necessarily mean they were given mandate to make decisions without consulting their fellow MPs. One respondent said that they did occasionally:

> *Sometimes we do consult other MPs since we know that as MPs, we have different background experience and areas of expertise. Although as an individual MP I didn't consult any of my fellow MPs, I remember that as a committee we consulted colleagues from Legal Affairs committee, to help us with the issues of Human Rights since the policy was also addressing issues of peoples' human rights (Member of parliamentary committee, key informant 3, April, 2019).*

Failure to systematically consult fellow MPs as indicated in the foregoing response should be understood as an opportunity missed because MPs come from different backgrounds and have different experiences and expertise which if considered would have potentially enriched the content of the policy. Nevertheless, the parliamentary committee on HIV/AIDS has to be commended for consulting other committees in order to address some of the issues concerning the policy because, in one way or another, it increased the participation of other MPs in the formulation of the policy.

4.5 Level of participation and influence of the Parliamentary Committee on Nutrition, HIV and AIDS in policy formulation

Considering that the study focused on the extent to which MPs participated in policy formulation, it also looked at how much influence the parliamentary committees had in formulating the HIV/AIDS Policy using the Participation Theory. As highlighted in the literature review chapter, participation is categorised into two types; individual

and collective (Olson 19650) and into two forms which Pateman (1970) cited in Carpentier (2016, p.73) terms partial and full. In the light of all the above conceptualisations of participation, in this study, it was measured based on how MPs, as individuals, contributed to the debate in the formulation of the HIV/AIDS policy and how they contributed collectively by looking at the influence of the parliamentary committee on Nutrition HIV/AIDS on the content of HIV/AIDS policy. The study also focused on the two forms of participation by analysing whether the MPs participation in the policy formulation was partial or full.

4.5.1 Membership and composition of parliamentary committees

Parliamentary committees in Malawi have a total membership of 15 to 22. They meet during parliamentary sittings or when parliament is not in session whenever need arises. In terms of how MPs are recruited into different parliamentary committees, the study found that MPs motivation to belong to particular committees varied from individual to individual. One of the respondents said that he was chosen to be in this particular committee because of his background in that he was working in hospital as a health assistant. Another respondent said that when he was elected into parliament, she knew that this was the committee she needed to be belong to due to her area of expertise. However, another respondent argued that for one to belong to a committee he/she does not really need to be an expert in a particular area. He submitted that the most important thing is the passion that the individual person has in a particular field. This means the level of participation in the committee would also vary from individual to individual.

The study found that the committee that was involved in the formulation of the HIV/AIDS policy had a membership of 21 MPs. During the formulation of the HIV/AIDS policy, the committee had three or four meetings with other stakeholders. One of the respondents said these meetings were aimed at giving the committee members an opportunity to make their input into what was to be presented in the final policy document. It was noted that the expectation of the MPs was that after they had made their contributions into what should be in the policy, the government side would take them and include them in the policy document.

4.5.2 Areas of the policy in which the parliamentary committee had influence

4.5.2.1 Discrimination in the operations of ART clinics

The section now focusses on how much influence the Parliamentary Committee on Nutrition, HIV/AIDS had on the generation of the content of the policy by discussing what the committee contributed and if indeed their contribution found its way into the final document of the policy. When asked if there were issues that were not in the original policy document but found their way into it, with influence of the committee, one of the respondents pointed out that:

> *One of the things which I remember was the issue to do with discrimination. We came up with a suggestion that at times PLHIV are discriminated against because of the way we design our programs especially the ART clinics; having a special day for receiving ARVs, but also a special room for ART and all services that deal with PLHIV. We thought the best way to implement HIV interventions was to open the clinic or a facility for any health problems that they might be*

facing and not for VCT clinics only. (Member of the Parliamentary Committee on Nutrition, HIV/AIDS, key informant 1, April, 2019).

Another member of the parliamentary committee on Nutrition, HIV/AIDS echoed the above observation and added that the HIV/AIDS committee recommended that the new policy should address the need for privacy in relation to accessing ART by coming up with more friendly structures to those living with HIV and AIDS so that they are able to avail themselves for testing, counselling and so on. It was established that this recommendation came as a response to the complaints that the members heard in some of the areas that they visited during their field visits and also from their constituencies.

When the study scrutinised circumstances in which the policy was created it established that the issue concerning discrimination which came in when accessing ART was not included in all policy documents. However, the study established that under discrimination, the policy states that the policy would 'Ensure the enactment of legislation on HIV and AIDS' as one of the strategies for reducing discrimination against PLHIV.

A further investigation into the subject revealed that the committee's input was really meant to influence how the policy should address the HIV/AIDS situation on the ground but the problem is slow or lack of implementation of the policy. For example, most hospitals in Malawi, still have specific clinics for VCT. However, in like the situation in the past, the clinics are now open on a daily basis just like all other Out Patient Departments It was noted that keeping the HIV testing clinics separate from other sections of Out Patient Departments, does not really amount to discrimination.

Rather, it is aimed at keeping data for People Living with HIV separate from other patients for the sake of close monitoring. The situation is also the same in most referral hospitals as they have special clinics e.g. Tisungane Clinic at Queens Referral Hospital that deal with HIV related infections.

4.5.2.2 Effective delivery of ART and other related services

The study also found that specifically under ART Administration and reducing Opportunistic Infections, the policy stated several strategies which include Scaling up ART services to improve access to eligible clients; strengthening institutional and human resource capacity for effective delivery of ART and other related services; ensuring availability and provision of antiretroviral and Opportunistic Infection therapy to all eligible patients and strengthening infrastructure and quality assurance systems for ART services. The emphasis that was placed in the policy on the accessibility of ART by people affected by the virus shows that the final policy document indeed considered some of the input made by the parliamentary committee.

