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UNIVERSITY OF WITWATERSRAND, P&DM

The participation of women in the HIV & AIDS policy process in Swaziland

Thesis submitted in 50% fulfilment for the degree of Masters of Management in the field of Public Policy

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ATHENA	Advancing Gender Equity and Human Rights in the Global Response to HIV and AIDS
BCHA	Business Coalition on HIV and AIDS
CANGO	Coordinating Assembly of Non Government Organizations
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHIMSHACC	Chiefdom Multi-sectoral HIV and AIDS Coordinating Committee
CMTC	Crisis Management and Technical Committee
CSO	Central Statistics Office of Swaziland
DFID	Department for International Development
HIV	Human Immunodeficiency Virus
IBA	International Bar Association
ICW	International Community of Women Living with HIV/AIDS
IESA	Electoral Institute for the Sustainability of Democracy in Southern Africa
GKoS	Government of the Kingdom of Swaziland
MDGs	Millennium Development Goals
NAPCP	National AIDS Prevention and Control Programme
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-Governmental Organization
PEPFAR	President's Emergency Programme for AIDS Relief
PHR	Physicians for Human Rights
PSHACC	Public Sector HIV and AIDS Committee
RHMT	Regional Health Management Teams
REMSHACC	Regional Multi-sectoral HIV and AIDS Coordination Committee
SASO	Swaziland AIDS Support Organisation
SNAP	Swaziland National AIDS Programme
SNYC	Swaziland National Youth Council
SWAGGA	Swaziland Action Group Against Abuse
SWANNEPHA	Swaziland Network of People Living with HIV and AIDS
SWAPOL	Swaziland Positive Living for Life
TIMSHACC	Tinkhundla Multi-sectoral HIV and AIDS Coordinating Committee
UNAIDS	United National Joint Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organization
WLSA	Women in Law in Southern Africa

GLOSSARY

Chiefdom	A primary level of local government.
Indvuna	Headman to the chief.
Inhlanti	Having an intimate relationship with the wife's sister.
Inkhundla	A constituency composed of a number of chiefdoms.
Kulamuta	Having sex with a sister in-law, usually the younger sister of one's wife.
Kungena	Taking over the wife of a late brother, also known as widow inheritance.
Kwendzisa	Arranged marriage.
Liqoqo	The King's advisory council.
Lutsango	The national women's organisation.
Tinkhundla	Local constituency areas comprising of a number of chiefdoms.

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ABSTRACT

This research examines the participation of women in the HIV and AIDS policy process between 2003 and 2009. Participation has been an integral part of Swaziland's HIV and AIDS policy since the country adopted a multi-sectoral response to the pandemic in the late 1990s. As a concept and practice, participation is highly contested and political. The study sought to find out what type and quality of involvement Swaziland offers to women in its status as the last absolute monarchy in the African continent.

The thesis relies on interviews and documentary research to establish its findings. It tracks the role women played at each stage of policy making, from agenda setting, policy formulation, policy adoption, policy implementation to policy assessment. The study also interrogates the shape of the participation space as well as power relations that define it. Women's advocacy and collaborative efforts are investigated to determine the type of strategies women used to increase their influence in the process.

The study will argue that women's participation in the HIV and AIDS policy process or any other development process in Swaziland is in vain if their inferior legal status and other forms of discrimination are not fully addressed. While women can have increased access to political and policy making processes in government, their chances of bringing about change are severely undermined by the entrenchment of their subordination at every level of society. Instead of shying away from feminism, women should consider and adopt a vigorous, conscious, and unrelenting feminist agenda, which will challenge unfair gender laws and cultural norms.

CHAPTER 1. INTRODUCTION

This study set out to investigate the participation of women in the HIV and AIDS policy process of the Kingdom of Swaziland. The HIV and AIDS policy area was chosen for two reasons. Firstly, the magnitude of the epidemic makes it the most challenging social problem in the country. The Central Statistics Office of Swaziland (CS0) reports that 26-percent of the adult population is infected with HIV. Women account for 31-percent of infections compared to 20-percent of men infected with the virus (CSO, 2007). Secondly, the epidemic offers a magnified lens on society's structural determinants and exposes the exercise of power (Tallis, 2010) and its role in creating gender injustice in societies (Veneklasen, 2008).

The Kingdom of Swaziland is landlocked between South Africa and Mozambique, covering 17, 364 square-kilometres of land (CSO, 2007). It applies a dual legal system. On the one hand, it uses Swazi Law and Custom, which is still uncodified and criticized for being "vague" and "open to different interpretations" (Phakathi, 2008). On the other hand, it applies Roman Dutch law inherited during colonial rule (IBA, 2003).

Swaziland is one of the few remaining absolute monarchies in the world[1]. Its form of governance is commonly described as repressive and autocratic (EISA, 2008; Siegle, 2009; Marqusee, 2010). King Mswati III has unlimited authority in governance, political parties are not allowed, and the role of the media and civil society is repressed (Osisa, 2009). Meanwhile, the country's policies are commonly aligned with dominant world views and democratic principles such as equity, freedom of speech, transparency and accountability.

Policy behaviour as opposed to policy statements reflects a discordant interface between traditional and modern ideas about governance and leadership. This is apparent in the way women's lives are governed. On paper, women in Swaziland appear to have equal rights to men as reflected in a number of instruments and policies. Indeed, these rights are

[1] Other absolute monarchies include Brunei, Oman, Saudi Arabia, and the Vatican State.

clearly stated in the 2005 Constitution - section 20 secures the right to equality for all before the law and embraces non-discrimination, and section 28 observes the rights and freedoms of women. Beyond the national constitution, the country ratified the United Nations Convention on the Elimination of all form of Discrimination Against Women (CEDAW) in 2004. CEDAW is considered the bill rights of women the world over. The Kingdom also signed the SADC Declaration on Gender and Development, regarded a vital instrument as it binds countries to act and speed-up efforts to achieve gender equality by 2015. Swaziland is also party to the African protocol on women's rights in Africa.

Meanwhile, domestic laws are based on gender insensitive customary laws and archaic Roman Dutch laws which relegate women to minority status. Both forms of law prevent women from having full access to essential resources such as land, property, inheritance, and other rights which promote autonomy and agency (Stewart & Armstrong 1990; Amnesty International, 2009; Langwenya, 2010)[2].

In such a system of governance, with its inhibiting overarching rules and norms, it is pertinent to ask how then can women ever influence anything when they are considered inferior by law and male domination is protected by law and culture (Langwenya, 2010)? What voice can women really speak of in any policy process? What voice do they have in the global response to HIV and AIDS, a pandemic which has mostly affected their lives and revealed the structural inequities of Swaziland? These questions inspired the inquiry of this research as it attempts to understand the participation and role of women in the national policy making process of HIV and AIDS.

The HIV and AIDS policy is mainly coordinated by the National Emergency Response Council on HIV and AIDS (NERCHA), which is positioned in the Prime Minister's office. The study interviewed three types of women's groups: The traditional women's

[2] See, Langwenya, M. (2010), describing the case of Mary-Joyce Doo Aphane vs the Registar of Deeds. The case highlights the contradictory laws of Swaziland. Aphane used the 2005 Constitution to challenge the Registrar of Deeds laws that prohibit women married in community of property to register property in their own names.

regiment, *Lutsango LakwaNgwane*[3]; women living with HIV; and women's rights organizations. Extra interviews were conducted with three women parliamentarians to further deepen understanding on collaboration between women in the policy process and those in political office. NERCHA was also interviewed to understand the policy process.

The study aligns itself with contemporary research that seeks to understand the renewal of international feminist activism and which strongly advocates for increased women's representation in political parties and government administration. Women's movements across the world have supported campaigns for greater engagement with legislative bodies, political institutions, including regional and global organizations. The participation of women in political and other decision making processes is an indicator of progress towards the Millennium Development Goal (MDGs) on gender equality and women's empowerment.

The activism for women's increased participation in politics and policy making also took root in Swaziland. Despite the inimical conditions to effective participation in policy, women were not deterred from pursuing similar goals. In fact, during the period under study – 2003 to 2009 – the number of women in elected political office and at the executive level in the government and traditional structures significantly increased[4] (WLSA & UNDP, 2008).

In 2010, during the course of this research, the United Nations Development Fund for Women (UNIFEM) and the Advancing Gender Equity and Human Rights in the Global Response to HIV and AIDS (ATHENA), released a pertinent qualitative study on women participation and leadership in the HIV and AIDS response. The research notes that while the face of the global AIDS epidemic is female, there is an alarming lack of female

[3] *Lutsango LwakaNgwane*, is a national women's movement established in the 1970s by King Sobhuza II to address issues of culture and traditions. It is also concerned with poverty alleviation, inclusion of women in development projects and women's rights in employment. Since the 1990s it has adopted a holistic approach to women's issues including lobbying and advocacy for HIV and AIDS.

[4] In 2003, for the first time in the history of Swaziland there were 29 women in the executive, 16 in parliament, and 23 in the Judiciary. In 2006, the first woman Clerk to Parliament was appointed and a woman Senate President was elected by members of the House of Senate in Parliament. Other significant events include the first ever appointment of a woman Deputy Prime Minister in 2006 as well as the appointment of the first woman judge (WLSA & UNDP, 2008).

leadership in decision making (Terrell, 2010). The study conducted more than 100 in-depth interviews with women leaders and decision makers; examined existing literature and case studies; and surveyed women living with HIV and affected by HIV from around the world. Case studies were conducted in South Africa, Brazil, and India and noted the challenges of women activists in engaging policy effectively.

The UNIFEM/ATHENA report is one of very few studies available on women's leadership and participation as invited actors in national policy making machineries. A significant amount of literature focuses on women's political participation in elected office, especially in the executive and legislative bodies. There is also a strong focus on women's contribution to policy through civic advocacy using self created activism spaces rather than policy processes created by government. The subject is often approached from a social movement perspective.

However, there is a paucity of literature investigating women's engagement as non-state actors within government policy making processes. This point is underscored by the UNIFEM/ATHENA study which confirmed a lack of data and analysis of women's representation and participation in the HIV and AIDS response. Even less is written about women's participation in policy processes under autocratic or authoritarian governments (Tadros, 2009). Notably, the UNIFEM/ATHENA case studies were conducted in countries with democratic forms of governance and with a culture of active civic participation. As Cornwall (2008) points out, political contexts play a major role in shaping participation and cannot be overlooked in any research examining the participation of civil society members.

This thesis will argue that women's participation in the HIV and AIDS policy process or any other development process in Swaziland is in vain if their inferior legal status and other forms of discrimination are not fully addressed. While involvement in the policy process may offer women a "foot in the door" (Cornwall, 2008: 273), the foot may stand in front of a closed door for a long time unless a systematic and vigorous agenda for change is considered, adopted and acted upon.

1.1 PROBLEM STATEMENT

Discriminatory gender laws and cultural practices in Swaziland have led to dire consequences for women's social position and risk to HIV and AIDS. Legally, women are accorded inferior status to men and have restricted access to essential resources such as land, property, inheritance, and other rights which promote autonomy and agency. Women continue to be disproportionately vulnerable to HIV and AIDS (Physicians for Human Rights (PHR), 2007).

The domain of HIV and AIDS exposes the gross gender inequities more broadly and acutely than any other policy field. While women's organizing to challenge unjust laws has been more visible and well documented in Swaziland, there are no identifiable studies which examine women's efforts to influence policy on long-term social problems such as HIV and AIDS. This study aims to contribute to a better understanding of how women broadly engage in policy making processes of Swaziland. It does so by specifically investigating women's participation in the HIV and AIDS process.

1.2 PURPOSE STATEMENT

The purpose of the study is to understand the nature of women's participation and influence in the HIV and AIDS policy process in Swaziland.

1.3 RESEARCH QUESTIONS

The three primary questions are:

- How did women in Swaziland participate in the HIV and AIDS policy process between 2003 and 2009?
- What identifiable gains or losses did women make in the HIV and AIDS policy process during the specific period?
- How did they advocate for their issues and collaborate with women in political office to advance demands or interests of women affected by HIV and AIDS?

Secondary questions are:

For Question 1.

- Who represented women's issues and interests in the HIV and AIDS policy process between 2003 and 2009?
- How did they get involved in the HIV and AIDS policy making process?
- What was the structure of the HIV and AIDS policy process?
- What was the quality of women's participation in the policy process?

For Question 2.

- What did women intend to gain by participating in the HIV and AIDS policy process?
- How did the position of women in relation to other actors influence their ability to make demands?

For Question 3.

- What type of advocacy was pursued?
- How did women choose the strategies that they pursued in the process?
- What role, if any, did feminist thinking play in their advocacy?

1.4 LIMITATIONS

Time limitations and the size of the study prevented an in-depth analysis of policy and institutional arrangements within NERCHA - the main coordinating agency for the multi-sectoral response to HIV and AIDS in Swaziland. The research could have benefitted from accessing policy process analysis of NERCHA as an institution. However, after a vigorous search, no studies with such a focus could be found.

To gain some understanding of the NERCHA policy process, the research relied on interviews with a senior NERCHA representative and perusal of policy and strategy documents from the agency. NERCHA admitted that it had no mechanism for knowledge management and preservation of institutional memory. This omission is a great loss for researchers interested in conducting in-depth studies on the institution.

Knowledge management was also lacking in the women's rights organizations. Therefore, accessing historical documents to verify information was a challenge. In most cases, there were no strategy documents or minutes from meetings held during the time period under examination. In instances where documents were available, they could not be accesses as they were scattered in different disks or kept unfiled in some 'dark room'. The research relied on available newspaper reports on the internet and archives as well as reports from international organizations.

1.5 OVERVIEW: REPORT ORGANIZATION

The overall analysis of the study addresses women's participation under two main themes. It first offers an overview of the involvement of women throughout the stages of policy making. Then, it analyses the policy space in which women participate in terms of setting, power, purpose, and the advocacy pursued.

The next chapter is on background and will describe the political, social, and cultural context of Swaziland in relation to its effects on the lives of women. Participation in the government policy process is determined by the overarching rules and norms of a country. The discussion unpacks the numerous structural factors in Swaziland society that influence the lives of Swazi women. It briefly describes the dualistic system in Swazi governance, and pays attention to the role of culture in entrenching women's vulnerability. It highlights some of the laws that increase women's vulnerability to the impact of HIV and AIDS. In addition, the background discusses the history of the women's movement in Swaziland and women's response to HIV and AIDS.

Chapter 3 deals with methodology and focuses on the design of the case study and explains the shift from the initial focus on the "women's movement" as a unit of analysis to that of women living with HIV and AIDS as well as women's rights/interests organizations in the policy process. The decision was influenced by the lack of a cohesive women's voice in the process. The section expands on the study design and methods used for data collection and analysis.

Chapter 4 on literature and theory is divided into two parts. Part one purposefully defines the main concepts for the research. The concept of participation anchors the framework

for analysis. Considerable attention is paid to its different meanings. The review also defines and explores central concepts related to the study such as power, advocacy and feminism. Part two discusses the typologies, models, and theories which underpin or support each of these concepts. A conceptual framework for analysis emerges from these discussions.

The research findings and analysis in Chapter 5 reveal the ways in which international ideas on HIV and AIDS policy as well as the political context of Swaziland shape participation. While this study's objective was not to particularly investigate the effects of the minority legal status on women's participation, it was impossible to ignore its effects on determining power relations and the positioning of women within the HIV and AIDS process.

Chapter 6 interprets the findings and recommends actions that can be taken to build transformational participation in the policy making processes.

CHAPTER 2. BACKGROUND

This background section discusses the political context which shapes the policy environment of Swaziland. It is the foundational layer for the analysis on the research findings. It begins with a description of Swaziland's political and decision making structures. A discussion on women's position within the political system in terms of laws and customs follows. The history of HIV and AIDS and government's response is introduced. This section expands on the role of NERCHA as the leading institution on managing the multi-sectoral response to HIV and AIDS. Key policy milestones between 2000 to 2009 are illustrated in Appendix I. The impact of HIV and AIDS is discussed to show a contrast between the pandemic's effects on women and the slow response of the women's movement to engage the issue at policy levels.