Related to the same, the parliamentary committee also recommended that, in terms of treatment, the new policy, among other issues, should address the type of ART that People Living with HIV were receiving. The committee through its consultations with people in different communities had observed that the ARTs that were being given to People Living with HIV in Malawi's public health facilities had many side effects which were causing most people infected by the virus to shun the drugs. One of the members of the parliamentary committee on Nutrition, HIV/AIDS for example, said that:

> *One of the crucial contributions that we made to the policy is the issue of ART. It was noted that most of our clients were having a lot of side effects with the ARTs that they were receiving that time. Some of the side effects included having bloated tummy, improper fat distribution, oedema, hot/burning legs among others. We therefore recommended that the ARTs that were being given to PLHIV should be revisited… (Member of the parliamentary committee, key informant 4, April, 2019).*

When the study scrutinised the final draft of the HIV/AIDS policy it observed that there was no specific section devoted to discussing the introduction of various types of ARTs. However, under Prevention, Treatment Care and Support theme, the policy makes mention of scaling up implementation of new ART guidelines and strengthening laboratory services to support diagnosis and management of HIV and OIs as some of the strategies to be used in managing ART and OIs. These new guidelines include having people who have been affected with the virus start the accessing ARTs as soon as the virus has been detected; use the standard 1st line ARV regimens for all patients. This regimen was new in Malawi and was found to be easy to prescribe and take, to be low in risks of serious side effects, and it did not require lab monitoring for toxicity. The theme also talks about the need to move all patients with significant side effects to an alternative regimen without delay (Ministry of Health, 2016, p.39). This resonates with one of the policy's provisions which, in part, reads that by strengthening laboratory services, the medical personnel will be able to detect some of the side effects in good time and therefore migrate the clients to another type of ART.

4.5.2.3 Funding for HIV/AIDS activities

Apart from addressing the issue concerning accessing ART, the study found that another notable contribution that was made by the parliamentary committee on HIV/AIDS concerns sources of funding for HIV/AIDS activities in Malawi. The committee was of the view that the Malawi government should be in the fore front in funding HIV/AIDS related activities in the country. This suggestion came about after it had been noted that 95-98% of the resources that was being spent on the fight against the pandemic were from donors and development partners. One of the respondents said that;

> *As a committee, we suggested that we should come up with a local system of collecting funds through levies, we suggested levies on alcoholic drinks, fuel, tourism etc. This would enable us to collect resources locally and those resources should be channelled towards a fight against the pandemic (Member of the Parliamentary Committee, key informant 1, April, 2019).*

Another member of the parliamentary committee on HIV/AIDS added that apart from addressing the issue of funding HIV/AIDS activities, the policy should also take into consideration the need to address how those funds were managed. The committee recommended that measures should be put in place that would ensure that funds were raised for HIV/AIDS activities and that they were indeed addressing needs of the people living with HIV/AIDS in the country. The committee argued that it had regrettably observed that most of the funds were being unnecessarily spent on funding workshops, e.g. by paying boardrooms and hotel rooms instead of meeting the needs of People Living with HIV.

When comparing the recommendations made by the committee with the policy drafts, the study found that the above recommendations were partly taken on board since other stakeholders were of the view that these issues should be addressed separate from the policy. It was therefore recommended that another paper should be developed and that it should focus on how funds for HIV/AIDS activities can be collected locally. The study further found that, eventually, the issue was still raised in the HIV/AIDS policy document except that it was done with minimal detail. The policy document, under the theme 'resource mobilisation' highlighted the following:

> *Government shall champion the mobilisation of resources for the national response and ensure rational allocation across programme areas and monitoring and reporting on the resource utilisation. This will involve engaging non-traditional bilateral and multi-lateral partners in resource mobilisation and development of local resource mobilisation strategy. Sectors and partners will be encouraged to raise additional resources for their programmes (National HIV and AIDS Policy, 2013, p.14.).*

4.5.2.4 Leading organisation in the implementation of the HIV/AIDS policy

Another contribution that was made by the HIV/AIDS committee was that the Department of Nutrition and HIV/AIDS became well placed to serve as the leading organisation in the implementation of the policy. The decision was an important milestone in the management of the problem of HIV/AIDS in Malawi because when the policy was being formulated a recommendation had been made that its implementation should be driven by the HIV Unit in the Ministry of Health which

was smaller than the department. This observation was echoed by the Officials from the Department of Nutrition, HIV/AIDS. The study however, could not establish the source of this recommendation as both the first policy draft and the final draft placed the Department of Nutrition, HIV and AIDS as the leading organisation in the implementation of the policy as reflected by the following provision:

> *The Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President and Cabinet is responsible for the provision policy oversight, direction, guidance and leadership. The DNHA is also responsible for high level advocacy, ensuring the implementation of the strategy, resource mobilization and tracking; and recruitment and deployment of Nutrition, HIV and AIDS officers to key Ministries. The Department is also responsible for facilitating inclusion of HIV and AIDS in the National Development agenda, sectoral policies, programmes and outreach services, and mainstreaming of HIV and AIDS work in the public sector outreach programmes (National HIV and AIDS Policy, 2013, p.15).*

Ironically, the study found that the DNHA has not lived up to the committee's expectations in terms of formulating and implementing the policy. It established that, DNHA being a new department, some of the personnel lacked experience in driving and leading the formulation of the policy, therefore there would be times when they would be in conflict with other stakeholders like NAC.