2.1 SWAZI CONTEXT AND WOMEN

2.1.1 *HISTORY AND POLITICS*

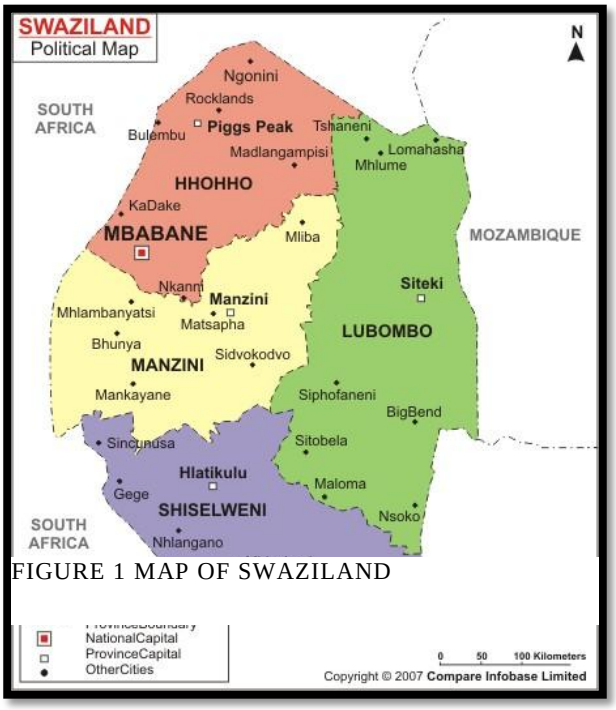


FIGURE 1 MAP OF SWAZILAND

Swaziland's coat of arms boldly states: "*Siyinqaba*", meaning "we are a fortress". The etymology of the word can be traced to Nguni and the root "*nqaba*" has several other meanings, including "disallow, forbid"; "brilliant, unsurpassed"; and "difficulty or difficult thing" (IsiZulu.net, 2011).

The Kingdom of Swaziland has an estimated population of one million, living on 17, 364 square kilometres of land. Women make about 53% of the Swazi population (WLSA & UNDP, 2008). It is the smallest country in the southern hemisphere and lies between South Africa and Mozambique. It is divided into four

regions, as shown on the map (Fig. 1). The regions are Manzini, Hohho, Lubombo, and Shiselweni (CSO, 2008). A former British protectorate since 1889, the country gained independence from British rule on 6th September 1968 under the leadership of King Sobhuza II (Matsebula, 1988). The current monarch is King Mswati III who ascended to the throne in 1986 at the age of 18 after the 1982 death of his father, Sobhuza II (IBA, 2003).

Swaziland's first constitution was ratified by King Mswati III in July 2005 and became effective in February 2006 (CSO, 2008). For the first time in the history of Swaziland, the fundamental rights of women and men are equally protected under the 2005 Constitution. Chapter three, section 20 of the constitution reads: *"All persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other aspect ..."* The provisions of section 28, in particular, affirm the rights of women to equal treatment with men and *"that right shall include equal opportunity to political, economic, and social activities"*. The constitution further states *"a woman shall not be compelled to undergo or uphold any custom to which she is in conscience opposed"* (GKoS, 2005).

Women's rights have been extended to cover leadership structures in the governance of the country. Section 86 (1) requires that 30% of representation in Parliament as well as in traditional structures be reserved for women. Should the number of women elected to Parliament fall short of the 30%, the constitution's section 86 (2) states that four women on a regional basis be elected by the Parliament.

With these rights women had hoped for a better life in political, economic and social activities. However, the laws which guide day-to-day living are not aligned with the constitution, which is a recent feature in the legal arena of Swaziland. Patriarchy is extended in all political structures that govern the country and is entrenched at the very top of the hierarchy. The constitution affirms the king as the head of state and above all laws. The queen mother takes the king's place in his absence. However during her reign, unlike the king, she is not allowed to rule independently. The queen regent is always under the supervision of the senior prince in the absence of the king. In effect, the

brothers of the king take over. In general, the political role of women in governing structures is limited (WLSA & UNDP, 2008).

A brief focus on the political system illuminates the point. There are two system of governance. Under the traditional system, the monarchy is guided by an executive advisory council, also known as *Liqoqo.* Power from the monarchy is devolved to *tinkhundla* – local constituency areas comprising of a number of chiefdoms. Each of the regions has a regional administrator – who have the status of deputy ministers - directed by the Minister of Tinkundla. The success of policies relies on successful navigation through traditional structures. In all of the traditional structures, women's representation is very low (See Table. 1):

TABLE 1 GENDER AND TRADITIONAL GOVERNING STRUCTURE

	Constituency heads	**Constituency councillors**	**Royal Libandla**	**Swazi National Council**
Women	**4**	**53**	**2**	**3**
Men	51	275	11	19
Total	55	328	13	22
% of women	7	16	15	14

Source: WLSA & UNDP, 2008

This under-representation of women is repeated in the second modern system of governance. The administration and execution of the functions of the Government are led by the Prime Minister, who is appointed by the king (GKoS, 2005). The Prime Minister advises the King on the selection of the Cabinet. Other political institutions include the Legislature and Judiciary. The Legislature is comprised of the King and Parliament. The House of Assembly can consist of up to 76 members, and a Senate of no more than 31 members. The King appoints 20 senators. About 60 members of Parliament are elected through *tinkhundla* - local constituency areas comprising a number of chiefdoms - and the King may nominate up to ten House members. (GKoS, 2005). Under this system, women occupy five seats in the executive and 16 in the Assembly (WLSA & UNDP, 2008).

2.1.2 *LAW & CULTURE*

Swazi culture is protected by Swazi Law and Custom. The customary laws are not codified and therefore open to different meanings and interpretations. Culture is identified as one of the main drivers for the spread of HIV (UNDP, 2008). A UNDP study on the relationship between HIV and culture (UNDP, 2008), lists some of the cultural practices which put women at risk:

- *Kulamuta* - having an intimate relation with a sister in law
- *Kungena* - taking over the wife of a late brother - widow inheritance
- *Kwendzisa* - arranged marriage which can involve girls in their teens
- *Inhlanti* - having an intimate relationship with the wife's sister

Culturally, men are considered the head of the household and control the land of the family. Inheritance is also transferred through paternal lineage and has been used in some instances to evict girls and women from their homes (UNDP, 2008).

On the legal front, there are a string of laws which subordinate women both through customary and Roman Dutch laws. In terms of marriage, polygamous marriage is acceptable under Swazi law and custom but not recognized by the Marriages Act of 1964. The two laws differ in the lower minimum age for marriage but both favour the status of men. Under the common law, the lower minimum age of marriage for girls is 16 and for boys 18 years old. Customary law allows girls as young as 13 to marry (Amnesty International, 2010).

Women have been waiting for parliament to review and align unfair laws with the Constitution and international legal instruments. There was hope in 2004 when Swaziland ratified the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The following year the King signed the 2005 Constitution, the first domestic law to protect women's right to equality. However, most of the operational gender discriminatory laws in the country have not changed. The increasing number of women in parliament has neither helped to advance the agenda for law reform. Langwenya (2010) describes the situation as "disheartening" in view of the fact that five years have passed since the Constitution came to place and "no single piece of legislation

has been passed to tackle discriminatory imbalances in Swazi law," (Langwenya, 2010: 3).

2.1.3 *HIV & AIDS*

A brief look at the specific impact of HIV and AIDS on women is necessary to understand how the pandemic has shaped their lives. The first case of HIV and AIDS in Swaziland was identified in 1986. In 1992, the prevalence of HIV among women attending antenatal care was 3.9% and by 2004 it was at 42, 6% (UNDP, 2006). Life expectancy fell from 60 years in 1997 to 31-years in 2007 (UNAIDS, 2007).

Globally, about half of all adults living with HIV are female. In sub-Saharan Africa, women constitute 60% of people living with HIV, according to the World Health Organization (2010). With women legally and culturally discriminated against on several fronts, this has led to dire consequences on their social position and far greater risk to HIV and sexually transmitted infections.

The Swaziland Human Development Report (2008) noted that women were exposed to high rates of sexual violence as a result of their status in society. With the increase in HIV infections, girls drop out of school to take care of the sick, raise their siblings and more enter into sex work to generate funds to take care of their siblings. Economic dependence of women on men; food insufficiency; HIV-stigma; lack of control over sexual decision-making are some of the factors identified as having a differential gender impact (PHR, 2007, UNAIDS, 2009). These factors taken collectively diminish women's power in their society as well as their access to processes that decide on their lives.

2.2 GOVERNMENT'S RESPONSE TO HIV & AIDS

The Government's response to HIV and AIDS in Swaziland can be mapped over three decades beginning in 1986 when the first HIV case was identified in Swaziland (See Table 2 below). The Government responded to HIV by establishing the National AIDS Prevention and Control Programme (NAPCP) within the Ministry of health and social welfare in 1987 (NERCHA, 2005). This programme was later renamed the Swaziland National AIDS Programme (SNAP). However, the body proved to be less effective as it

became "clear that the nature of the epidemic required an aggressive and multi faceted prevention strategy" (NERCHA, 2005: 11). The pandemic gained more ground as the HIV prevalence rate among pregnant women increased rapidly. In a decade, it moved from 3.9 percent in 1992 to 38.6 percent in 2002 (GKoS, 2002).

The Kingdom's response to HIV and AIDS was not unique in the sub-Saharan region. Globally, the pandemic was first viewed as a medical problem and the social dimension was overlooked. As such, HIV and AIDS policies focused on disease control measures and later evolved to embrace a multi-sectoral approach. (Poku, Whiteside & Sandkjaer, 2007). Serious consequences of the slow response were impossible to ignore at the turn of the millennium when it was estimated that in 2001 over 30% of the adult population were living with HIV and AIDS. Of this figure, 88,000 were women in the age group 15 to 49 years and 14,000 were children less than 16 years of age (UNDP, 2003).

In 1999 Swaziland acknowledged that the response to the epidemic required a multi-sectoral approach and the King declared AIDS a "national disaster". The Government instituted a Cabinet Committee on HIV and AIDS, chaired by the Deputy Prime Minister, and the Crisis Management and Technical Committee (CMTC) was formed. The Crisis Committee developed the 2000 to 2005 National HIV and AIDS Strategic Plan. This plan provided a guiding framework for a multi-sectoral national response to address three essential areas: risk reduction, response management and impact mitigation (PHR, 2007).

TABLE 2 HIV & AIDS RESPONSE TRENDS

	1980s	**1990s**	**2000s**
Context	In 1986 the first HIV case is identified in Swaziland and the patient dies in 1987. Denial and fear characterize the initial response.	In 1992, the first HIV Sentinel Sero-surveillance study reports 3.9% infection rate among pregnant women. By the end of the decade it stands at 32.4%. There is strong stigmatization of people living with HIV. Women are especially blamed for bringing the disease to their families.	HIV and AIDS support groups emerge and some people declare their status openly.. Response to the pandemic improves.

Global HIV & AIDS response trends	HIV and AIDS approached as a medical problem. Disease control measures are put in place.	HIV and AIDS are viewed as a public health issue. The emphasis is on prevention campaigns. The social and economic impact perspectives come into the picture.	A Multi-sectoral approach to tackling HIV and AIDS is promoted. Non-governmental organizations, private sector, and communities are recognized as integral players in the fight against the disease.
Swaziland's policy response	HIV and AIDS are put under the Ministry of Health. The Ministry sets up disease control programmes. The response is limited within the health system and is largely medical.	World Health Organization plays a key role to shape HIV policy. It increases prevention and control measures. Pandemic becomes a national issue. King declares AIDS a national disaster. The stage is set for multi-sector involvement.	Multi-sector coordinating body, NERCHA is established. There is increased donor funding. Emphasis is on behavior change prevention strategies, increased access to treatment, care, and support. More sectors are invited to play a part in fighting the disease.

Sources: Author, (NERCHA, 2005; 2008)

In 2001, the National Emergency Response Committee on HIV and AIDS (NERCHA) was established by an act of parliament to replace the CMTC (NERCHA, 2005). Its mandate was to coordinate and mobilize resources for an expanded, scaled up and coordinated response in the country and to foster the wider multi-sectoral involvement of the stakeholders (NERCHA, 2005).

The unravelling of the economic context around the same time compounded matters. In the 1980s growth rates averaged at around 9%, unemployment was low and foreign direct investment was high. But this picture gradually changed (UNDP, 2008: 31). By 2009, the annual GDP growth rate had declined to about 1.2% (Global Finance, 2011).

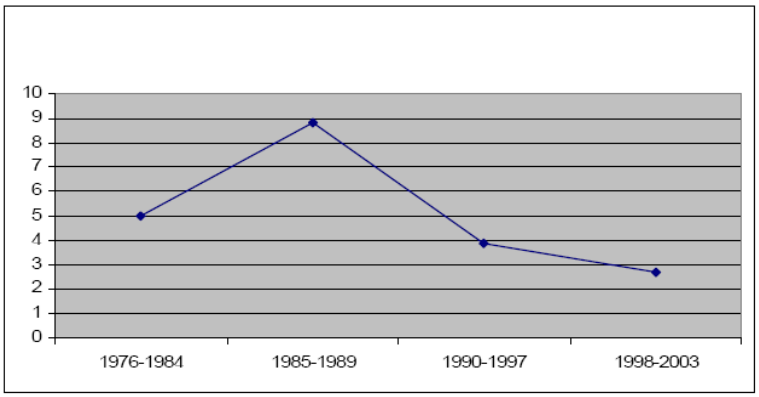


FIGURE 2 AVERAGE ANNUAL GDP GROWTH RATE (%) (UNDP, 2008:31)

The decline of Swaziland's economy coincided with political changes in neighbouring South Africa and Mozambique. During political instability in the neighbouring countries, Swaziland offered the most stable environment for business to thrive. The 1994 democratic elections in South Africa and Mozambique opened the doors for companies to return, practically ending Swaziland's boom years (Whiteside, Andrade, Arrehag, Dlamini, Ginindza, Parikh, 2006).

2.2.1 *THE HIV & AIDS POLICY ENVIRONMENT*

From the early 2000s, the HIV and AIDS policy adopted a multi-sectoral approach and NERCHA was subsequently established. It is only in 2004 that NERCHA found its feet and began to implement new programmes. Its formation in the office of the Prime Minister instead of the Health Ministry drew suspicion and discontent in some areas (T. Gama, personal communication, 22 October 2009). There were many actors within and outside government that were aiming at tackling different aspects of HIV and AIDS. The environment at the time is best illustrated in Figure 3 below (NERCHA, 2009b):

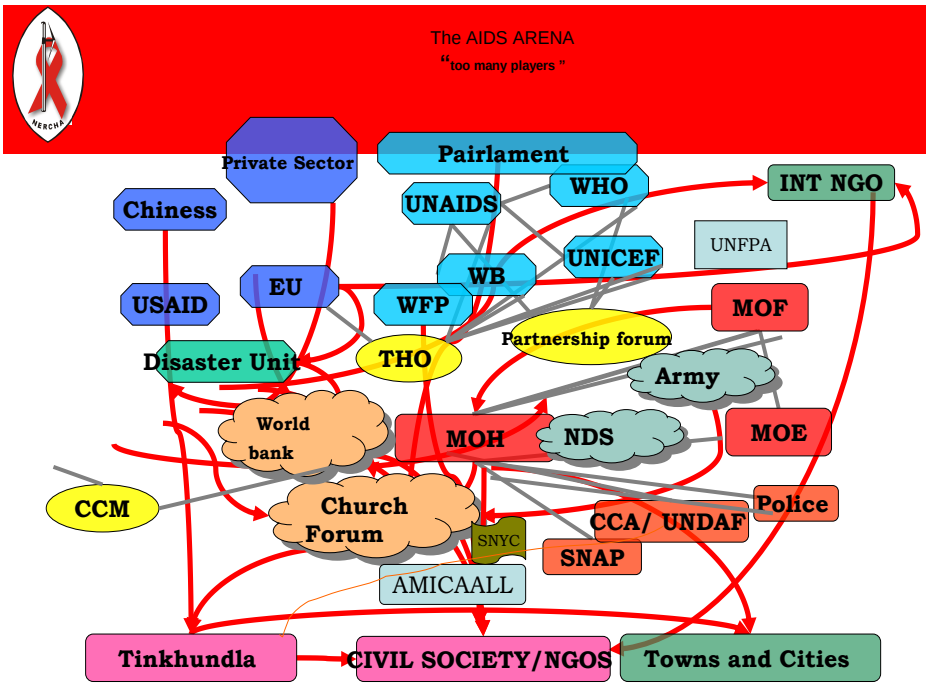


FIGURE 3 ACTORS IN THE HIV & AIDS ENVIRONMENT (NERCHA, 2010)

With a high number of actors and activities involved in the national response, NERCHA had the challenge of devising effective coordination. The actors in the HIV and AIDS environment were divided into three sectors.

- The public sector included the Ministry Of Health; the Ministry of Local Government and Housing; the Ministry of Tinkhundla Administration and Development (the traditional structure), and other relevant government ministries. Institutions and mechanism were set up at regional levels to coordinate the response. In the regions, there were Regional Health Management Teams (RHMT) under the Ministry of Health, and the Municipality HIV and AIDS Teams which coordinated the urban response. In addition, NERCHA also established Regional Multi-sectoral HIV and Aids Coordinating Committee (REMSHACC) in all four regions of Swaziland. The traditional structures also established parallel bodies within their offices.
- The development partners sector included the United Nations agencies, bilateral partners, and other donors and technical bodies.