4.5.2.5 *Proper nutrition for PLHIV*

Another area that has been under discussion for some time in relation to the need to take good care of PLHIV is proper nutrition. It, therefore, was not surprising that the study established that one of the contributions made by the parliamentary committee for Nutrition, HIV/AIDS in the policy was to ensure that PLHIV were also assisted in getting proper nutrition. The study established that some committee members had noted that in their constituents, some people were taking themselves off medication because they were feeling dizzy after taking the medication on an empty stomach or without a proper meal. One member of the parliamentary committee on Nutrition, HIV/AIDS shared his experience with PLHIV by highlighting that:

> *People in my constituency would come to me and say that they had not taken their medication that day because they did not have any food. They said that if they take medication on an empty stomach, they would get sick. When we observed this trend, we thought it wise to recommend to government to attach a nutrition component in the management PLHIV. The aim of this recommendation was to ensure that people that are on ART have also proper nutrition which can enable the treatment to function the way it is supposed to… (Member of the Parliamentary Committee, Key Informant 4, April, 2019).*

The findings of the study confirmed that the above highlighted issues indeed raised in the policy. For example, under Nutrition, the theme of Prevention, Care and Support in the policy states that some of the strategies that the policy will use in addressing the issue of nutrition will include:

> *Strengthening institutional and technical capacity for provision of quality nutrition care, support and treatment services; enhancing nutrition education and counselling; Scaling up the integrated nutrition care, support and treatment programme into other HIV services; strengthening linkages and follow up for clients on nutrition care, support and treatment; and strengthening the capacity of support groups in nutrition management of HIV related conditions (National HIV and AIDS Policy 2013, p.15).*

Apart from the strategies highlighted above, the policy, under the theme of Mitigating Impact of HIV provides that one of the strategies to mitigate the impact should be to promote food and nutrition security interventions for PLHIV. The above strategies were not in the first draft of the policy and the findings established that these strategies indeed came into being as outcomes of the discussions that the Department had with the Parliamentary Committee on Nutrition, HIV/AIDS and, possibly, other stakeholders.

4.5.2.6 Voluntary Medical Male Circumcision (VMMC)

This was one of the issues that were raised in the policy as one of the strategies that would be helpful in the prevention of the spread of HIV/AIDS. The study established that when the issue of VMMC was brought up for discussion in one of its meetings, some members of the parliamentary committee were uncomfortable to have the strategy included in the policy. The committee members were of the view that the way the strategy was presented would lead people to believing that they had a blue print for not contracting the virus and that they would, therefore, involve themselves

in unprotected sexual activities. The other reason was that VMMC was mainly seen as a cultural and religious ritual already being practiced in some cultures and religions. The committee thought that making this strategy part of the policy would cause unnecessary confusion in that it would create a misleading impression that the committee was promoting cultural practice of some sections of Malawi at the expense of cultures of other sections of the country.

A critical review of the policy revealed that VMMC as a strategy for preventing the spread of HIV/AIDS was absent in the first draft of the policy. However, it appeared in the final draft of the policy as one of the strategies against the spread of HIV/AIDS as exemplified below:

> *To contribute towards the reduction of HIV transmission through voluntary medical male circumcision. To promote voluntary medical male circumcision (VMMC), develop policy and guidelines for VMMC, promote access to safe male medical circumcision and strengthen capacity for provision of VMMC (National HIV and AIDS Policy 2013, p.16).*

What this means is that although the parliamentary committee was not in favour of including VMC in the policy when the issues had been brought to them for discussion, it eventually found its way into the final draft of the policy.

4.5.3 Level of participation of the Parliamentary committee in the formulation of the HIV/AIDS policy

Using Pretty's typology for participation to measure the level of participation of the parliamentary committee in the formulation of the HIV/AIDS Policy, it may be concluded from the highlighted findings that, the participation level was at the Consultation and Functional Participation levels. Pretty (1995, p.1252) argues that consultation participation is where people participate by being consulted or by answering questions while external agents define problems and information-gathering processes, as well as control analysis. Such a consultative process does not concede any share in decision-making, and professionals are under no obligation to take on board people's views (Ibid). From the highlighted findings, the fact that the committee was involved at the draft stage of the policy and that they only met for three to four times means that indeed the committee participated at the consultation level where they saw the draft policy and gave in their contribution on what they thought should be in the policy. This observation confirms what Arnstein (1976, p.219) observed when she noted that although consultation concerns inviting people to communicate their opinions, the level is "still a sham since it offers no assurance that citizen concerns and ideas will be taken into account".

However, a deeper analysis of the participation of the members of parliamentary committee on HIV/AIDS in the formulation of the policy shows that the members of the committee had some influence in the content of the policy as already highlighted above. The fact that some of the contributions made by the parliamentary committee on Nutrition and HIV/AIDS found their way into the final document of the policy, is clear evidence that their participation went beyond mere consultation; it was at a

functional level. Unlike the consultation level, participation at this level may be interactive and may involve shared decision making. However, it tends to arise only after major decisions have been made by external agents (Neves de Almeida and Costa e Siva 2017, p.297). In the formulation of the policy under study, the major decisions of what should be in the policy was generally made by the bureaucrats, the parliamentary committee and other stakeholders. Although in the highlighted findings members of the parliamentary committee made some contributions which created an impression that they were decision makers, from the perspective of the level of participation, it can be concluded that they were only co-opted to serve the external members' goals.

Some of the findings presented above also create an impression that the parliamentary committee had an influence in the formulation of the HIV/AIDS Policy. Concerning the level of the committee's participation in the process, the findings suggest that the MPs level of participation was at the interactive stage. This is in line with what agents (Neves de Almeida and Costa e Siva, 2017, p.273) noted when they submitted that in interactive participation, people participate in joint analyses, which leads to action plans and the formation of new local institutions or the strengthening of existing ones. The findings support the fact that the members of the parliamentary committee had interactive meetings in which they were able to present their views and to discuss them before reaching a particular conclusion. The study found that although not all the contributions were presented in the policy the way the members suggested, they influenced the formulation of a steering committee that was tasked to further look into some of the issues raised e.g how to raise funds for supporting HIV/AIDS interventions locally. The findings also show that the parliamentary committee on HIV/AIDS and other stakeholders held different meetings in which they discussed the

policy in detail and made several recommendations which were, in turn, included in the final policy document.

After putting the participation of the members of Parliament in the formulation of the HIV/AIDS on a participation ladder, the study concluded that the participation fell under Consultation, Functional and Interactive stages, with strong leaning on the Functional level. This conclusion should not be surprising bearing in mind that Rudqvist and Woodford Berger (1996) cited in Cornwall (2008, p.271) view 'Functional participation' as being perhaps the most frequently found type of participation in development considering that it is most often associated with efficiency arguments where people participate to meet project objectives more effectively. However, in line with what has been highlighted earlier, one cannot conclusively say that the participation was always functional considering that it was observed that, in some cases, the participation was at the Consultation stage while in others it was at the Interactive stage.

One of the criticisms against Pretty's Typology of Participation, is that it presents participation as implicitly normative, suggesting a progression towards more 'genuine' forms of participation (Cornwall, 2008, p.272). However, as has been established in this study, even when several steps are distinguished, they do not always rest well with the complexities of participatory processes (Carpentier 2016, p.76). This can be evidenced through the fact that there were situations where government appeared to be only 'consulting' the parliamentary committee but the contributions made from those consultations were, eventually, taken on board by

government, a situation which places their participation at either the Functional or Interactive stage.

4.5.4 Measuring the participation of MPs in policy formulation using the forms of participation

From the findings presented above, it can be argued that members of the parliamentary committee on Nutrition, HIV/AIDS had some influence in the content of the HIV/AIDS policy, which highlights the fact that the members participated in the formulation of the policy. However, their participation was partial since, as highlighted by Pateman (1970) cited in Carpentier (2016, p.70 -71) in partial participation two or more parties influence each other in the making of decisions but the final power to decide rests with one party only. From the discussion above, it is clear that although the committee was involved in the formulation the final decision concerning what was going to appear in the final policy document rested in the hands of government. This observation is in line with Patel's (2016) observation that although the parliamentary committees were established to increase participation of MPs in the policy process, their level of participation is reduced because, practically, the final decision is made by government. Significantly, this is also the situation in developed countries such the UK and the USA where although parliament makes significant contributions in policy making, the final decision on what should be in the policy document still lies in the hands of technocrats (Johnson & Nakamura, 2006).

4.6 A discussion of the findings in relation to public choice theory

In line with arguments advanced by public choice theory by Buchanan (1964) the study established that the participation of MPs in the formulation of the HIV/AIDS

policy was motivated by various interests, including self-interest. As highlighted in the literature review chapter, the primary assumption of public choice theory is that political actors, just like their economic counterparts. In this model, the only political actor that counts is the individual and the primary motivation that arises from that person's rationality is self-interest as defined by the individual (Buchanan 2009, p.13). However, in Public Choice theory, self-interest is the same as selfishness or greed. Shrug and Fontanini (1994) argue that 'self-interest' just refers to whatever people consider to be in their own interest without ruling out its potential to be of equal relevance to other people because people tend to have a wide range of interests.

The study found that during the formulation of HIV/AIDS policy, the committee worked hand in hand with the technocrats. When some of the bureaucrats were asked on what they thought was the motivation and interest behind the participation of MPs in the policy formulation, the response that was given by one of the respondents from the Department of Nutrition, HIV and AIDS bordered on the concept of self-interest. She submitted that the way the MPs attended the meetings and the questions that they raised, they all indicated that they had some personal interests in the HIV/AIDS issues.

Self-interest was also prevalent in a response given by the chairperson for the committee who presented that as a committee they were very committed in their participation in the formulation of the HIV/AIDS policy because they had noted that they had already made some positive strides in their efforts to fight against the virus. This, he said, was a form of self-motivation in that the members of the parliamentary committee on Nutrition HIV/AIDS really wanted to see change in the HIV/AIDS

prevalence, they were motivated to take the project that they had started to the end and impact on other peoples' lives.

One of the issues that comes to mind when we talk about self-interest is the issue to do with money. During the formulation of the HIV/AIDS policy this issue came in in form of allowances that were to be given to MPs when they came for meetings. One of the donor representatives who participated in the study noted that one of the challenges that they had working with MPs was the issue of allowance in that the MPs sometimes demanded that they be given subsistence allowances like they would if they had travelled from their constituencies to Lilongwe to attend committee meetings when, actually, they were already in Lilongwe for parliamentary sitting. However, the MPs painted a different picture about the allowances. They argued that the allowances were not really meant for their personal use but rather for helping their constituents back home. However, the study did not find any evidence to establish if indeed the allowances received were used to benefit the constituency members. What is important to note is that the demand for allowances was part of motivation for participation during the policy formulation. As Schuster (2016, p.2251) rightly observes, a legislator would not do anything to ensure that they do not risk losing future elections. This view is similarly pursued by Schuster (2016), and Shrug and Fontanini (1994) who argue that since democratically elected legislators depend on re-election to make a living, they are likely to take actions that will appeal to the electorate under the assumption that popular policies and actions are rewarded with votes. In other words, from a public choice theory perspective, the MPs' claim that they needed allowances to secure cash to meet daily financial expectations of their

constituents cannot overshadow the fact that the MPs were also pursing self-interests, namely to ensure their seats during the next round of elections.

Although ordinarily, the issue of MP allowances is often a sensitive one when MPs have been called for meetings, the HIV/AIDS policy was being formulated it did not emerge as a highly contentious issue in that it was usually resolved amicably. The study particularly found that the donors were able to negotiate tissues related to payment of allowances with the members of the committee through their chairperson to the extent that the members were participating fully in the meetings without being given sitting allowances.

In addition, the study established that some of the meetings were held in Lilongwe during Parliament sitting. In this case, the MPs were just called to meetings and they would have their discussions without being given any travel allowances as the members were already in Lilongwe for parliamentary sittings.