- The non-governmental sector was divided into three subsectors – civil society; traditional sector; and private sector. Umbrella bodies, representing different sectors, were created to effectively engage with organizations outside government. These umbrella bodies included the Swaziland National Youth Council (SNYC); the Church Forum; Swaziland National Network for People with HIV and AIDS (SWANNEPHA); Business Coalition on HIV and AIDS (BCHA); Public Sector HIV and AIDS Committee (PSHACC), and the Coordinating Assembly of Non-governmental Organisations (CANGO). These are the structures that interact closely with NERCHA at national policy level for the purpose of developing policy and accessing funding (NERCHA, 2005).

The establishment of NERCHA's cohesive response to HIV and AIDS policy coincided with an increasing voice of women. Women's groups were already involved in the HIV response through community projects. The existing and leading organizations at the time, such as Swaziland Positive Living (SWAPOL), Women Together, and Swaziland AIDS Support Organisation (SASO), became key players in establishing SWANNEPHA, the umbrella body and the voice for people living with HIV and AIDS (UNAIDS 2009).

2.3 WOMEN'S RESPONSE TO HIV & AIDS

At first, women appeared to silently carry the brunt of economic decline, illness, stigma, blame, and caring for others (Dlamini, 2007). Their role in the policy arena was not visible. Gender activist, Doo Aphane confirms in the Open Space journal (Dlamini, 2007) that HIV and AIDS was not initially prioritized by the women's movement. By the time women awakened to the significant role required of them at policy level, their policy participation became a competitive terrain for access to resources (Dlamini, 2007:35).

Aphane, further explains that the women living with HIV and AIDS saw the policy area as their domain (D. Aphane, personal communication, 16 November 2010). As such, when the women's movement began to prioritise HIV and AIDS, it seemed questionable and there were suspicions that the movement's interest in HIV and AIDS was not genuine but motivated by the need to access funding. Therefore, divisions between women living with HIV and Aids and other women's rights organizations became unavoidable.

While the women's movement in Swaziland is regarded as fragmented since the 2000s, documentary research reveals that it was once vibrant in spite of the country's repressive laws. The history of the women's movement in Swaziland is traced back to pre-independence days when wives of political leaders, who were mainly from the royal family, were respected for "reinforcing women's nurturing roles as good mothers and wives" (OSISA, 2007:59). This form of women activism was better accepted in the country as it entrenched rather than challenged the traditional roles.

Around early 1970s, the first *Indvuna* ye *Lutsango LakwaNgwane*, that is, the leader of the women's regiment, was appointed. Issues of concern were around poverty alleviation, inclusion of women in development projects and women's rights in employment (Aphane, 2007). "This gave birth to the myriad women's income generating projects which were used as riders for other developmental initiatives. Throughout this period, activism was intricately intertwined with national patriotism" (Aphane, 2007b: 59).

During the late 1990s, there was an emergence of various women rights-focused organizations including the Women and Law in Southern Africa, Swaziland Action Group Against Abuse, and Women in Law and Development, among others. The period also coincided with the availability of funding which fuelled preparations for the Dakar Africa Women's preparatory conference culminating in the Fourth World Women's Conference, Beijing in 1995. The proliferation of women rights organizations saw many urban based women's rights activists being formally employed in the organizations. The organizations raised awareness on the unjust laws and treatment of women.

According to Aphane (2007), there was also increased pressure from the women's organizations for government to align itself with international laws on women's rights. The lobbying paid off. The Kingdom ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), considered as the international bill of rights for women. It provides for the elimination of all forms of discrimination against women in all sectors of society. The country has signed the SADC Declaration on Gender and Development, regarded a vital instrument as it binds countries to act and speed up efforts to achieve gender equality by 2015. Other international instruments of which Swaziland is a part include the Beijing Platform for Action which was adopted at the

Beijing Conference on Women in 1995; and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

Success also came in the form of an increasing role of women in political participation. Women were able to have the 2005 constitution affirm that a 30% representation of women in parliament as well as in traditional governing systems was required. In the 2003 election, an unprecedented number of women were elected to government political office. There are three women ministers and 19 women in parliament. The 2008 election showed a drop with only 16 women making it to parliament (WLSA & UNDP, 2008).

In order to explain this drop, the finger is pointed at the establishment of gender and women's rights offices within government, which changed the relationship between the movement and government. Aphane (2007) is of the opinion that this led to a handover of activism to government structures, which coincided with the "professionalising" of the field of women's rights activism.

Amid an environment of weakening local women's movement, the participation of women in the HIV and AIDS policy process leans on supportive international declarations, including the 1994 Declaration from Paris AIDS Summit; and the 2007 Declaration of Commitment on HIV and AIDS from the UN General Assembly Special Session on HIV and AIDS (UNIFEM & Athena, 2010). These declarations promote the participation of vulnerable groups in the process, including the upholding of the principle of Greater Involvement of People Living with HIV and AIDS (GIPA).

2.4 CONCLUSION

This background sections locates women within the broader political and cultural context of Swaziland. It has shown how through custom and common laws, the minority status of women regulates their relationship with men both at home and in public life. Male domination is reflected in all structures of society, from the monarchy to legislative and constituency governing of society. Women are under-represented in all decision-making structures. The section has pointed out how the rights to equality under the 2005 Constitution have remained theoretical. In practice, women's lives between 2003 and 2009 continued to be regulated through oppressive customary and common laws. The

background also points to the weakening of the women's movement's over the years and a fragmented approach to HIV and Aids. The next section will discuss the methodology for this study.

CHAPTER 3. METHODOLOGY

This section will begin with a description of the research design, pointing out the approaches used as well as challenges met in the planning and implementation stages of the research. The study relied on interviews and documentary research for collecting data. In total, 13 interviews were conducted with purposefully sampled respondents from different sectors including NGOs; women living with HIV; and the women's regiment, *Lutsango laka Ngwane*. Additional interviews were conducted with NERCHA and women in parliament to further strengthen the research's findings. In the data analysis part, this report will reveal the connection among different aspects of the report, particularly the correlation between the research questions, the theoretical framework, and the themes that emerged from data collected.

3.1 RESEARCH DESIGN

A qualitative approach was used to study women's participation in the HIV and AIDS policy process in Swaziland. In cases of limited or unavailable data or when existing theories do not apply with the particular sample or group under study, Creswell (2003) recommends the use of qualitative methods. This applied to the current study. There were no previous identifiable studies or quantitative research with a focus on women's participation in policy development in Swaziland. Available international studies were also inadequate to transfer to the Swazi-specific context.

The pluralistic and multidimensional nature of qualitative research offered the study appropriate tools. It allowed the research to explore the concept of participation in Swaziland and capture women's experiences in the process within the local political and cultural context (Creswell, 2003).

The selection of a qualitative approach does not suggest that quantitative research methods are irrelevant in situations where no previous data exists. Quantitative studies add valuable dimensions with the possibility to investigate associations between variables and establishing causality (Neuman, 2006). However, this study's emphasis on

understanding historical events was more suitable for a qualitative design, especially in the absence of previous and useful data.

The research is designed as a case study. The case study research method is defined as an empirical inquiry that "investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used" (Yin, 1984: 23). Yin (1984) emphasizes the importance of clearly defining the unit of analysis and the boundaries of a case study. Tellis (1997:44) adds to this by pointing out that the unit of analysis is more than just an individual or group of individuals but a "system of action" that helps to elucidate "one or two issues that are fundamental to understanding the system being examined". With this in mind, the study initially set out to study women participation in the HIV policy process as a collective voice, represented as a 'women's movement'. The movement was understood to incorporate diverse groups of women with a collective identity, and who occasionally act deliberately and together to advance a common goal (Porta and Diani, 2006).

However, this understanding of the 'women's movement' as a primary unit of analysis had to be abandoned at the onset of the research when interviewees articulated a different understanding of the 'women's movement'. Women who participated in the HIV and AIDS policy process did not identify as a collective. A few interviewees asked: "what women's movement or collective voice are you talking about? Which movement are you referring to?" (Respondent D, 16 November 2010). The last question was related to alternative views held about the significance of *Lutsango*, the traditional women's regiment, in women's lives. While *Lutsango* is officially recognized as the voice for women, it is not regarded by all as the legitimate voice for all women in Swaziland.

A rethink around identifying the unit of analysis became necessary. The primary unit of analysis shifted from specific to general. Instead of the 'women's movement', the study used documentary research to identify organizations which represented women's rights, interests, and issues within the HIV and AIDS policy process. It found three groups of organizations:

- non-governmental organizations;
- networks of women or people living with HIV;
- and *Lutsango,* which is recognized as the official voice for women in Swaziland.

The organizations interviewed have regional and community reach Swaziland. They operate in both rural and urban settings.

Their combined participation in policy making at the national level made it possible for this study to be bound within Swaziland rather than a region or city. Most of the participants interviewed occupied executive levels in their organizations and some engaged directly with NERCHA while others were in the decision making structures of the umbrella body which represents women living with HIV and AIDS.

One of the advantages of the case study method is its use of multiple data collection methods and analysis techniques, and it provides researchers with opportunities to triangulate data in order to strengthen the research findings and conclusions (Soy, 1997). As there was limited data describing the HIV and AIDS policy process, interviews with the main HIV and AIDS policy making body, NERCHA, became necessary to shed more light on the structure of the policy process and nature of participation of non-governmental actors. Additional interviews with parliamentarians were beneficial to gain a deeper understanding of advocacy related to accessing and building strategic alliances.

3.2 SAMPLING

The limited number of women's rights and interest-focused organizations working on HIV and AIDS policy justified a deliberative and non-random form of sampling to achieve the goal of understanding women's participation in the process (Neumann, 2006). Purposive sampling was used, in particular, stakeholder sampling, which is recommended in policy research analysis as it involves identifying the major stakeholders in the process (Given, 2008).

The researcher was able to identify the stakeholders through several of NERCHA's documents. Four national networks of women or people living with HIV, two national

NGOs with a strong focus on women's legal and abuse issues, and *Lutsango* were selected. The criteria for selection were based on the following:

- That the network or organization is an active participant in the national HIV and AIDS policy processes, either directly or through executive representation in an umbrella body.
- That the organization has a strong emphasis on women's rights, needs, or interests.
- That the organization operates at a national level and has regional representation or reach.
- That the organization is vocal about HIV and AIDS issues within and outside the policy process (visible activism).

To assess collaboration of these structures with women parliamentarians, three women parliamentarians were purposefully selected based on their background of previous or current activism in gender and HIV and AIDS issues.

A total of thirteen interviews were conducted. *Lutsango* was represented by their coordinator on HIV and AIDS issues; two women came from the women's rights organizations; and six represented women living with HIV and AIDS. Some of the respondents were no longer with the organizations selected for the study by 2010 but did represent the organizations during the period under study – 2003 to 2009. Views were also sought from three women parliamentarians to gain a balanced view on women's advocacy efforts. A senior official at NERCHA was interviewed to cover gaps of knowledge defining the policy environment of HIV and AIDS.

3.3 DATA COLLECTION

Within the case study method, Yin (1984) identifies six primary sources for case study research: documentation, archival records, interviews, direct observation, participant observation and physical artefacts. This study primarily used interviews for data collection, supported at a secondary level with documentation.

To ensure reliability of data in qualitative studies, "examination of trustworthiness is crucial" (Golafshani, 2003: 601). In this study, the triangulation of data collection was

achieved through semi-structured interviews supported by documentary research. While the study may not be generalisable beyond the context of women in Swaziland, it stands to shed light and deeper understanding in the under-studied subject of the women's engagement with the HIV and AIDS policy process in Swaziland.

3.3.1 *PRIMARY DATA COLLECTION*

3.3.1.1 Interviews

Primary data came from in-depth, face-to-face, semi-structured interviews. On two occasions, telephone interviews were necessary to reach the respondents who were located too far to have a face-to-face interview. The lack of research on women's participation in the HIV and AIDS policy arena in Swaziland, made interviews a valid instrument to capture the first layer of empirical data that could be used to further "follow-up ideas, probe responses, and investigate motives and feelings, which the questionnaire can never do" (Bell, 1999:135). Interviews were also chosen to assist in establishing reliability of data, understood as "consistency" with the purpose of "generating understanding" (Stenbacka, 2001 cited in Golafshani, 2003: 601). The researcher was able cross check some of the information with different interviewees to confirm reliability.

The structured part of the semi-structured interviews was informed by themes which emerged from the literature reviewed at proposal stages. The broad themes included:

- an analytical description of the HIV and AIDS policy process and context under which women engage;
- the nature of women's participation;
- power relations in the policy process;
- the advocacy strategies they use to influence policy;
- and, their collaborative strategies with women in parliament.

Responses were digitally recorded in instances where permission was given. Most participants were willing to be recorded. Hard copy notes were made for all interviews.

Among the women's groups interviewed, *Lutsango* spoke confidently about its role in the participation process and seemed more assured of its contribution and benefits in the process. The women's rights organizations related to the process on a strategic level, either to advance own goals or access funding. While women living with HIV and AIDS were the most critical voice of the policy process and desired to see more changes in their strategic role within the process. Interestingly, some of their views were echoed by parliamentarians. In general, the women shared similar views on many points despite a lack of a cohesive voice within the process. Appendix II has a list and a brief background of the organizations the respondents represented in the study.

3.3.2 *SECONDARY DATA COLLECTION*

3.3.2.1 Documentary Analysis

Documentary analysis was used to 'corroborate evidence gathered from' interviews (Tellis, 1997: 8). This was done particularly to cover gaps that arose from interviews. The study relied on journals, news magazines, the internet, newspapers and government and international reports to corroborate evidence. While it was desirable to access minutes for NERCHA meetings with different stakeholders as well as records of NGOs presentations at the meetings, this proved difficult. Documents supporting the involvement of participants were inaccessible. They either reported the documents lost or piled up in some 'dark room'. The seeming lack of knowledge management was a loss to the research.

To support the evidence that mostly came from people's memory, the study relied on the internet and newspaper articles. Mostly, the news reports came from IRIN and PLUS NEWS, the Swazi Observer, and the Nation. A list of policy documents on HIV and AIDS were accessed through the NERCHA website and where possible hard copies were obtained from its offices. Documents on the history of the women's movement and interaction with policy were shared by various NGOs including the Coordinating Association of NGOs (CANGO), Women and Law in Southern Africa (WLSA), and the National Gender Consortium.

3.4 DATA ANALYSIS

Yin (1994) proposes two analytical strategies for case studies – relying on theoretical propositions and developing a case description. This research relied mainly on the former. Using the theoretical framework developed through the literature review, themes were identified for analysis. More nuanced themes emerged during interviews, which were used to categorize the findings for better analysis.

TABLE 3 RESEARCH DESIGN & ANALYSIS

Research Questions	**Theoretical Analytical Framework**	**Findings categories**
How did women in Swaziland participate in the HIV and AIDS policy process between 2003 and 2009?	*Understanding the policy process* (Dye, 1995, Dunn, 1994). *The space for participation* (Gaventa, 2006; Arnstein,1969; White,1996)	Description of the policy process. Women's knowledge of the policy process. Nature of women's participation.
What identifiable gains or losses did women make in the HIV and AIDS policy process during the specific period?	*The role of power in participation* Institutional Theory (Dye, 1995); Power (Rowland,1997), (Veneklasen & Miller, 2002). *Understanding the purpose for participation*	Position in the process and ability to make demands. Aims and goals of participation Gains and losses
How did they advocate for their issues and collaborate with women in political office to advance demands or interests of women affected by HIV and AIDS?	*The use of advocacy to drive change* Feminist perspectives (Tripp, 2001; Mc Fadden, 2009); Advocacy as a political tool, (Samuel, 2002).	Advocacy strategies Collaboration with women in parliament.

The above table illustrates the relational links in the research questions, theoretical analytical framework, and themes emerging from interviews. Identifying and matching patterns and categories between interviews and documentary analysis was useful to corroborate the findings and ensure reliability of information. The theoretical framework is discussed in Chapter 4.

In addition, content analysis was used, particularly, to identify the key terms used by interviewees to describe the nature of their participation in the HIV and AIDS process. Content analysis is commonly associated with quantitative studies and its focus is more about measuring usage rather than truth (McNabb, 2002). Holsti (1969: 14) describes it as "any technique for making inferences by objectively and systematically identifying specified characteristics of messages". It was used in this study to identify the words commonly used to describe the institution in charge of the policy process and the process itself. However, the research was cautious not to draw unwarranted inferences especially considering the small size of the sample.

3.5 CONCLUSION

This section has discussed the methods and tools used to undertake the research, collect and analyse data. The section describes the methods used to analyse the data collected through interviews and documentary analysis. It also shows the relationship between the themes that emerged from the literature review and themes that were identified after the interviews. These are illustrated in Table 3 and the links between themes and research questions are shown. The following section elaborates on the various theories, models, and typologies for assessing participation in the policy process. A theoretical framework was developed to aid with both data collection and analysis as shall be later shown.