4.7 Challenges faced by MPs during policy formulation

Although the study has established that the parliamentary committee had an influence in the policy and that its members participated in the formulation of the policy under study, the study noted that their participation was characterised by several challenges that affected the functioning of the committee during their participation in policy formulation. The first challenge was that their deliberations were sometimes negatively affected by their cultural differences. For example, one of the MPs observed:

> *There were quite a number of challenges that we faced during the formulation of this policy. The first one was cultural differences. This came in when we were talking about the policy, and the issue of Voluntary Medical Male Circumcision came into light as a way of reducing transmission of HIV virus. If you down to Mangochi and Machinga, male circumcision is in their religious beliefs, while in some areas like northern and central region, it is not practiced… (Member of Parliamentary Committee, key informant 1, April, 2019).*

Another respondent identified insufficient allocation of funds as another challenge and explained that, with inadequate funding allocation, the committee could not do its job properly. This responded highlighted the following:

> *We were heavily reliant on what was made available through budgetary allocation from budget of parliament and we would be required to meet just as any other committee. What helped us was that at times we would be funded indirectly by the HIV and AIDS secretariat through some of their programmes which would require interacting with us as members of that committee. But budget allocation from parliament was a major constraint in the activities of the committee (Member of Parliamentary Committee, key informant 4, April, 2019).*

The observation above is in line with what Banik and Chinsinga (2016) noted when they attributed unsatisfactory functioning of the parliamentary committees to inadequate availability of resources. Patel (2016) added that government funds were

released only when committees were expected to focus and cooperate on an executive driven agenda.

The final challenge that the study established is lack of expertise in the members of the parliamentary committee. One of the members of the committee explained this challenge as follows:

> *The other challenge would be that committee members had varied levels of understanding and it became difficult sometimes to operate on the same page… Dealing with some democratic processes in decision making, it doesn't matter whether two of you or three of you in a group of twenty may know certain issues better, you are not in a position to drag everybody else. (Member of parliamentary committee, key informant 4, April, 2019).*

The study found that government through development partners sometimes sent MPs for trainings that are related to their committees so that they could increase their knowledge and expertise in those functional areas. The expectation was that, in return, the MPs would contribute more during the discussions held. However, as highlighted above, practically, lack of expertise emerged as one of the challenges that prevented most MPs in the committees to fully contribute to issues concerning the formulation of policy. This situation was aggravated by how MPs are recruited into parliamentary committees. Instead of focusing on an individual's passions and expertise, sometimes the party whips dictate who should go to which committees for the sake of their party's interests. As Patel (2016, p. 143) observes, the problem is that the power to appoint and remove committee members still rests with party whips.

4.8 Conclusion

The chapter has presented and discussed findings of the study by focussing on the participation of MPs in the formulation of the HIV/AIDS policy. The discussion has shown that in Malawi, there is a process which is followed when policies are being formulated and this process was followed during the formulation of the HIV/AIDS policy. However, the process was characterised by inadequate participation by MPs in general because they were not considered part of stakeholders during the policy formulation process. However, the Parliamentary Committee on Nutrition, HIV/AIDS had an influence in the process that generated the content of the HIV/AIDS policy except for the fact that their participation was so partial that it can successfully be categorised at a Functional level using Pretty's typology of participation

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study endeavored to understand the participation of MPs in the formulation of Policy in Malawi using the HIV/AIDS policy as a case. The main objective of the study was to analyse the extent to which MPs participated in the formulation of the HIV/AIDS policy. This chapter concludes the study by presenting a summary of the study's key findings and outlining key implications of the findings to the role of MPs in policy formulation, role of parliamentary committees and public administration in general in the context of policy making in Malawi.

5.2 Summary of key findings

5.2.1 Formulation of Malawi's HIV/AIDS policy

The first objective of the study was to establish how the HIV/AIDS (2013 – 2017) was formulated. The study therefore found that policy formulation in Malawi is a function of bureaucrats, technocrats and main stream government ministries. The government of Malawi has set procedures that govern its policy formulation process. However, the study found that these procedures are not always followed when government wants to push through a policy. The government also uses these procedures to slow down policies that they do not have much interest in. However, during the formulation of the HIV/AIDS policy, the set procedure was followed.

Through the interviews conducted the study found that politicians and bureaucrats are at liberty to choose whether they want to involve MPs as stakeholders of policy formulation. However, during the formulation of the HIV/AIDS policy the MPs were mainly involved through the participation of the Parliamentary Committee on Nutrition, HIV/AIDS. The study also found that the main actors in the formulation of the policy were the main-line civil service through the Department of Nutrition, HIV and AIDS; NAC, the donor community like UNDP and UNAIDS; academics and elected politicians through the involvement of the parliamentary committee on Nutrition HIV/AIDS.

The findings highlighted above, are in agreement with Popoola (2016, p.48) who observed that it is the ministries, departments and other governmental agencies that initiate policies and push for them. Using Public Choice theory, it can therefore be concluded that as Buchanan (1964, p.131) notes, the main stream government ministries use the set procedures in policy formulation to meet their interests.

5.2.2 Participation of MPs in policy formulation

The other objective for this study was to investigate the contribution of the MPs in the formulation of the Policy. The study found that during the formulation of the HIV/AIDS policy, MPs did not actively participate in the formulation of the policy considering that they only had a chance of commenting on what was in the policy when the minister presented it to the members of Parliament. Due to this, the MPs did not have much influence on the content of the policy; their involvement was only at the very end of the process of policy formulation. At this stage, the policy was already

in its final draft form. The study found no evidence concerning whether the contributions made through the Minister's reading were taken on board or not.

The finding of this study therefore confirms Chinsinga's (2007) finding that indeed MPs do not actively participate in policy formulation. Furthermore, In relation to Pretty's ladders of participation, the participation of MPs can be seen to be at Passive Participation level where unilateral announcements are made without listening to people's responses (Pretty 1995, p.1252).

5.2.3 The role of the parliamentary committee on Nutrition, HIV/AIDS in the formulation of the HIV/AIDS policy

In terms of the role of the parliamentary committee in formulating the HIV/AIDS policy, the study found that after the draft policy was developed, the document was presented to the committee so that it should scrutinise the content of the document and make necessary recommendations regarding it. The committee, in turn, made some recommendations which led to changes in the original draft policy.