CHAPTER 4. LITERATURE & THEORY

The literature review is designed to explore the concept of *participation* and identify a theoretical framework for analyzing women's participation in the HIV and AIDS policy process in Swaziland. There is abundant literature appearing mainly in international journals that investigates the history and practice of participation in development. It includes various models and frameworks for improving community participation in projects and programmes (Chambers, 1994, 2001; Cornwall, 2002, 2008; Cornwall & Gaventa,1999; Gaventa & Valderrama, 1999; IIED, 2008; Drydyk, 2005). Various typologies have emerged over the years to describe the levels and forms of participation in policy decision making processes (Arnstein, 1969; White, 1996; Beetham *et al*, 2008). These typologies show ways in which participation can serve to obscure or challenge inequalities in power and resources (Brodie *et al*, 2009).

While literature predominately focuses on examining the practice of participation in community projects and programmes, there is limited analysis of citizen involvement in national policy making processes (Gaventa, 2008). Instead, the focus is on social movements and activism that seeks to influence change from outside of government processes (Snow, Soule, & Kriesi, 2004; Porta & Diani, 2006; Friedman & Mottiar, 2005). The gap widens further on the topic of women's participation in policy processes, especially under non-democratic governments. Literature on women tends to focus on women's involvement in politics as elected officials rather than as non-state actors engaged in decision making with various structures and institutions of government (Tripp, 2001; Goetz, 2003; Caiazza, 2004; Horowitz, 2009).

Some of the major themes that emerge in public participation literature focus on the value of participation in strengthening legitimacy and accountability of government institutions; participation as empowerment for communities; participation as means to enhance service delivery; and participation as an expression of active citizenship (Brodie *et al*, 2009; Gaventa, 2008; Cornwall, 2008).

With regards to HIV and AIDS, the researcher found that the proliferation of literature on HIV and AIDS minimally interrogates the role of women in national policy responses to

HIV and AIDS. The UNIFEM/ATHENA study on women leadership and participation in HIV and AIDS response in different countries confirms lack of data and analysis on this subject. In search of relevant literature to build a framework of analysis for the study's chosen topic, the research had to triangulate literature from public policy, participation in project and programme development, women's political participation, and social movements.

Part one of this review will define the concept of participation and its relation to three other concepts which frame the study: power, advocacy, and feminism. Considerable attention is paid to the definition of terms for two reasons. Firstly, participation is embedded in ideas about democratic forms of good governance (Cornwall & Eade, 2010) and most studies examine the practice of participation in democratic or democratizing countries. This study, however, takes place in an absolute monarchy system that pursues non-pluralistic politics (Mabuza, 2009: 24), described as undemocratic in some sectors for not allowing multi-party politics and repressing civic engagement.

Secondly, participation has dynamically evolved over the years. The literature review reveals the concept's trajectory from its radical Marxist roots in the 1960s to becoming a demand for good governance in neoliberal policies promoted through institutions such as the World Bank (Cooke & Kothari, 2001; Drydyk, 2005; Leal, 2010). Through the review, the study explores ways in which women in Swaziland could adopt a conscious and critical view of their participation in order to transform rather than legitimize the process.

Part two discusses the role of power in participation in the policy process. It explores the different typologies and theories to illustrate the concept. Both participation and the policy process are infused with contestation of power among actors that "shape and reshape the boundaries of action" (Cornwall, 2008: 276). The second section will adopt Cornwall's (2008) position that involvement in the policy process does not equal influence. It is rather the context and power play that determines who has voice and on what issues.

4.1 PART ONE: DEFINITION OF TERMS

4.1.1 *THE CONCEPT OF PARTICIPATION*

A simplistic definition of participation is that everyone can play a part in an activity or issue at hand. The term has a positive resonance about it that implies a sense of sharing with all. On the contrary, in politics and development, the practice of participation is far from involving all. Participation studies have shown that power is central in shaping the game (Cornwall & Gaventa, 1999; Cooke & Kothari, 2001; Taylor & Mayo, 2008).

Often, the meaning of participation is vague and ambiguous, even though the concept has been elevated as an integral feature of democracy (Drydyk, 2005). This is no different in Swaziland. The Constitution of Swaziland (GKoS, 2005) secures the right to active participation of citizens at all levels of governance. Participation of all stakeholders is one of the driving principles stated in the Swaziland National Policy on HIV and AIDS (GKoS, 2006). However, no definition for participation is given on any of the major HIV and AIDS policy and strategy documents. Taylor & Mayo (2008) point out that "clarity through specificity" is necessary if participation is to fulfill its democratizing promise (2008: 266). In Leal's views (2010) the lack of definition, vagueness, and/or ambiguity serves to preserve unequal power relations and to create a mirage of involvement.

Several authors have traced the emergence of participation as a buzzword in development back to the 1960s (Cornwall & Gaventa, 1999; Cornwall 2002; Drydyk 2005; Leal, 2010). The term has taken different meaning and use over the years to suit various agendas. In politics, participation comes in the form of voting, political party involvement, and lobbying. In development, different names for involving a broader spectrum of people in decision making of projects and programmes have emerged. These include terms such as 'community participation', 'civic participation', 'citizen participation', and 'public participation', among others (Cornwall & Gaventa, 1999).

Based on the literature reviewed, four phases of the concept of participation can be identified since the beginning of the1960s. The first phase coincided with decolonization of several countries in Africa and the beginning of the Cold War. Cornwall (2001) points out that at this time the concept of 'community participation' was common and laced

with condescending undertones of modernizing the indigenous communities and turning them into 'good citizens'. Emphasis was on top-down management with the elite deciding on behalf of others on what is good or bad for them.

The second phase came in the late 1960s and early 1970s when there were increasing demands for people to be part of decision-making processes. The dominant view at the time from developing countries was that top-down management approaches were marginalizing communities and cutting them out of taking ownership of their development (Cornwall & Gaventa, 1999; Drydyk, 2005; Leal, 2010). Paulo Freire is often cited as one of the key contributors in framing participation as a means to transform and give people control over their lives (Cooke & Kothari, 2001; Drydyk, 2005; Leal, 2010).

Subsequently, these demands turned into declarations on the necessity of participation in development in a number of international policy documents (See, Cornwall 2002; Drydyk, 2005). The term 'popular participation' took hold in the 1970s as the United Nations Economic and Social Council (ECOSOC) urged countries to make 'popular participation' a basic policy measure in their development strategies. Meanwhile, participation in community projects became common in many countries (Cornwall & Gaventa, 1999).

The third phase saw a shift of emphasis. Strongly driven as part of the World Bank's neoliberal development policies, the instrumental use rather than the transformative side of participation took primacy. As part of the neoliberal development agenda, participation became a tool to ensure cost effective and efficient programmes, aligned with increasing the role of the market over that of the state in economies (Cornwall, 2002; Leal, 2010).

By the end the 1990s, demands beyond participation in programmes and projects increased as the role of networks in policy was recognized. This is particularly the case with HIV and AIDS policy with its multi-sectoral focus. The fourth phase of participation is arguably one which is resonant with the 1970s transformative agenda, with its emphasis on transparency and accountability in the policy processes of governments.

In terms of language, the 1960s and 1970s associated participation with protest and demands for dignity and recognition of the role of citizens. In the 1980s under the leadership of the World Bank, "it referred to beneficiaries. In the 1990s, the key words were "choosers" and "users". Of late the language of "makers and shapers" is part of the parlance (Taylor & Mayo, 2008: 264).

Table 4 below is a summary of the phases of participation within global politics. The table transposes and expands Mc Lennan's (2007) analysis of global policy trends in governance and development to include historical patterns and trends of the concept of participation.

TABLE 4 PARTICIPATION IN GLOBAL GOVERNANCE AND DEVELOPMENT

	1960s	**1970s**	**1980-1990s**	**2000s**
Context	Post-war rebuilding and/or post-colonial period. Cold war era with ideological tensions between communism and liberalism. The rise of the welfare or providing state.	Oil price-induced global economic crisis. Crisis of mass delivery, coupled with fewer resources.	Rise of neo-liberalism. World Bank and International Monetary Fund lead development interventions. Structural adjustments policies applied. Globalization challenges the role of the nation-state	Economic crisis challenges ideas of market driven economics. State role in economics and development reinforced. Dealing with the implications of global inequality. Grappling with a seeming shift of economic power from the West to East.
Development management and delivery	Bureaucratic and administrative. Universal, often large scale interventions. Top-down approaches to development.	Decentralizing to local authorities. Emphasis on community outreach and involvement.	Private sector main player with public as facilitator. Professional and highly regulated. Systemic managerial processes and performance. Focus on efficiency and effectiveness.	Multi sector partnerships. Focus on access and inclusion.
Focus of participation in development	Development considered an area of the elite and decisions are taken on behalf of the people. Limited	Protests and demand for people involvement in issues that affect them. Emphasis is on participation of	Public participation becomes buzz word. Meaning limited mostly to consultation. Focus on participation at	National policy participation for civic groups increases. Increasing calls for transformative

	consultation. Participation driven as a means to modernize communities.	communities as decision makers. Seen as means to transform their lives.	community levels. Decisions taken by technical skilled "experts" and development pursued on behalf of the "marginalized" people.	outcome to participation. Systems of transparency and accountability become central.
Language	"Community participation." "Project participation." "Beneficiaries."	"Popular participation." "Project participation." "Actors."	"Citizen participation." "Community participation." "Beneficiaries." "Clients." "Chooser." "Users."	"Public participation." "Makers." "Shapers."
Value	Power over others.	Transformation of lives.	Empowerment without power.	Transparency and accountability.

Source: Author, adapted from Mc Lennan (2007), incorporating Cornwall & Gaventa (1999), Cornwall (2002), and Taylor & Mayo (2008).

Arguably, public participation has always been a feature of Swaziland's political system, through the use traditional structures and King's call of the entire nation to participate in a people's parliament. These forums allow the Swazi nationals to address the King or his brothers directly on issues of their concerns.

This research aligns the study with the transformation ideas of participation as giving people power to decide and control the resources aimed at improving their well being. It defines women's participation as the involvement and ability of women to define their issues, be able to influence change, and drive the change that occurs in their lives. For this to happen much depends on the balance of power within the process. The next section discusses the concept of power as a defining feature of participation.

4.1.2 *POWER*

Central to participation is power, which in turn is a key concept for understanding the patterns of participation within a policy process. Hill (2005) affirms that a focus on the policy processes is essentially the study of the exercise of power in the making of policy.

Robert Dahl (1961 cited in Hill, 2005) located the discussion of power within the boundaries of an actual community, defining power as the ability to make somebody do something that otherwise he or she would not have done. 'A has the power over B to the extent that he can get B to do something that B would not otherwise do' (Dahl, 1957: 203 cited in Hill, 2005: 30). Pluralist theory argues that sources of power are unequally though widely distributed among individuals and groups within society. Although all groups and interests do not have the same degree of influence, even the least powerful are able to make voices heard at some stage in the decision-making process (Hill, 2005: 29).

Peter Barach and Morton Baratz (1962) developed a model as a response to Dahl—*the two faces of power* – the overt and covert forms. The overt form is openly expressed while the covert form of power represents silence on decisions and prevents decision making. They pointed to the strategy of organizing of what stays *in* and what is *out* as the *non-decision-making process.* In the seventies, Steven Lukes (1974) developed Barach and Baratz's approach further. He introduced a three-dimensional model of power as overt, covert, and invisible. Translating this work to participation, Veneklasen & Miller (2002) use similar language to explain the three dimensions of power as visible, hidden, and invisible:

- *Visible power* involves observable decision making, the formal rules such as laws of the country and policy procedures. The rules are open and the process is democratic and accountable.
- *Hidden power* is more difficult to challenge as it is less obvious. Those in power use their "influence to control who gets to the decision-making table and what gets on the agenda" (Veneklasen & Miller, 2002: 47). At this level, the views of the less powerful groups are excluded and devalued.
- *Invisible power* is considered the most insidious form. It can be associated with autocratic and authoritarian state where fear is used to control the subjects (Tadros, 2009). It is often intangible or not articulated but frames the thinking of individuals about their world, influencing beliefs and self esteem. In this execution of power, people are manipulated through culture and ideology to define what is acceptable behaviour.

The three dimensions are used in the study to assess the dynamics of power between NERCHA and women's groups in the policy process. As discussed later, through the use of invisible power, behaviour considered unacceptable to those in power has led to exclusion or marginalisation as a form of punishment for acting out of the boundaries.

This research also adopts the perspective of four types of power as classified by Rowland (1997):

- power *over* (ability to influence and coerce);
- power *with* (power from collective action);
- power *within* (individual consciousness);
- and power *to* (organise and change existing hierarchies).

This perspective on power is used particularly to analyse how women use their positions within the process to influence change.

A concept closely related to participation is advocacy. As a tool for change, advocacy can be applied within and outside of the policy process. Its use in participation process is discussed in the next section.

4.1.3 *ADVOCACY*

In order to resist unequal power relations in public policy, activists usually rely on advocacy. Samuel (2007) makes a distinction between two forms of advocacy - public and people centered advocacy. He describes public advocacy as a set of deliberate actions to influence policies in order to empower the marginalized. This form of advocacy involves shifting the power balance in the process to benefit the marginalized. However, it does not directly involve the marginalized, and when it does, they are not given control over decisions. Samuel suggests that empowerment without power is a norm in this type of advocacy. An alternative to public advocacy is what he calls people-centered advocacy which does the opposite of public advocacy by giving more control to citizens to define and shape the process for decision making while having voice and ability to bring about change at every stage in the process (Samuel, 2007).

For effective advocacy to occur, Samuel identifies the power to mobilize, to access information and knowledge and constitutional guarantees, as among key factors for success. These are necessary to achieve what Veneklasen & Miller (2002) refer to as changing the size and configuration of participation by introducing a whole new set of factors on the table. They offer their own description of what they term citizen-centred advocacy which is "an organized political process that involves the coordinated efforts of civil society to change policies, practices, ideas and values that perpetuate inequality and exclusion" (VeneKlasen & Miller 2002: 28).

However, as shall be seen with the case of Swaziland, "participation and transformation have failed to converge" (Pettit & Musyoki, 2004: 98) and one of the challenges is that advocacy within the policy process requires activists to shift from confrontational to cooperative approaches. This draws the sting from activists and serves as a means to legitimise government actions.

Tadros (2009) highlights to the significance of having advocacy that seeks change rather than affirm the existing status quo. She poignantly points out that while advocacy does not have to be adversarial it should be political, especially in authoritarian or autocratic environment where the "contestation of the ruling" elite are not tolerated (2009:24). It can be drawn from the definitions above that advocacy is an integral tool for change, especially for networks or groups of citizens engaging the governance system. Its political anchoring can easily be lost when it is reduced to marketing and public relations tools instead of it being an inclusive mechanism which involves the people it seeks to change (Samuel, 2007; Tadros, 2009).

Without a social transformation agenda, advocacy stands to benefit those in power. Feminist thinking becomes relevant in the case understudy if women in Swaziland adopt advocacy as a political means to change. To define the use of feminism in this research, the next section begins by tackling the difference between gender and feminism.

4.1.4 *GENDER & FEMINISM*

The term *gender* gained salience in the 1980s and was introduced by radical feminists to recognize the social determination of what makes a men or woman and highlight the different experiences of sexes based on their social positioning (Honderich, 2005).

Over the years, the use of the term has been confusing. At times it is used to just mean women and at other times it means both men and women without acknowledging the differential positioning based on the social construction of their roles. The language of gender is avoided in this research wherever possible. The study has opted to focus on women as a group whose experiences are directly undermined by discriminatory policies and laws in Swaziland. The study recognised that the inclusion of men in the term gender may serve to blind issues in the Swazi system which is already unjust to women on the bases of a blatant favouring of men over women. Therefore, to frame the research topic along the lines: "Gender in the policy process of HIV in Swaziland", would lack the specificity and strategic agenda around which this study is designed.

Unlike gender which is often bland in meaning, feminism or feminist approaches tend to evoke fear with their embracing focus of women's voices and direct confrontation of institutional basis of male domination (patriarchy) (Stanford Encyclopaedia: 2008). Smyth observes a silence on feminism and feminists in development analysis, stating that the terms have over the years led feminists to be "belittled and demonized" for pointing accurately to the unfair treatment of women by laws or social norms (Smyth, 2010: 146).

This study views feminism as more than a "simple demand for legal and political equality" (Honderich, 2005: 292) but as a challenge to patriarchy. Patriarchy is defined as a system that privileges and allots men with various forms of power and access to resources at the expense of women (McFadden, 2010).