The study also found that during the formulation of the HIV/AIDS policy, members of the parliamentary committee formed part of the task force which was sent out to establish how the first policy's interventions were being implemented and then make necessary recommendations on what should be incorporated into the new policy. The participation of the parliamentary committee in formulating the policy indicates that the committee fulfilled its role of reading, debating and scrutinising policy proposals as is expected of the parliamentary committees.

5.2.4 Influence and extent of participation of members of parliamentary committee in the formulation of the HIV/AIDS policy

Lastly, the study was aimed at examining the extent of the influence exercised by the parliamentary committee on Nutrition, HIV/AIDS in the formulation of the policy. In this regard, the study found out that the parliamentary committee on HIV/AIDS had some influence in terms of the content of the policy as evidenced in some of the provisions found in the final draft of the policy.

With participation theory is its theoretical grounding, the study found that the participation of the MPs through the parliamentary committee can be said to be an example of partial participation. As highlighted in the previous chapter, although the committee was part of the key stakeholders in the formulation of the policy, they did not have the final say regarding the final content of the policy. Similarly, using Pretty's typology for analysing the MPs participation, the study found that the participation was mainly at Functional level. As noted earlier, this is the level at which stakeholders are involved in discussions from which recommendations are made. However, authority to make a final decision regarding the content and presentation of the policy rests in the hands of government.

In relation to the public choice theory, the study found that different stakeholders in the policy formulation process had different interests in their participation in policy formulation. For members of the parliamentary committee on Nutrition and HIV/AIDS, their interests included receiving financial allowances which they were being paid during the meetings while others had more personal interests as their

motivation to participate in formulating the policy which included passion and background influence.

Furthermore, the study found that although the parliamentary committee participated in the formulation of the policy, their participation was limited due to some of the challenges they faced. Some of the challenges included different cultural backgrounds and beliefs of the members and lack of funds to enable the committee to function to its full potential. The final challenge faced by the committee was that the level of performance of the committee members was negatively affected by their lack of expertise on issues being discussed.

5.3 Implications of the findings in policy formulation discourse

As discussed in the literature review chapter, some studies have shown that parliament has abducted its responsibility regarding policy making in general and policy formulation. Based on the responses gathered during this study, however, it can be appreciated that parliament has not abdicated its responsibility in policy making. However, the issue is that since government is at liberty to choose actors in policy formulation, in some cases parliament is sidelined as was the case in the Healthy Policy. This can also be evidenced through Malawi's guidelines to policy making which do not provide any opportunity to have the draft policy be discussed by parliament in the chamber and make their own contribution. In as much as it can be appreciated that policy formulation involves few actors and it is done in government offices, in order to increase the participation of MPs in policy formulation, deliberate effort should be made to consult MPs to enable them make their own contributions into the policy. This can be achieved by requiring parliamentary committees to

present policy briefs or progress reports to parliamentarians in the chamber. Such discussions would help parliament fulfil its mandate of representing their constituents.

From the literature reviewed, it was established that there are several actors in policy formulation which include selected officials, consisting of executive and the legislature; appointed officials who provide bureaucrat assistance; government and politicians; university experts or consultants (academia) and the mass media. This list of actors does not create a situation where it is up to the government to decide on which actors to involve in the policy formulation process and which ones to drop. However, the study found that in Malawi, regardless of the presence of well-known actors in policy formulation, it is up to government line ministries to decide who should be part of the policy formulation and who should not. The study further found that during the formulation of the HIV/AIDS policy parliament was part of the stakeholders' meetings through the parliamentary committee on HIV/AIDS. However, the fact that respondents were quick to acknowledge that the situation is not the same for the other policies considering that sometimes a policy would develop without involving the parliamentary committee should be a cause of concern. The study established that during the formulation of the National health Policy, for example, government line ministries chose MPs that in its wisdom thought would add value to the document instead of engaging the whole parliamentary committee on Health. In as much as it can be appreciated that in policy formulation there is need to involve individuals who have knowledge in the subject matter, it has to be understood that these should not be involved at the expense of other stakeholders, in this case the MPs as individuals and parliamentary committees considering that MPs serve the interests

of the majority of Malawians who are beneficiaries of policies that are developed by the policy makers.

The study has also found that parliamentary committees are weak in terms of their functioning as they are not part of the final policy decision makers. This means that although MPs participate in policy formulation through the parliamentary committees, they do not have much influence concerning whether their recommendations should be taken on board or not. Furthermore, the study established that the functioning of the committees is also affected by lack of funding. As highlighted earlier, parliamentary committee meetings were held subject to the availability of funding. As a result of this arrangement, the parliamentary committee on nutrition HIV/AIDS failed to meet as a committee to scrutinise the policy as it were; rather it mainly relied on joint meetings with the other stakeholders in the policy formulation.

5.4 Implications of the findings to public administration literature

Concerning the study's implications to public administration in the context of policy making, the role of public administrators and bureaucrats when formulating policies has to be revisited. As earlier highlighted, policy formulation actors, which include selected officials consisting of executive and the legislature; appointed officials who provide bureaucrat assistance; government and politicians; university experts or consultants (academia) and the mass media have to be engaged. However, what transpired from the findings of this study is that it is at the discretion of the bureaucrats to decide which actors to engage in formulating a policy.

In terms of New Public Management, one of the major foundations of democracy is public participation. This can be done by having citizen participate directly through voting and or having direct access to policy debates. It can also be achieved through MPs who present their needs and views to parliament through parliamentary debates, questions to ministers and in policy development through various committees. The finding that MPs do not participate much in policy formulation, and that the participation of the Parliamentary Committee on HIV/AIDS was at the level of functional in Pretty's typology of participation, means that in terms of citizen participation in policy making/formulation Malawi is not doing very well. More effort is therefore needed to ensure that more MPs are involved in policy formulation as this will increase citizens' participation in policy making in Malawi.