The above section has discussed the meanings and use of the concept of participation and other related terms which anchor or support the focus of this study, namely, power, advocacy and feminism. The study adopts a view of participation as a transformative activity which seeks to distribute power within the policy process and expand the space for women to decide on issues that affect their lives. The three dimensions of power discussed above offer a means to analyse the power relations between NERCHA and

women participating in the HIV and AIDS process. In examining the advocacy women pursued over between 2003 and 2009 to influence the process, the study will turn to feminism to also assess how far the political agenda for advocacy was informed by feminist thinking – in particular, the way in which it challenged patriarchy.

In the next part, the review turns its focus to the broader models and typologies that underpin the concept of participation. Theories are drawn from public policy to develop an analytical framework to assess the concept of participation in relation to its practice within the policy process.

4.2 PART TWO: PARTICIPATION IN THE POLICY PROCESS

This section begins with a discussion on the models of policy process analysis. Understanding the elements that make up the policy process has allowed this research to be explicit in its analysis of women's participation in HIV and AIDS policy. This research found that literature on women's engagement with politics or policy seldom describes the process in which women engage. Meanwhile, the knowledge of the structure of policy process is of strategic importance as it lays bare the areas where women succeed or fail in their engagements with government.

Following the theoretical explorations of policy process analysis, the study will unpack the elements that underpin the concept of participation. Three dimensions for analysis of participation are identified, the first two are embedded in government policy processes while the last occurs outside of policy process to strategically influence change.

The first dimension is concerned with the space available for participation. Within this dimension, the literature will discuss the design of the space; the types of participants in the space; the levels and depths of participation; as well as means of support available for participation. The second dimension will focus on power as the essential and determining factor of the outcomes of participation. Public policy theories are used to define power relations as well as different forms of power that can be used in the process. The third dimension explores the concept of advocacy as means to increase influence in the policy

process. Literature identifies strategies women in different parts of the world have used to bolster their participation in the policy process.

Ultimately, the review leads to a theoretical framework, underpinned by two themes. The first theme will focus on the policy process stages and the second theme will focus on the space for participation by examining its setting, power, purpose, and the advocacy pursued to bring about change in the lives of women.

4.2.1 *THE POLICY PROCESS*

The field of public policy has various approaches and models for analyzing the content and process of policy making. De Coning (1995) identifies two analytical approaches: the **descriptive approach** highlights the elements in public policy which have an "impact on the policy making process" (1995:133). These include the role of the elite or groups in policy making. The **prescriptive approach** is useful for retrospective analysis of policy process and includes the rational, incremental, and mixed-scanning models, also considered as the garbage can model. This review will not discuss each of the models but rather focus on those relevant for the present case study, mainly the rational model and the elite model.

The rational model views the policy process as a neutral terrain with a systematic flow of decision-making from one end to another. It describes a goal-driven technical process which is concerned with efficiency (Davis, 1996). The decisions are made to maximize gains and limit costs to the government. The model assumes that policy occurs with a complete understanding of societal values (Dye, 1995). This model is criticized for over-looking the influence of politics in decision making and it is argued that policy is seldom linear in practice.

The rational model has inspired various methods to retrospectively analyze the policy process. While authors such as Morse & Struyk (2006), Howlett & Ramesh (2003), Dunn (1994), and Dye (2007) vary in their delineations of steps involved in the policy making process, there seems to be a shared understanding that the policy process begins with problem identification, agenda setting; forecasting; implementation; evaluation; and problem resolution or termination.

A rational model of the policy process is not that obvious in the dual political system that characterizes Swaziland's policy environment. Alternatively, the garbage can model is arguably more suitable for defining Swaziland's policy environment where policy is made in both the traditional and western institutions of governance. The model offers a radical approach in its view that policy actors define and choose goals and means along the process in an unpredictable manner depending on the context (Howlett & Ramesh, 2003). The policy process is viewed as iterative rather than a linear process.

However, the rational model offers this study a useful way of assessing women's impact in the Swazi context. The study adopts Dunn's (1994) delineation of the policy making process according to five key stages – agenda setting; policy formulation; policy adoption; policy implementation; and policy assessment.

Other more compressed ways of viewing the policy process are suggested by Ransom and Kirchhoff (2003). Basing their description on John Kingdon's (1984) policy streams model, they argue that assessing women's influence in the policy process should involve three "loosely coupled" streams:

- The first phase is the *problem stream*, which covers problem identification and understanding its existence within a broader context.
- The second is the *policy proposal stream,* which involves different actors to generate solutions and forecasting.
- The third phase is the *politics stream* which ensures proposal implementation.

However, this description is not lucid enough for analysis as it is excludes the role women can play in monitoring and evaluation of the policy process. It also obscures strategic points of influence that may be identified through the more explicit stages suggested in Dunn (1994).

Another way at examining the policy process is to identify elements that shape the process. Two public policy theories are particularly useful for this study, the elite and group theories. The elite theory fits well with the hierarchical nature of the Swazi political and cultural system. The theory suggests that power is concentrated in the hands of a few elites who "allocate values for society" and make decisions on behalf of the

masses who are "apathetic and ill informed" about public policy (Dye, 1995:26). As such public policy reflects the preferences of the elite rather than the demands of the masses.

This theory stands in contrasts with the values of participation, which are better associated with group theory which assumes that "policy makers are sensitive to the demands of interest groups" (De Coning, 1995:139). Group theory acknowledges the role of pressure groups created out of common interest and "band together formally or informally" to effect policy change (Dye, 1995: 23). According to group theory, influence in policy is determined by the group's numbers, wealth, organizational strength, leaderships, access to decision makers, and internal cohesion (Dye, 1995).

From the above discussion, this research has argued for the use of the stages approach in retrospective analysis of the HIV and AIDS policy process in Swaziland. This approach enables the research to assess the degree of women's involvement in the process. Cornwall (2008: 8) asserts that "a deep participatory process engages participants in all stages" of policy making. Assessing each stage offers an opportunity to also identify areas which are or can be potentially transformative for the participants – areas where women's voices can be effective and empowerment occurs. The following section explores the essential elements for analysing the concept and practice of participation in the policy process.

4.2.2 *THE SPACE FOR PARTICIPATION*

The opening of spaces for participation of non-state actors in policy is one of the focal points of literature on social movements. Spaces are created as a result of shifts in politics and economics (Goodwin & Jasper, 2003). These shifts can depend on the efforts of activism but also on the power dynamics between and within the elites (Tarrow, 1983). The shifts can be triggered by internal and external events or pressures. The factors that determine the opening of space contribute to the nature of participation and the amount of influence needed to exert change.

Gaventa (2006) suggests three types of spaces which open different avenues for influence:

- *Closed* – This is a top-down management process in which bureaucrats make decision behind closed doors.
- *Invited* – These are spaces where people are invited to take part in government processes. Examples include dialogues, multi-sectoral committees or councils as is the case in the present study.
- *Claimed/created* spaces – The less powerful actors create these spaces to advocate for issues that are of interest to them. These spaces tend to be more organic and emerge out of a set of common concerns or identification.

The three spaces occur at local, national, and global levels and are all framed by the concept of power (Gaventa, 2006). Too often, activists have found that spaces can be opened as a ploy to silence criticism, to legitimate the process, and/or reinforce existing privileges (Clark, 2002; Bühler, undated).

Most critical is to assess the actors within the space in terms of who participates, who is excluded, and is who excludes themselves, (Gaventa, 2004, 2006; Cornwall, 2008). The question of who participates can determine the power of voice within the process. The UNIFEM & ATHENA (2010) case study on South Africa found that women invited to policy process are not always effective in their role. A woman representative in the South African National AIDS Committee (SANAC) admitted to lacking the confidence to raise her own issues and was not conscious of her role as a voice for other women. This raises the significance of assessing the abilities of representatives in the process to establish a critical voice that can articulate and politicize women's issues; make demands on decision-making authorities; and hold the authorities accountable (Goetz, 2003).

It also turns the eye to available support systems for women's participation in public policy processes. The report and other sources including Cornwall, (2008) and the Development Research Centre (DRC), (2010) affirm that resources and support are critical to the effective use of space. Support can be in a form of strong political will from the authorities to share their power and a legally empowered participation (Gaventa, 2004).

4.2.2.1 Forms of Participation

Participation can occur at different levels of governance - local, national, and/or global levels. The depth of participation matters if change is to occur at all levels. Different typologies have been developed over the years to explore techniques used in participation and the implications for the quality of participation (Brodie *et al*, 2009). One of the earliest typologies is Arnstein's ladder (1969) which exposes the role of power in participation by addressing participation from the perspective of those on the receiving end. It identifies different types of participation, ranging from manipulation to citizen control.

At the lowest level, there is non-participation and citizens are manipulated to acquiesce to agendas they are not part of. At the second level, participation merely represents tokenism. It involves dissemination of information about projects already decided upon and people are asked for their advice to rubber stamp the agenda. It focuses on consultation, information, and placation. The third level is citizen control, and citizens initiate projects and act independent of external institutions but are able to hold the authorities accountable. At this level, partnerships with government can also emerge but still offering room for external actors to exercise power in the process (Arnstein, 1969).

While Arnstein's ladder offers a useful tool to assess the type of participation driven by the HIV and AIDS policy agency in Swaziland, White's (1996) alternative typology can be used to assess both sides of the coin – women and the institutions they are engaged with. White (1996, cited in Cornwall, 2001:9) identifies four types of participation and their functions:

TABLE 5 TYPES OF PARTICIPATION (WHITE, 1996 CITED IN CORNWALL, 2001:9)

Form	**What 'participation' means to the implementing agency.**	**What 'participation' means for those on the receiving end.**	**What 'participation' is for.**
Nominal	Legitimating– to show they are doing something.	Inclusion – to retain some access to potential benefits.	Display.
Instrumental	Efficiency – to limit funders' input, draw on community contributions and make projects more cost-effective.	Cost – of time spent on project-related labour and other activities.	As a means to achieving cost-effectiveness and local facilities.
Representative	Sustainability – to avoid creating dependency.	Leverage – to influence the shape the project takes and its management.	To give people a voice in determining their own development.
Transformative	Empowerment – to enable people to make their own decisions, work out what to do and take action.	Empowerment – to be able to decide and act for themselves.	Both as a means and an end, a continuing dynamic.

Nominal participation is comparable to Arnstein's level of using participation for legitimacy while the participants do it for inclusion. Instrumental participation serves the technical needs of both sides while representative participation enlarges the space for the weaker participant to express themselves and take responsibility for the decisions to be made. Full power sharing occurs in the transformative form where both parties are equal in their decision making power and seek to bring real change. Transformative participation is arguably contingent to the broadening of 'policy space' (Grindle & Thomas, 1991) and giving up of control by the authorities, allowing for civil groups to exert influence and even articulate alternatives.

This section has highlighted the significance of interrogating spaces for participation; paying attention to who participates in the process; and reviewing the quality of participation. In terms of the Swaziland case study, the analysis has been used to examine both the invited and created spaces. The research also identifies who is invited in the policy space but most interestingly who is excluded. As shall be discussed in the analysis section, the list of the excluded is telling about the politics of HIV and AIDS in Swaziland. It reflects the ways in which the power of culture and politics determine the shape of the policy process. The role of power in participation is further explored in the next section.

4.2.3 *POWER*

The position and role of actors within the policy space is as important as assessing the structure of the process itself. As earlier pointed out, participation is imbued with power relations which may serve to exalt, exclude, or suppress the voices of participants. Therefore, examining power dynamics is crucial.

Gaventa (2006) asserts that power dynamics in invited spaces tend to favour those who created the space. He points out that it takes more than creating new institutional arrangements to include citizens in the policy process for policy change to occur. For civil organizations seeking to participate, interrogating the institutional dynamics is necessary. Gaventa identifies critical questions that should be asked when entering invited spaces (2006:23): Does this new terrain represent a real shift in power? Does it really open up spaces where participation and citizen voice can have an influence? Will increased engagement risk simply re-legitimating the *status quo*, or will it contribute to transforming patterns of exclusion and social injustice and to challenging power relationships?

The above questions are pertinent to women's policy participation in Swaziland. They can and are relevant for planning and assessing if participation would be useful to achieving the goals of the participants. They are however limited in analyzing the power dynamics that exist between the institution and civil society actors.

For this purpose, the research turns to institutional analysis. While the objective of the study was not to do an in-depth analysis of NERCHA, it was necessary to learn enough about the structural dynamics of the institution so as to strengthen the study's assessment of women's position within the process.

Institutional theory is relevant in this research for the following reasons:

- It provides a framework to assess relationships between the structure of the institution and the actions it takes (Hill, 2005). Some institutions are structured in a manner that enables them to facilitate or obstruct certain policy outcomes (Dye, 1995). This research applies a limited analysis on the arrangements within NERCHA. It focuses on the actors within the policy process in an attempt to understand their strategic positions as well as how this position relate to women's participation.
- Institutional theory draws attention to the role of politics in policy and the way in which governance systems impact on institutional behavior. This perspective enables the research to investigate the political positioning of NERCHA against that of women in terms of the rules, law, and norms that operate in the wider system. Veneklasen & Miller (2002) observe that for women should engage with the rules of the game if they are to gain influence in the policy process. It is necessary to also be conscious that rules embody implicit assumptions about inclusion and exclusion (Hill, 2005). Therefore, participation should be seen as a strategic intervention beyond the HIV and AIDS policy process.

Institutional theory also enables the research to identify the different forms of power women are exposed to in the system in terms of visible, invisible, and hidden power forms.

In its limited application of institutional analysis, the research analyses the power relations among the different actors within NERCHA. Morse and Struyk (2006) elucidate the position of actors by classifying them as stakeholders of high influence and high importance (closely involved at all the stages and will likely lead the project); stakeholders of high influence and low importance (kept informed and their views are

acknowledged but are not involved in the actual planning and implementation); and stakeholder of low influence and high importance (involved to make sure their needs are met). Richard Calland (2006) also holds a similar view in his axis of power characterized by importance and *influence.* Power is also related to money and knowledge. In assessing actors, this research also examines the values that each actor brings to enhance their positions within the process.

This framework culminates in an analysis that tabulates the areas in which women experience the different forms of power as described in the first part of this chapter. Power is analysed to identify if women are positioned to exercise *power with* NERCHA and if they have to *power to* pursue their own agenda or are they subject to *power over* or do they rely on *power within* by being conscious of their own actions in the process. These forms of power are linked to the agendas that drive women's participation. In the following section, the research explores views on the politics of advocacy as a tool to advance change within and outside of the HIV and AIDS policy process. It infers to two other possible forms of power that women should explore in their participation, the power of networks and the power of ideas.

4.2.4 *ADVOCACY, WOMEN & FEMINISM*

Literature on participation stresses the importance of using coalitions or networks to exert influence in the policy process (Gaventa, 2008; Veneklasen & Miller, 2002; Clark *et al*, 2002). Without strong networks and alliances, women's power for influence is considerably diminished.

In relation to women's status in public policy, coalitions or networks are of particular importance because the role of women has been compromised by their long term exclusion from decision making, which robbed them of the required skills, practice, and knowledge of the policy terrain (Goetz, 1997). Women have also been kept away from "direct access to a range of resources outside the household often with negative implication for their well being" (Kanji, 2004: 54). This means when women enter the system, they are often new to the environment and not only have to deal with power

relations between themselves and their male counterparts in the process but also have to aim at fighting the patriarchal thinking embedded in the institutions.

The third research question of the study concentrated on how women in the HIV and AIDS process conducted their advocacy and collaborated with those in political office. This question was motivated by international efforts to increase women's political participation in countries as a means to ensure that their issues are addressed. Women's numerical presence in public office represents an indicator for Goal 3 of the United Nations Millennium Development Goals (MDGs).

A large-scale survey of members of parliament undertaken by the Inter-Parliamentary Union found that over 90 percent of respondents agreed that women bring different views, perspectives and talents to politics, and an equally large percentage of male and female respondents believed that women give priority to those issues believed to be women's issues (IPU, 2008).

Findings of a study in the United States of America shows that women in governance are better poised to highlight the unique experience of women and encourage policymakers "to pursue policies that are relevant and beneficial to women's lives" (Caiazza, 2004: 59). Does women's representation in elected office lead to women friendly policies? The study sought to answer this question following a decline in women's representation in elected office in the US state legislature in 2000, after major gains in the 1990s. It examined variations in women's levels of elected representation and whether they coincided with trends in women-friendly policy across 50 states. Findings suggested that having women in elected office makes an important difference in encouraging women-friendly policy in a state. While it did not guarantee better policy for women, it helped to bring attention to women's unique experiences. However, this was particularly true for women's legislative representation rather than in the executive where the numbers were low.