5.5 Recommendation for further studies

The present study found that unlike in the formulation of other policies, MPs through the parliamentary committee on HIV/AIDS participated up to the functional level in the Pretty's typology of participation in the formulation of the HIV/AIDS policy. The study therefore recommends that further research should be conducted to determine causes of differences in MPs participation between policies. This can be achieved by doing a comparative study between the participation of MPs in the formulation of the policy under study and another policy which was formulated within the same period of time. Such a study would help validate the findings of the present study for other policies. It will also help in making the right conclusions about policy formulation in Malawi and public administration in general.

One of the findings of this study is that governments decides whether to involve MPs in the formulation of policies. Following the findings made in this study, it further recommends that another area of study should focus on providing insight into the workings of the parliamentary committee system based on the notion of structure and capacity of the committee system. The study has highlighted that the concept of parliamentary committees was established to enable members of parliament to have more time to scrutinise the policy and to develop expertise in the issues that are being tackled in their respective committees. However, one of the challenges that committees face concerning their participation in policy formulation is committee members' lack of expertise in relevant fields of disciplines. This challenge, however, does not provide answers to all questions concerning the effectiveness of the parliamentary committees. In view of this observation, the recommended study should be aimed at providing an analysis of factors which facilitate or impede the capacity of parliamentary committees in carrying out their oversight function.

5.6 Conclusion

This study endeavored to understand the extent of MPs participation in the policy formulation. Using the National HIV/AIDS policy (2013 – 2017) as a case study, the central objective of the study was to analyse the extent of MPs participation in the formulation of the HIV/AIDS policy using Pretty's Typology of participation. Based on evidence from key informants from the Department of Nutrition, HIV/AIDS, UNDP, UNAIDS, NAC, and other stakeholders, and reviewed literature, the research found that the MPs participated in the formulation of the policy through the Parliamentary Committee on Nutrition and HIV/AIDS. The study found that policy making in Malawi is generally in the hands of line ministries and bureaucrats. These

officials are at liberty to incorporate other stakeholders in the policy formulation process. During the formulation of the HIV/AIDS policy, the members of the parliamentary committee were invited to be part of the stakeholders committee after a draft policy had already been produced. However, although the members of the parliamentary committee were involved at this late stage the study found that they exerted some influence on the content of the final policy document. The study further found that the members of the Parliamentary Committee on Nutrition and HIV/AIDS were part of a task force that visited the four regions of the country in order to find out how the first policy was being implemented and, in turn, made recommendations which would feed into the policy that was being drafted.

Thus in the light of the influence that members of the Parliamentary Committee on Nutrition and HIV/AIDS had on the content of the HIV/AIDS policy document , their participation is in tandem with the Functional Level of Pretty's Typology. The Study has, therefore, partly vindicated Chinsinga's (2007) finding by revealing that MPs in general do not participate actively in policy formulation. Their participation is through the involvement of the relevant parliamentary standing committees.

The above findings have implications in terms of policy making in Malawi as well as the public administration discourse. As earlier highlighted, special effort has to be made to unsure that there's an increased level of participation from the MPs so that they are able to fulfill their representational and accountability roles. The same increase in level of participation will increase the level of citizen participation in policy making through their MPs.

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APPENDICES

Appendix 1: Interview guide for Senior Government Officials/Academics

Researcher: Hannah Ndoliro – Kankuzi, Master of Public Administration and Management

Research Title: Participation of Members of Parliament in the Formulation of the 2013 – 2017 AHIV/AIDS Policy.

Time of Interview:

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Date:

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Interviewer:

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Interviewee:

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Gender:

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Position of the Interviewee:

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A brief Description of the study

Members of Parliament (MPs) play different roles in democratic states. One of those roles is the representational role in which MPs take the views of the people they represent and present them to Parliament. One of the ways in which MPs achieve that

role is through their participation in Policy Making. In Malawi however, in the formulation of the Malawi Poverty Strategy Paper (20002) as noted by Chinsinga (2007) MPs did not take an active role in formulating this strategy. This research therefore aims contributing to the academic discourse by investigating how MPs participate in Policy formulation. The study will focus on analysing how MPs participated in the formulation of the 2013-2017 HIV/AIDS Policy as a case study.

This research is in partial fulfilment of a Master of Arts in Public Administration and Management (MPAM) in the department of Political and Administrative Studies (PAS) at the University of Malawi, Chancellor College. Kindly note that your participation in this study is voluntary, and you are therefore free to decide not to participate or withdraw at any time without affecting your relationship with the researcher. Do not hesitate to ask any questions about the study either before, during or after participating in the study. Also note that data collected in this study will be used for academic purposes only and that your name will not be associated with the research findings in any way; your identity as a research participant will only be known by the researcher.

1. What are the existing policy regulations governing policy formulation? Are the guidelines followed? If yes, please explain how policies are formulated. If no, why not? Please explain what factors inhibit government from following the established guidelines.
2. What public policy making guidelines were used to inform the process of formulating the HIV/AIDS policy?

3. What was the process involved in the formulation of the policy like? i.e, how it was made, who influenced, the stakeholders involved and their different roles? What was your role in the policy formulation process?
4. In what way did you interact and engage with the MPs, HIV/AIDS committee, donors and other stakeholders?
5. How much influence did the parliamentary committee on HIV/AIDS have in the formulation of the policy in terms of content and process?
6. What role did Members of Parliament (MPs) play in the formulation of the policy? What was their influence on the content and process of formulating the policy?
7. What do you think was their motivation and interest in their involvement in the formulation of the policy? Was the motivation achieved?
8. What was your motivation and interest in your involvement in the formulation of the policy? Was the motivation achieved?

Thank you for participating, God bless you

Appendix 2: Interview guide for Members of Parliament (MPs)

Researcher: Hannah Ndoliro – Kankuzi, Master of Public Administration and Management

Research Title: Participation of Members of Parliament in the Formulation of the 2013 – 2017 AHIV/AIDS Policy.

Time of Interview:

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Date:

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Interviewer:

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Interviewee:

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Gender:

…….....

Position of the Interviewee:

…….....

A brief Description of the study

Members of Parliament (MPs) play different roles in democratic states. One of those roles is the representational role in which MPs take the views of the people they represent and present them to Parliament. One of the ways in which MPs achieve that role is through their participation in Policy Making. In Malawi however, in the

formulation of the Malawi Poverty Strategy Paper (2002) as noted by Chinsinga (2007) MPs did not take an active role in policy making. This research therefore aims contributing to the academic discourse by investigating how MPs participate in Policy formulation. The study will focus on analysing how MPs participated in the formulation of the 2013-2017 HIV/AIDS Policy as a case study.

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1. What do you know about the HIV/AIDS policy (2013-2017)?
2. How did you get to know about it?
3. What was your contribution in the formulation of the policy?
4. How much influence did your party have on your contribution?
5. How much influence did your community have on your contribution?
6. Were there any consultations done with fellow MPs before and during the formulation of the policy? If yes, which MPs were consulted and how was consultations done?

7. How much influence did the MPs have in the formulation of the policy in terms of content and process?
8. How much influence did the HIV/AIDS Committee have in the development of the policy in terms of content and process?
9. What was your motivation and interest in your contribution in formulating the policy?
10. Apart from MPs were there others stakeholders in the formulation of the policy, and what was their role and influence?

Thank you for participating, God bless you

Appendix 3: Interview guide for members of the Parliamentary Committee on Nutrition and HIV/AIDS

Researcher: Hannah Ndoliro – Kankuzi, Master of Public Administration and Management

Research Title: Participation of Members of Parliament in the Formulation of the 2013 – 2017 AHIV/AIDS Policy.

Time of Interview:

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Date:

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Interviewer:

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Interviewee:

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Gender:

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Position of the Interviewee:

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A brief Description of the study

Members of Parliament (MPs) play different roles in democratic states. One of those roles is the representational role in which MPs take the views of the people they represent and present them to Parliament. One of the ways in which MPs achieve that

role is through their participation in Policy Making. In Malawi however, in the formulation of the Malawi Poverty Strategy Paper (20002) as noted by Chinsinga (2007) MPs did not take an active role in formulating that strategy. This research therefore aims contributing to the academic discourse by investigating how MPs participate in Policy formulation. The study will focus on analysing how MPs participated in the formulation of the 2013-2017 HIV/AIDS Policy as a case study.

This research is in partial fulfilment of a Master of Arts in Public Administration and Management (MPAM) in the department of Political and Administrative Studies (PAS) at the University of Malawi, Chancellor College. Kindly note that your participation in this study is voluntary, and you are therefore free to decide not to participate or withdraw at any time without affecting your relationship with the researcher. Do not hesitate to ask any questions about the study either before, during or after participating in the study. Also note that data collected in this study will be used for academic purposes only and that your name will not be associated with the research findings in any way; your identity as a research participant will only be known by the researcher.

1. What do you know about the HIV/AIDS policy (2013-2017)?
2. In what way was your committee involved in the development of the policy?
3. How many times did the committee meet to discuss the formulation of the policy?
4. Who were the major actors in the formulation of the policy? What was their role and influence?

5. What was the motivation of the committee's involvement in the formulation of the policy?
6. What were the challenges as well as the opportunities that the committee faced during the formulation of the policy?
7. What role and influence did the committee have in the formulation of the policy in terms of content and process?
8. What role and influence did the MPs have on the formulation of the policy in terms of content and process?
9. What role and influence did government (Ministry of Health) play in the formulation of the policy?

Thank you for participating, God bless you

Appendix 4: Interview guide for the Donor community

Researcher: Hannah Ndoliro – Kankuzi, Master of Public Administration and Management

Research Title: Participation of Members of Parliament in the Formulation of the 2013 – 2017 AHIV/AIDS Policy.

Time of Interview:

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Date:

……..

Interviewer:

…….

Interviewee:

…….…….

Gender:

……

Position of the Interviewee:

…….....

A brief Description of the study

Members of Parliament (MPs) play different roles in democratic states. One of those roles is the representational role in which MPs take the views of the people they

represent and present them to Parliament. One of the ways in which MPs achieve that role is through their participation in Policy Making. In Malawi however, in the formulation of the Malawi Poverty Strategy Paper (20002) as noted by Chinsinga (2007) MPs did not take an active role in policy making. This research therefore aims contributing to the academic discourse by investigating how MPs participate in Policy formulation. The study will focus on analysing how MPs participated in the formulation of the 2013-2017 HIV/AIDS Policy as a case study.

This research is in partial fulfilment of a Master of Arts in Public Administration and Management (MPAM) in the department of Political and Administrative Studies (PAS) at the University of Malawi, Chancellor College. Kindly note that your participation in this study is voluntary, and you are therefore free to decide not to participate or withdraw at any time without affecting your relationship with the researcher. Do not hesitate to ask any questions about the study either before, during or after participating in the study. Also note that data collected in this study will be used for academic purposes only and that your name will not be associated with the research findings in any way; your identity as a research participant will only be known by the researcher.

1. In what way were you as a donor involved with the formulation of the HIV policy (2013-2017)?
2. Which other stakeholders were involved in the formulation of this policy and what were their roles?
3. In what way did you engage with the other stakeholders?
4. How was the policy formulated i.e what was the process like?

5. How much influence did the MPs in general and specifically the HIV committee have in the formulation of the policy?
6. What was the motivation and interest behind MPs participation during the formulation of the policy?
7. What was the motivation and interest behind your involvement in the policy development?
8. Was the motivation and interest achieved? Explain.

Thank you for participating, God bless you