While this research's findings are encouraging, they are still to be tested in contexts like that of Swaziland or around Southern Africa. The reality in Swaziland is that of the 16 women in parliament today, only five were directly elected by constituencies. Women

also face the challenge to vigorously push for women's right agenda in a male dominated parliament and in a country where patriarchy is not only entrenched but women are by law inferiors. UNIFEM (2009) suggest that women's presence may not be enough to change public policy. "A deeper analysis of electoral and government structures reveals inherent barriers to women's potential to exercise transformative leadership" (AGI & UNRISD, 2006: 3). In Swaziland stakes are higher for women parliamentarians who may have a genuine wish to represent women's right. Cultural attitudes, still suggests "that women's proper place is still in their home rather than in politics," Tripp (2003:16).

On the basis of the literature reviewed, this study sought to find out if collaboration exists between women in the policy process and parliamentarians, what informs and binds women to a common agenda. How do women choose the strategies that they pursue in the process and what role, if any, does feminists thinking has in the process?

4.2.4.1 A feminist ideology for women in Swaziland?

Feminist ideology has numerous perspectives and difficult to summarize through as a singular school of thought with shared models and meanings. This study adopts the views of the African women feminist movement which sees the mission of feminism in the continent as aiming at transforming relations of power between women and men (African Women's Development Fund (AWDF), 2006).

Historically, three waves of feminism can be identified: (Caughie, 2010)

- The first wave feminism is traced to the 19th century and focused on women's rights to vote, access to universities and medical school.
- The second wave feminism begins in the 1960s, a period which saw social movements across the world demand increasing participation in government decision. Feminists stressed the importance of equality in social and economic issues such as employment, fought against sexual harassment, and theorized on the differences between men and women and the political consequences of those differences.
- The third wave of feminism is an eruption of many strands of thoughts including issues on the experiences specific to black women; lesbian, bisexual, transgendered

women; low income women; and women with disabilities. It seeks to highlight the differences among women and the political consequences of their unique positioning in the world. It grew almost as a reaction to second wave feminism which is criticized for overlooking some women.

Feminist activism has been credited for opening many doors for women in respect of the fight for reproductive rights, access to paid work and in sectors which previously barred women, accessing decision making structures, and ensuring that women are afforded fair access to resources that promote self agency rather than dependence on men. The fight still goes on in many areas. However at times feminism can be a victim of its own agenda. A pertinent example in HIV and AIDS pertains to the role women play as home based care givers. In an interview with The Body.com, Tyler Crone of ATHENA (Terrell, 2011), points out that women are the backbone to the HIV response in the global south but home-based care garners very little funding or attention. Meanwhile, feminist have stopped pushing this course "because they feel that it pushes the notion of women as caregivers". One of the difficult questions emerging from the literature is when is women's activism, feminism? Should women activism be driven by feminism? UNRISD (2005: 167) dismisses any notion of the two being the same or one, stating that "Feminist politics specifically object to patriarchy and seek to eliminate the subordination and discrimination stemming from male dominance". Some groups of women mobilizing might seek to achieve the opposite.

The UNIFEM & ATHENA (2010) report asserts that the space for participation should be measured by the extent to which women are in a position to challenge the patriarchal system and create and enabling environment for women's real change. African feminists understand patriarchy as a system of male authority which legitimizes the oppression of women through political, social, economic, legal, cultural, religious and military institutions (AWDF, 2006). As the findings will show, women in Swaziland have shunned feminist perspectives in their advocacy processes. However, this research will later argue why conscious feminist agenda is necessary in women's activism, including their participation in the HIV and AIDS process.

4.3 ANALYSING WOMEN'S PARTICIPATION

The arena of public policy is under examined in Swaziland. To conduct this study, this research had to identify or develop a way to examine the diversity of women's voices in the process; integrate the political context in the analysis; understand the structure and influence of the institution that facilitates participation; and gain insight into the nature of women's participation in the process. Based on the review, the study has been able to identify the two major themes and four subthemes using the different models and theories discussed above.

The framework of analysis is illustrated in the table below:

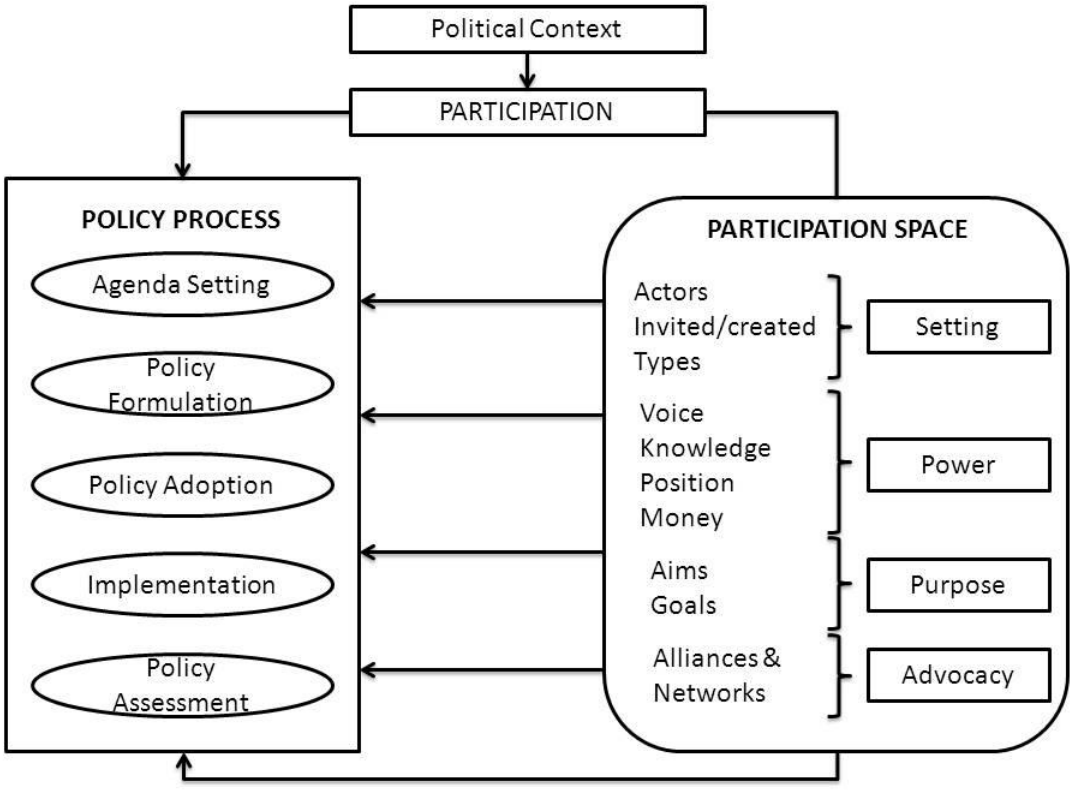


FIGURE 4 THEORETICAL FRAMEWORK: PARTICIPATION & POLICY PROCESS

Figure 4 is a graphic representation of the theoretical framework that emerged from the literature reviewed. The top part acknowledges the role of political context in shaping the nature of participation. On the left, the diagram presents the policy process based on Dunn's policy stages model. This is part of the first theme of the analytical framework which assesses women's *understanding and involvement in the policy process*. Each of the stages are an elaborate process in the field of public policy and their study is framed by various perspectives. For the purpose of this research, an overview rather than in depth analysis of the policy stages is applied. As a result of limitations in terms of time and size of the study, the researcher opted to for alternative but supportive analytical framework to elucidate on the nature of participation in the process.

It is presented on the right side of the diagram. *The space for participation* was developed as a framework through which the activity of women's participation in Swaziland can be examined within the scope of this research. It is triangulation of knowledge from various streams of analysis, synthesized to develop an analytical viewpoint for this research. Four subthemes emerge from interrogating space:

- The first subtheme is the *setting for participation*. This includes identifying who participates, how the space is created, and what is the quality of the participation.
- The second subtheme is the *purpose of participation* and is linked closely with power relations as it allows us to ask what in the first place were the aims and goals of women in the process
- The third subtheme reviews the *role of power in participation*. The study pays attention to women's position and how their positioning affects their voice. It also analyses how knowledge and resources shape women's influence in the process.
- The fourth subtheme examines the use of *advocacy to pursue an agenda for change*. Under this theme, the research will discuss ways in which women sought to strengthen their advocacy through alliance building and building accountability measures in the process.

While for illustrative purposes the diagram seems to separate the policy process from the space created for participation, the two are closely interlinked. However, each can be

examined from different perspectives. The following section presents the research findings and analysis. The section is arranged according to the themes above.

4.4 CONCLUSION

This section began by defining the concept of participation and three related concepts that underpin the study – power, advocacy, and feminism. A historical view on participation as a concept was undertaken to reveal the shifts in the use of the concept – from its association as a radical Marxist leaning term to its depoliticized version under the neoliberal development framework. The same can be said for advocacy which has been trivialized (Samuel, 2007; Tadros, 2009) as a marketing and public relations tool instead of an inclusive mechanism which involves the people it seeks to change to be the deciders and change makers. The literature review also points to the paucity of research in women policy leadership and participation, especially in the HIV and AIDS arena. This is particularly the case in countries such as Swaziland, which do not follow the dominant democratic ideals of active citizen participation.

From the above review, the research was able to identify two major themes and four subthemes which allowed it to conduct the research and analyse the concept of participation as it applies to women in the HIV and AIDS policy process of Swaziland. The following chapter reports the research findings and provides analysis based on the themes identified in the literature review.

CHAPTER 5. RESEARCH FINDINGS & ANALYSIS

This section discusses the research findings based on data collected through interviews and documentary research. The analysis is arranged according to the theoretical framework discussed in the previous chapter. In line with the research questions, the findings sought to understand women's participation in the HIV and AIDS policy process during 2003 and 2009. The research was interested in learning more about the gains and losses made during the process. It also sought to gain insight into women's advocacy and collaborative efforts with women in political office. The purpose of this research was to identify what worked and did not work for women during the early phases of the second millennium, a period in which HIV and AIDS were the toughest challenges in Swaziland and disproportionately affected women's lives.

The data presented below is qualitative and highlights the voices of the respondents as well as knowledge drawn from documents accessed during the research. The findings seek to answer three primary questions presented earlier in this report:

1. How did women in Swaziland participate in the HIV and AIDS policy process between 2003 and 2009?
2. What identifiable gains or losses did women make in the HIV and AIDS policy process during the specific period?
3. How did they advocate for their issues and collaborate with women in political office to advance demands or interests of women affected by HIV and AIDS?

The findings will be presented under the following themes:

- Women's involvement in the policy process.
- The nature of the space for participation:
    - *The setting*
    - *Purpose*
    - *Power*
    - *Advocacy*

The first theme assesses women's participation across the policy process. It is based on the respondents' description of their participation as well as on information gathered from documentary research. The policy process is delineated into stages according to Dunn's (1994) policy stages. The research found that while NERCHA's description of its development of policy followed a similar process to that of the policy stages model, the women did not describe a systematic policy process. Instead, they viewed the process as merely occasional consultations with NERCHA.

To better understand the women's views, the study complemented the policy stages approach with the second part of the framework, which unpacks the practical meaning of participation. Meanwhile, it also recognised that each policy stage in the field of public policy was an elaborate area of study, shaped by various concepts and perspectives. As such a comprehensive investigation of participation at each stage could have been beneficial but was beyond the scope of this research. Therefore, based on the data gathered an overview of the policy process perspective is presented below. It is followed by an elaborate presentation of data gathered and analysed, using the second theme of the framework, which examines the nature of the participation space.

5.1 WOMEN & THE POLICY PROCESS

Women's understanding and involvement in the policy process has varied over time. The years from 2003 to 2009 were the most active period for HIV and AIDS policy development in Swaziland. During this time key policy actions were taken and published in the following documents:

- The Joint Review of the 2000-05 National Strategic Plan on HIV and AIDS.
- The National Policy on HIV and AIDS 2006.
- The National Multi-sectoral HIV and AIDS Strategic Plan 2006-2008.
- The Joint Review of the National Multi-sectoral HIV and AIDS Strategic Plan 2006-2008.
- The National Multi-sectoral strategic framework for HIV and AIDS 2009-2014.

The women interviewed said they participated in all of the above. Although, as shall be seen later, participation did not always mean involvement at all stages. The research did

not focus on the quality of participation for each of the above but sought a broader picture.

5.1.1 *THE POLICY STAGES PERSPECTIVE*

5.1.1.1 Agenda setting

During this stage problems are identified and put on the policy agenda to devise the best possible intervention. For this process, NERCHA described a systematic process which begins from local to regional and ends at national level. It claimed that problem identification and agenda setting was facilitated through its decentralised organs, including the Regional Multi-sectoral HIV and Aids Coordinating Committee (REMSHACC) and the community level structures such as the Tinkhundla Multi-Sectoral HIV and AIDS Coordination Committee (TIMSHACC) and the Chiefdom Multi-sectoral HIV and AIDS Coordinating Committee (CHIMSHACC). In addition, independent consultants were hired to conduct desk review analysis and facilitate broader national consultations with different stakeholders as well as focused groups. Through this process the agenda was set and shared with all sectors under NERCHA who were then responsible for disseminating and discussing the proposed agenda with their members.

On the contrary, most of the respondents were unable to vividly describe the development of HIV and AIDS policy. They viewed the consultations as "shifty" and "serving the interests of NERCHA" and being "non-transparent". Some of the views on participation in the policy process were that:

> *"There is no clear definition of what participation is ... and we never get to see the ideas we propose during policy design in the final documents," (Respondent B, 12 November 2010).*

> *"Consultation means someone comes to ask you questions or they organize focus group discussions. You never get feedback about your participation and at some point they send you a draft and the next thing it is being launched. As sectors we feel our comments are never taken seriously," (Respondent J, 18 January 2011).*

Most of the respondents believed the ultimate agenda was set by NERCHA officials and the international donor community. They argued that NERCHA's heavy reliance on outside funding gave donors a bigger say on what makes it to the agenda. Further inferences, which seem to underscore the dominant role of international donors, is expressed in the review of HIV and AIDS policy in Swaziland by Naysmith, Whiteside, & Whalley (2008: S8). They claim that HIV and AIDS policy space is largely affected by the "lack of accountable domestic governance" and "ill-suited policies of international organizations", which further undermine innovative community-led interventions.

In terms of their own influence in setting the agenda, they pointed out that while NERCHA referred to a bottom-up approach to agenda setting, women were unlikely to have a strong say at the bottom levels as a result of the structures at community levels which favoured men than women's views.

5.1.1.2 Policy Formulation

Policy formulation is described as the purposeful articulation of policy and involves analysis of the identified problem. Theoretically, this is an area of the policy elites. It is one of the most technical stages and requires specific skills for actors to consider alternatives or options in pursuit of best policy decisions (Commonwealth, 1997). Dialogue and advocacy are important during these stages as they contribute to debate and highlight different approaches that may be used to address the problem.

NERCHA facilitated this stage through technical working groups which included its own staff as well as experts in the relevant fields. The NGOs, SWANNEPHA, and *Lutsango* claimed to have participated in some of these sessions. The research found that the other representatives of organizations for women living with HIV and AIDS were not able to access this phase directly or even indirectly influence it as a result of insufficient communication between themselves and the umbrella body. Also, respondents claimed they did not possess the technical skills or capacity to engage this phase strategically.

5.1.1.3 Policy Adoption

Policy adoption relies on government officials "empowered to make authoritative decisions" (Howlett & Ramesh: 2003: 163). Data collected showed that policy tended to stagnate at this level. Several policies and legislation which were relevant to curbing the spread of HIV and AIDS were not acted upon during the period under study. Some of these include the Sexual Offences and Domestic Violence Bill, which took almost ten-years before it was gazetted in 2009.

According to the Joint Review of the National Strategic Plan of 2006-2008 many policy proposals made in 2006 and 2007 were left in draft form and never adopted or pushed forward by the ministries in change. Challenges were attributed to the delays in the lack of capacity at the line ministries and in the office of the Attorney General (UNAIDS, 2009:3). Other policies which stood to benefit women living with HIV and AIDS, and all women in Swaziland, that could have been advocated for but were stalled in the process, included policies on Social Welfare, Education Sector and HIV and AIDS, Land policy, National food security policy, and the Gender policy (NERCHA, 2008). By 2009 most of these policies still remained in their draft form.

This is the stage in which advocacy and lobbying efforts in parliament stood to benefit women in the process. However, as shall be discussed later in this chapter, the relationship between women in the HIV and AIDS policy process was non-existent.

5.1.1.4 Policy Implementation

Implementation was generally the strongest area for women's participation. However, it was apparent from the documentary research and interviews that women tended to dominate in welfare issues. For instance the involvement of women living with HIV and AIDS dominated in home based care, treatment, and literacy interventions. While organization such as *Lutsango* participated in impact mitigation, mainly in managing care for Orphans and Vulnerable Children (UNAIDS 2009; NERCHA, 2005; 2008).

It was also unclear how some of the programmes run by the women's groups fitted in with NERCHA's broader strategic framework. This point is raised in both Join Reviews conducted in 2005 and 2008 (NERCHA 2005, 2008), which noted that the strategies of

implementing organizations were not always aligned to the broader goal of the national strategic framework. As such, implementation failed to lead to intended outcomes.

5.1.1.5 Policy assessment

NERCHA mainstreamed monitoring and evaluation (M&E) to regional and local levels. Women were particularly critical of NERCHA's regional structures, stating that it was more difficult for women at local levels, where male domination is entrenched and cultural norms upheld, to participate meaningfully in monitoring. All the groups identified the need to independently monitor and evaluate the benefit of NERCHA's policies for women in Swaziland However, they had no capacity to do this in their organizations and never explored the possibility of uniting as groups of women to facilitate an independent monitoring and evaluation exercise. They pointed out that lack of capacity also curtailed their ability to build systems that would hold the policy elites accountable within the process.

In terms of the overall picture of women's involvement at each policy stage, the findings further revealed the following:

- All the groups were consulted during agenda setting stages, either through national meetings, focused groups, or individual interviews via a consultant. However, there were concerns and discontent that often women's views did not culminate into policy statements or action later.
- NERCHA was viewed as dominant in the policy space and having no interest on women's rights issues during the period under review. The 2008 Joint Review (NERCHA, 2008) and UNAIDS (2009) confirm that gender and human rights issues were not treated as priority in the national HIV and AIDS programming during the period.
- There was enthusiasm at first to be part of the process. However, this was undermined by a lack of knowledge and skills necessary to engage with policy processes. As such most of the organization did not have strategies or plans on how to influence the process (Respondents A, B, E, G, H, J, K).

- Some voices were self critical about women's lack of initiative and commitment to acquire the necessary knowledge that will enable them to influence the process (Respondent C, 15 November 2010; Respondent D, 16 November 2010).

The need for strengthening women's skills and creating an enabling environment for them to participate effectively in policy processes was strongly emphasized. Respondents said there was not enough investment to bolster the capacity of women in strategic roles of leadership. Too much focus was on supporting welfare programmes rather than ensuring that the people who managed implementation had the skills to do so at the highest level. In relation to this point, the study tried but could not access information within the scope of this research that revealed how much funding or support had been invested between 2003 and 2009 in strengthening women's leadership in the HIV and AIDS arena. The UNAIDS (2009) assessment of its own work in Swaziland reflected a negative picture in terms of its effort to support civil society and women.

The above section has outlined the different stages of the policy process and presented data on women's participation in each phase. The next section explores the second theme of the theoretical framework, which allowed the study to conduct a deeper analysis of women's participation in the process within the scope of the research. The theme on reviewing the participation space allowed the research to unearth the various levels and attributes of the policy process which could have been overlooked if the research had limited its analysis to public policy process models.

5.2 WOMEN & THE PARTICIPATION SPACE

Space for participation is described in the literature review as shifts in politics or economy that create opportunities for participation. These opportunities can come in the form of invited, created, or closed space. Each type of space offers different margins of influence (Gaventa, 2006). Who participates in the space, who is excluded, and who self excludes, who has influence and power and how they use it, are all informed by the context under which participation occurs. In this section, the findings will focus on four subthemes: The setting for participation; purpose of participation; the role of power; and the manner in which women pursued advocacy.

5.2.1 *SETTING*

5.2.1.1 Who participates?

Three types of groups were identified as representing women's interests or rights within the HIV and AIDS policy process. These can be classified as the traditional women's movement; women living with HIV; and civil society organizations, including NGOs, with a women's rights/interest agenda.

The traditional women's movement, *Lutsango laka Ngwane,* was the only group in the process which was identifiable as explicitly representing women's interests. The two other groups were represented through umbrella bodies. For instance, the two NGOs included in the study participated under the Coordinating Assembly of Non Government Organizations (CANGO) while women living with HIV and AIDS were represented by the Swaziland Network of People Living with HIV and AIDS (SWANNEPHA). Among the organizations interviewed, *Lutsango* had the advantage of having interacted with HIV and AIDS policy the longest and recognized as the official voice for women. It had representation in high-level national policy structures which focused on the pandemic in the late 1990s.

Meanwhile, SWANNEPHA was formed in 2004 to coordinate support groups for people living with HIV and AIDS. It started out with about 46 member organizations and today claims to have about 240 member groups under its wing. Most of the support groups were led by women at community levels (Respondent I, 18 January 2011). CANGO was formed in the 1980s, representing civil society organizations and non-governmental organizations. The study found that some members of the umbrella bodies were regularly invited to the policy table to represent their specific organizations (Respondents D,E,I,).

The study found that the umbrella body model masked the diversity of women's voices in the process. The issues of women at different levels, including the elite, illiterate, rural, poor, young or minority women were hidden in the structure. The umbrella approach also excluded any voices that were not captured by the recognized structures. Openly excluded in the policy process were groups such as sex workers, HIV positive women

prisoners, gays and lesbians, and injecting drug users. These groups fell in the categories of outlawed activities in Swaziland (UNAIDS, 2009).

The findings suggest that there was no distinct voice of women in the HIV and AIDS policy process, other than *Lutsango*. The views of women living with HIV and AIDS were obscured under SWANNEPHA's amorphous structure. As such, women living with HIV and AIDS were effectively silent in the process. It was also unclear how the NGOs either through CANGO or through direct access to the policy process served the interests of women.

5.2.1.2 Invited, closed, or created spaces?

Direct participation in the policy process occurred through invited spaces. These were initiated by NERCHA and took the form of national dialogues, forums, and focused groups. The women claimed they never had an opportunity to define the space or even reshape it during their participation. They pointed out that the agenda for meetings or consultations was initiated by NERCHA and they simply turned up at the table in response to the invitation. As such they viewed their participation as mostly tokenistic.

> *"Our role is tokenistic. We are invited to rubber stamp what has already been thought through," (Respondent K, 20 January 2011).*

> *"We were consulted but we had no real voice" (Respondent E, 23 November 2010).*

> *"We are called in to be used as scapegoats. They have us so they can say, yes, look at the register, they were present" (Respondent B, 12 November 2010).*

As an alternative to invited spaces, some of the women's groups had occasionally resolved to create their own space in the form of confrontational advocacy. However, as shall be discussed later, mobilisation led to the isolation of the dissenting voices.

With women acquiescing to already made agendas, arguably, the 'invited space' became a 'closed space' as the bureaucratic elite had primacy over decisions (Gaventa, 2006, 2008; Dye, 1995).

5.2.1.3 Types of participation

The participation of civil society organizations and women living with HIV and AIDS can be classified as nominal. White (1996 cited in Cornwall, 2001) describes nominal participation as intended to show that the organization in charge is being inclusive but in reality the impact of the participants remains superficial. On the other hand the participant remains in the process to access resources and other potential benefits. Arguably, the participation of *Lutsango* has remained instrumental for NERCHA because of the regiments wide reach and ability to mobilise women of different classes.

5.2.2 *PURPOSE*

In an effort to understand the purpose of participation, women were asked to define the motives for engaging with the process and outline aims and goals at different stages over the years. They were also asked to identify the issues they raised successfully or not in the process.

It terms of their motives for engaging the process it was apparent that accessing funds was the main reason. Largely, NERCHA was viewed more as a funding body rather than a policy coordinating one:

> *"NERCHA uses the funding issue as a bargaining tool. At times it uses it to even divide us," (Respondent J, 18 January 2011).*

> *"For a long time our issues were not seen as part of HIV and AIDS. We had to push our way in so that we could get funding. We had to be bold," (Respondent E, 23 November 2010).*

> *"They are really good at consulting us on everything. They are helpful. They fund most of our projects," (Respondent C, 15 November 2010).*

The research found that access to funding played a central role in defining women's behavior within the process. As such, one respondent admitted, there was a reluctance to challenge NERCHA:

"It is like biting the hand that feeds you," (Respondent J, 18 January 2010).

While organizations could articulate the aims and goals of their own organizational strategies, they did not approach the NERCHA policy process with these. The study found that aims and goals were left to NERCHA to decide upon.

Asked about what issues of their own made it to the HIV and AIDS agenda, there was an inclination to talk more about the issues that did not make the agenda. They also pointed out that most of the issues they considered a priority could not be entirely dealt with within the domain of HIV and AIDS. Interestingly, the groups shared similar issues of concern. The following issues were identified:

- Property and inheritance rights
- Gender based violence
- Women reproductive health rights
- Economic empowerment of women
- Protection against stigmatisation
- Girls' education
- Care giving roles and their effects on women's health
- Care of orphans and vulnerable children

It should be noted that most of these issues are not particular to Swaziland but form part of the broader list of issues on the international HIV and AIDS agenda. Respondents claimed that while some of the above issues were noted in the local HIV and AIDS discourse, they were not dealt with comprehensively or managed or funded as a priority.

A number of issues were contentious. For example the role of certain cultural practices in spreading HIV such as polygamy were highly defended. The issue of culture came to the fore in 2002 after a UNDP study titled Gender Focused Responses to HIV and AIDS in Swaziland criticised polygamy and other cultural practices as placing people at risk. The

report was vehemently opposed at the top level, according to PlusNews (2002). King Mswati III, who has 13 wives, countered with the following statement:

> *"HIV/AIDS is promoted by an individual in the manner he or she goes about with his or her life. Otherwise, polygamy is not a factor," (IRIN, 19 March 2003)*

Head of NERCHA, Derek von Wissel reportedly also defended polygamy, stating there seemed to be no correlation between polygamy and HIV and AIDS, as "some countries practice polygamy but their prevalence rate is much lower than that of Swaziland" (Simelane, 2009).

Women's groups said it was difficult to speak publicly about cultural aspects which were unfair to women. Men's behaviour was unquestionable in open discussions while women were condemned for spreading the disease (Respondents B, D, E, G, H, and J).

> *"When such issues were raised, we were seen as renegades who want to take over men's lives or overturn the monarchy. But, this is not the case. The point is that culture does limit us," (Respondent I, 18 January 2011).*

Another issue which gained no favour on the agenda concerned women's reproductive health rights. Advocating for the legalisation of abortion was one of the very sensitive issues which stood to offend both religiously and culturally. However, the reality of HIV and AIDS posed a challenge for Swazi women who had little control over decisions on child-bearing or limited space to negotiate their sex rights as a result of cultural norms. Unplanned pregnancy caused great anxiety for women and the laws offered no room for women to make alternative choices (Respondent B, 12 November 2010).

5.2.3 *POWER*

As discussed in the literature review, power constitutes a major role in participation. It can be used to retain the status quo, further entrench the values of the most powerful groups, and suppress the views of the powerless. Knowledge and voice are two of the areas of power, which matter in participation. The above sections have already shown that women lack both the knowledge and voice to influence the policy process.

This section examines the role of power in the HIV and AIDS process by first identifying the position of women in relation to other actors in the process. It presents a graphic illustration of the discussion above, showing how women are positioned through the continuum of the policy process. It also touches on the power of money by highlighting the role of international funding in the process.

5.2.3.1 Position

The NERCHA council was established in 2003 through an Act of Parliament and established a secretariat under the Prime Minister's office. As a legislated body and its strategic location, NERCHA was imbued with measurable clout. The research found that respondents had mixed but strong feelings about NERCHA. They either revered, feared, or hated it. Other respondents were particularly respectful of NERCHA because of its hierarchical status and did not omit to observe that NERCHA's work was a service to the Kingdom. They also praised the leadership of Dr Derek von Wissel, who had been a former Minister of Health before taking up the position as head of NERCHA.

The table below examines the institutional arrangements at NERCHA, which allows the study to clearly assess the position of women in the process. It was created during the course of the research and based on the researchers views. However, its validity was tested with several experts in the field of HIV and AIDS in Swaziland.

TABLE 6 THE ROLE OF ACTORS IN THE HIV POLICY PROCESS

	Agenda Setting	**Deliberation**	**Adoption**	**Implementation**	**Technical Expertise**	**Funding**	**Importance**	**Influence**
Prime Minister & Executive		X	X				High	High
Ministry of Health		X		X			High	Medium
NERCHA	X	X		X	X	X	High	High
Regional bodies	X		X	X			High	Medium
Other UN agencies					X	X	Medium	Medium
Global Fund	X	X			X	X	High	High

NGOs including women's organizations				X	X		Medium	Low

Source: Author

The table above reveals NERCHA's powerful role in the process. The influence and importance of NERCHA, arguably overrides that of the Ministry of Health. Unlike the Ministry, NERCHA was strategically positioned in the Prime Minister's office during the period under study. It was also Swaziland's main recipient of Global Fund monies for programme implementation, which gave it extensive power and control over who gets what at local levels.

The table also shows the power of the Global Fund, which has a favourable position in arrangement. External funding for HIV, mainly from the Global Fund represented 70% of total spending from 2004 to 2007. In the 2004/5 financial year, the Global Fund accounted for 72% of the national HIV and AIDS budget.

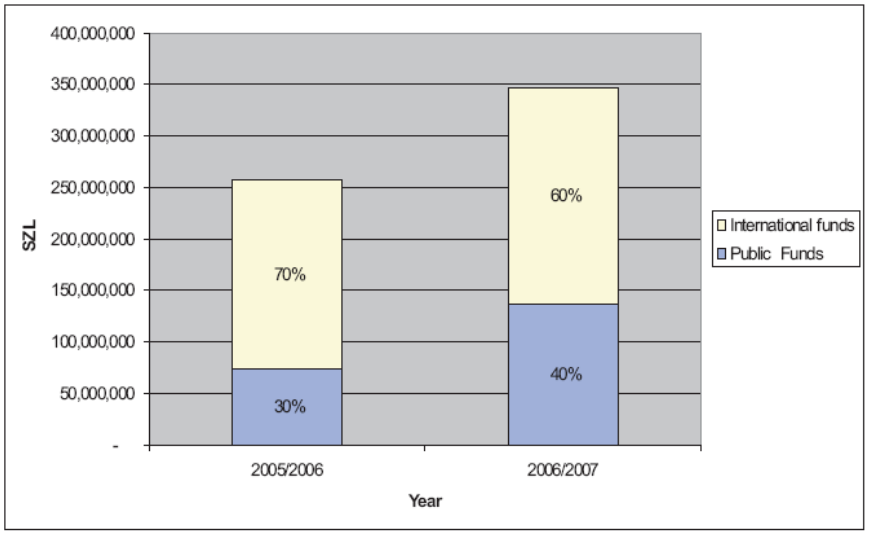


FIGURE 5 HIV & AIDS TOTAL EXPENDITURE - SOURCES OF FUNDS (NERCHA & UNAIDS, 2008)

The table presented above, purposely did not reflect women as a category of their own because their role is hidden under the bigger NGO sector, which in Swaziland tends to represent civil society as well. This sector has limited powers as a result of laws which aim to quell its vibrancy. Despite the repressive nature of governance in Swaziland, the research found that there were opportunities for advocacy aimed at influencing the process. The next part discusses ways in which women created spaces to exert their influence in the HIV and AIDS process.

5.2.4 *ADVOCACY*

This section examines how women sought to advance demands and interests on behalf of women within the HIV and AIDS process. The findings reveal that internal advocacy from within the process was limited. However, there were occasions when women sought to create their own space with the intention to influence the policy process. During the period 2003 and 2009, two notable events occurred and are discussed below.

The first event occurred in 2006 when NERCHA issued a campaign on multi-partner relationships without consulting women representatives within the process. The campaign shocked with its message *"Umakhwapheni uyabulala*!" meaning your secret lover can kill you. This seemingly neutral message caused uproar from women's organizations in the country. Women pointed out that men were culturally permitted to openly have many lovers. Therefore, the campaign was pointing a finger at women for having secret lovers and spreading HIV and AIDS (ICW, 2006). Two weeks after the protests, the campaign was withdrawn and a watered down version was reintroduced in September. This campaign, led by the International Community of Women Living with HIV AND aids (ICW) received wide support from other civil society organizations. It was the first show of solidarity beyond the domain of HIV and AIDS politics and women, supported by men, were able to display a united voice.

The second show of women's collective action occurred in 2008. That was the same year the government introduced the Terrorism Act which has been used to clamp down on dissenting voice in Swaziland (Amnesty International, 2009). During the time, SWAPOL, an executive member of SWANNEPHA, led a protest march against the use of public

funds to finance the twelve wives of the King to go on an overseas shopping trip ahead of the King's 40th birthday party. SWAPOL questioned the use of public funds at the time when the country was experience drug shortage for people living with HIV and AIDS (Phakathi, 28 August 2008). The government and the monarchy reacted angrily to the protest march.

The government controlled Observer newspaper issued banners with the following words: "Mad women are marching today". Jim Gama, the Traditional Prime Minister, told reporters that the protest was "against the Swazi culture" and "even when women are aggrieved, according to our culture, men have to speak on their behalf," (Phakathi, 28 August 2008).

Both protests led to marginalisation of some of the women's groups, contributing to the HIV and AIDS policy process. Following the first march, respondents claimed they found a cold reception when they returned to the policy table (Respondent I, 18 January 2011). Both marches were led by women living with HIV and AIDS and led to tensions within SWANNEPHA and some of its members who no longer saw participation in the policy process as a viable option.

Both occasions displayed solidarity among women living with HIV and AIDS but they became momentary opportunities that were never seized to build strong and shared goals. They never resulted into tangible benefits for women in the long term.

> *"We only act together as women when there is a hot issue and someone strong driving it. But everything is short term. The challenge is how can we trigger these short term moments of activism to secure long term gains" (Respondent D, 16 November 2010).*

A third example of collective action occurred during the Global Fund round 8 application process. Women formed an HIV and AIDS coalition on women and girls to pursue common demands on funding for programmes beneficial to women. The women claimed the final edited version of the application omitted all their proposals. And this particular event, seemed to have convinced some of the women living with HIV and AIDS, that the policy process was not the space through which they would achieve their aims.

The study found that feminist thinking was not consciously adopted or informed their actions in the process. Issues were never politicised instead they were considered only in terms of their usefulness to immediate needs. For example, the 2008 campaign was sparked by a shortage of drugs for HIV treatment. No other notable spaces were identified between 2003 and 2009 as spaces created to strengthen women's collective voice within or outside the policy process.

5.2.4.1 Alliances with women in political office

The role of women in parliament was under exploited and generally not recognized as beneficial. Women in the policy process said the strategy to collaborate with other women was non-existent. There was a widely held view that women parliamentarians were co-opted into the political system and succumbed to male dominance in the Assembly. On the other hand, parliamentarians interviewed confirmed that they were not being lobbied to advocate for women's issues and they interpreted this as a missed opportunity.

> "*Before parliament begins each year there are workshops that can be organized to educate parliamentarians about gender and to plan issues that can be raised during the year. To organize these workshops women simply should apply and the workshop are approved by the Speaker of parliament ... We have never been invited by women in the HIV policy process to learn how we can support their agenda as women in politics," (Respondent J, 17 January 2011).*
>
> *"None of the NGOs or networks have held a forum with women in parliament to discuss their issues," (Respondent E, 23 November 2010).*

They attributed the lack of collaboration to poor planning on both sides and a lack of knowledge on parliamentary processes as well as on gender issues. While the parliamentarians saw the need for collaboration with women in HIV and AIDS work as well as other sectors, they saw it as a responsibility of civil society to drive such a process.

Overall, advocacy has also failed to bring about real change. While it proved to show possibilities, it did not deliver tangible gains. With limited or no effective networks among themselves and with no strong alliances with women in parliament, participation was effectively weakened. In such a state, women's participation could not fulfil any of the qualities of effectiveness that are prescribed by Goetz (2003). To assess women's political effectiveness, she proposes focusing on:

- women's ability to articulate and politicize women's issues;
- make demands on decision-making authorities through legitimate representatives;
- ability to trigger public sector responses to women's needs and enforce the equal rights of women.

The findings show that women in Swaziland did not succeed on three points and effectively were unable to create accountability checks within the NERCHA system. The implications of these findings reflect a tough battle for women if they are to create transformative spaces in the policy process.

5.3 CONCLUSION

In answering the research questions, these findings reveal the following:

How did women in Swaziland participate in the HIV and AIDS policy process between 2003 and 2009?

Women became part of the policy through invitation by NERCHA. They were not visible in the process as a distinct group or voice for women, except in the case of the traditional women's regiment *Lutsango*. The study found multiple voices hidden under the umbrella bodies such as SWANNEPHA and CANGO. These multiple voices seldom spoke as one and their access to the policy was occasional. Some groups were excluded from the process and these included sex workers, prisoners, lesbians and transgendered groups, and drug users. Women's participation was tokenistic and highly weakened by limited knowledge of the policy process, lack of resources, and capacity to engage strategically. The agenda appeared to have been mostly set by NERCHA and international donors were

highly influential in the process. Women's influence across the policy stages was minimal but with more activity in programme implementation of welfare related issues.

What identifiable gains or losses did women make in the HIV and AIDS policy process during the specific period?

Women were unable to make gender or women's rights/interest a priority in HIV and AIDS policy. They noted that most of the issues of interest went beyond the HIV and AIDS domain. While they had access to the table, there were issues that were not allowed on the table including debating polygamy and abortion. The hand of invisible power, in the form of culture, hierarchical power, and money - emerged as a strong phenomenon that effectively suppresses women's voices. Their drive for their participation was mainly to access funding for their organizations.

How did they advocate for their issues and collaborate with women in political office to advance demands or interests of women affected by HIV and AIDS?

Advocacy was driven by issues of immediate need and led to marginalisation of dissenting groups. Feminist thinking played no role in framing advocacy or collaboration with women in politics. The research found there were no strategic alliances formed with women in parliament. There were no attempts to lobby women in parliament and influence them to push for specific laws favourable to women. Women parliamentarians felt unsupported in their roles and women activists did not see women in parliament as an effective voice for change.

The next section discusses the meaning of these findings and the implications for the future participation of women in policy in Swaziland.

CHAPTER 6. RETHINKING PARTICIPATION

What do these findings mean for women's participation in the HIV and AIDS policy process? To answer this question, the research turns to Gaventa (2006: 23). He proposes a set of questions that should be asked before organizations or civil society members enter spaces provided by government. These questions are:

> *"Does this new terrain represent a real shift in power? Does it really open up spaces where participation and citizen voice can have an influence? Will increased engagement risk legitimating the status quo? Will it contribute to transforming patterns of exclusion and social injustice?"*

These remain relevant questions for the future women's participation in the HIV and AIDS policy in Swaziland. With these questions in mind, the section below interprets and discusses the implications of the findings.

6.1 THE POLITICS OF ENGAGING WITH THE HIV POLICY PROCESS

The findings of this research support studies conducted internationally by organizations such as the ICW and the UNIFEM/ATHENA, which highlight women's lack of strategic involvement in the policy making process of HIV and AIDS. In particular, UNIFEM/ATHENA (2010) conducted case studies in three countries and found that women were often not equipped with the right knowledge and capacity to substantively participate in formal processes, that they lacked critical alliances, and often found that the entry points to policy did not exist or were not easily accessible. These findings are further collaborated by the Swaziland case study and seem to suggest that women's experiences in the HIV and AIDS policy process are beyond context specific issues.

However, it can be argued that in Swaziland's autocratic environment, women face even greater hurdles in their efforts to gain meaningful representation and influence in policy making. Women are participating under a political framework that offers very little chance for them to achieve meaningful and sustainable gains in the process. The legalization of women's inferior status and legal entrenchment of patriarchy lends legitimacy to men's use of control in both women's private and public spheres. This is in

direct contrast with democratic countries, where unjust power over women's lives is not sanctioned by law and can be openly challenged. Also, the space to fight and build systems for transparency and accountability are wider under democracies. The realities under different political systems are very crucial to acknowledge in the broader context of examining the concept of women's participation in policy and politics.

6.2 RECONFIGURING THE SPACE FOR PARTICIPATION

The findings reveal that while women have access and are present in the policy process, they are unable to gain influence in the process. *Lutsango* is best positioned in the process to make a change in women's lives. The regiment represents both rural (70% of Swaziland) and urban women. It is rooted in the Swazi culture and its programmes address day-to-day needs of women, especially in rural areas. It is a lived movement rather than a project or programme.

Meanwhile, the NGOs and support groups for women living with HIV and AIDS are hidden in the process under umbrella organizations. NGOs also tend to be more intellectual, issue driven, and are largely urban. While women living with HIV have been the most dissenting voice in the process, it is unlikely that they could bring about change without partnering with Lutsango. At the same time, Lutsango cannot be relied upon to lead the way despite their favourable positioning to initiate change. The regiment's close ties with the monarchy seems to limit its potential to challenge patriarchy and the laws and norms in society that subordinate women.

At the same time, the findings show that women in the HIV and AIDS policy process, already share common interests even though they never pursued to develop a collective agenda. Tripp (2005), Goetz (2003), (Hassan, 2009) argue that the power of women to bring about change lies in their ability of women to collectively identify a common agenda and articulate their interests. This lack of initiative to identify a common agenda and build a collective voice may be due to a number of reasons, including a political climate inimical to vibrant collective action, fear of presenting dissenting views and being marginalized, a lack of leadership and vision, or even possibly genuine support for patriarchy.

The common interests emerged when women were asked about the issues they raised in the process. The women, including *Lutsango,* agreed that some cultural practices, laws, and the lack of access to economic resources were hindrance in women's lives. The possibility that the two groups could unite despite divergent views on some issues remains. The challenge is how to inspire such a focused and strategic movement under the current repressive and fear-driven political climate in Swaziland? Rising up against the patriarchal system may be seen as radical but perhaps less so if women speak in one voice.

A disturbing finding in the present study is confirmation that women's participation is largely driven by access to funding and resources. As such, while women are aware of their weak positioning in the process, there is reluctance to address it as part of the greater injustice against women in Swaziland. The reluctance appears to be driven by fear to lose access to resources in the process.

This begs the question then, for whose gain are the women participating in the process? Is their participation a representation of individual interests at the expense of women's interest, especially those affected directly by HIV and AIDS? With the agenda for change overtaken by personal interests or organizational sustainability, the motivation to build the necessary strategic alliances within or outside the country is unlikely.

In terms of power, it is unlikely that women's participation will lead to change in power relations under the present political and cultural system. The findings reveal women's lack of power in all key areas, that is, in terms of knowledge, resources, voice, and position. NERCHA's authority and the influence of donors far out classes that of women. The present climate shows that the force of both visible and invisible power is real and needs to be confronted not just through technical knowledge but also by influencing norms throughout society (Hassim, 2009) – with the latter presenting a much bigger challenge.

Literature on social movements cautions about the use of "invited spaces" as arenas for change. The collaborative nature of such spaces demands assertive and well thought out forms of engagement, which was absent among women's engagement with policy during

2003 and 2009. The findings show that women were unable to bring contentious issues on the table. In spite of certain cultural practices being identified as drivers of the pandemic, issues around polygamy and abortion did not make it or stay on the table menu.

Any attempts to transform the shape of the table are likely to be resisted. But Gaventa (2008: 2) points out that "civil society rarely changes policy by themselves" while Clark *et al* (2002) stress the important role of coalitions and networks set at multiple levels of society. It is therefore, in the interest of women to form networks and coalitions to increase their power on the table.

On revisiting Gaventa's questions (2006: 23), clearly the terrain for participation in the HIV and AIDS process did not represent a shift in power for women; the space for participation appeared open but in fact remained 'closed' as women admitted that decisions represented the interests of NERCHA and donors. Meanwhile, their 'tokenistic' participation legitimized the status quo as they remained unable to transform patterns of exclusion and social injustice.

6.3 A CONSCIOUS AGENDA FOR CHANGE?

This research has reflected on the way in which women's inferior status is systematically entrenched at every level of their policy engagement. The political context presents constraints for effective activism, which create a climate of fear and silent voices. In effect, concepts such as participation and advocacy are simply rendered hot air promises. Participation as a transformative means in policy making is inconsistent with the ideas of governance in an absolute Monarchy system – where the state is highly interventionist and the elite control and determine what is good or bad for citizens. By participating in the policy process women are in fact "entrenching the existing power hierarchies" (Tadros, 2009).

Therefore, it is apt to ask: Do women need to continue engaging with policy processes which only confirm and further entrench their subordination?

While it may seem a far-fetched idea, adopting a feminist stance that challenges patriarchal norms is necessary in Swaziland if women are to shift power positions within the process. Feminism is often demonised and dismissed as an ideology and movement. However the fear of feminism is irrational and once overcome it can lead to "a political project of transformation" (Hassim, 2009: 172).

Resistance to feminism is often supported with views that it is an imported Western ideology with limited relevance to the experiences and lives of African women. It is often argued that this is not part of African culture. Ironically, the same resentment for Western ideology does not apply when oppressive laws adopted during the colonial era are used well beyond their expiry date to suppress women in Swaziland. Religion is also another argument used to keep women below par with men. The example is when King Mswati III made his stand clear about women's rights: "What rights?", he asked a congregation of church goers. "God created people, and He gave them their roles in society. You cannot change what God has created. This is an abomination before God," (IRIN, undated).

The assumption is that feminists want to overturn culture and change old ways which have worked for many years. Ways which have worked for men, as Akatsa-Bukachi, rightly points out (2005). Feminism is questioning men's self-asserted authority and ultimate control over women's lives and actions. It speaks out against unfair practices such as marrying school-going age girls to much older men; keeping girls out of school to care for the household, sexual attacks on girls and women; cultural pressure for women to bear children; and eviction of women from their parental or marital home as a result of inheritance laws that favour men. With a high prevalence rate of HIV and increasing numbers of orphans as a result of AIDS related deaths, the future of orphaned girls is particularly threatened.

Feminists refuse to accept that such oppression is justified and allowed based on beliefs that men are superior according to laws of nature and religion. They challenge the unfair structure of patriarchy which asserts that women should be perpetually dependent on men and be denied the opportunity to be self-reliant and fulfilled in their lives.

6.4 RECOMMENDATIONS

This research found that women in the HIV and AIDS process already subscribe to the above feminist view. All that is left is for women in Swaziland to rally around these ideas and consciously build an agenda that is ready to stand against the unfair and unjust treatment of women. In what ways could they bring their ideas together and work towards manifesting a transformational reality? This study makes recommendations, some of which came from the women themselves during the interviews:

Recommendations for NERCHA:

Define "meaningful participation".

Redefinition of increased and meaningful participation should be defined and be explicit on the type and quality of involvement.

Create a space for women to raise their own specific issues beyond the umbrella representation structures.

The visibility of women's issues within the process can only occur if they can have a space within the process to exist as a collective and clearly defined voice. This does not mean women should exit the umbrella structures. Instead, they should be able to use strategic moments in the process to occasionally appear as a cohesive voice on clearly articulated interests.

Conduct focused inquiry on how to support and improve the involvement of women in the process.

Meaningful participation is likely with the support of NERCHA and donor funding for strengthening women's understanding of policy processes as well as building their technical capacity to engage effectively.

Recommendations for women's groups:

Make HIV and AIDS a central issue for the Swaziland's women's movement.

For women, the inferior nature of their status underlines the importance of building a women's movement which strongly integrates HIV and AIDS as a key component. The pandemic cannot be seen as an exclusive area for women living with HIV and AIDS. Neither can the women living with HIV and AIDS continue and hope to win without integrating the broader social conditioning of women in their advocacy. The silo approach is serving to weaken rather than strengthen the voices of women.

Advocate for a research focused agency to strengthen women's positions in policy and politics.

Apart from WLSA and ICW, no other organization or agency conducts research and advocates for the empowerment of women across policy issues. There is also no intellectual or advocacy support for women who access policy and political arenas. While HIV and AIDS may be dealt with as a specific policy domain, it cuts across various social issues. It is therefore necessary to build a policy network which can develop knowledge to empower women's advocacy at different levels and social areas.

Build stronger coalitions and networks among women in policy, politics, and civic groups.

Stronger links between the women in the policy process and parliamentarians stand to benefit efforts to advocate for women's interests. For women to increase their influence and be in a position to hold the authorities accountable, they need to strengthen their relationship with women in parliament. An exchange of knowledge, identification of common interests, and a concerted effort, including securing financial investment in this area is essential.

CHAPTER 7. CONCLUSION

This study was interested in gaining insight in how women in an autocratic regime use their position in the policy process to bring about change. The case study examined the participation of women in the HIV and AIDS policy process of Swaziland. It aligned itself with contemporary research which seeks to understand the impact of women's increasing access to decision making processes at national, regional, and international levels.

The report began with background on the status of women under the political and social context of Swaziland. It highlighted the way in which male domination and control over women is authorised through Swazi customary and common laws and entrenched at every level of society. As such, the overall political, economic, and social context is organized to limit the role women can play in society. Three groups of women participating directly or through umbrella bodies in the policy process were purposefully selected and include: women living with HIV; the national women's regiment *Lutsango*; and women's rights/interests non-governmental organizations. In addition, the research also interviewed women in parliament to gain insight into women's collaborative efforts in different sectors. NERCHA was interviewed to inform the study on its policy process.

The literature review found that most studies have focused on women's representation in elected political office and in the Western democratic context. But less is known about the way in which women in civic organizations participate in spaces provided by government for policy making. The field of HIV and AIDS policy making offers a useful window to reviewing this relationship with its promotion of multi-sectoral policies.

Based on the theoretical framework, the study examined participation under two main themes and four sub-themes. It first reviewed women's understanding and involvement in the policy process stages – mapping out their participation in agenda setting, policy formulation, policy adoption, policy implementation, and policy assessment. The second theme put together ideas, models, typologies, and theories on participation to assess the engagement of women with policy. Four subthemes were discussed to interrogate the

space for participation and these include the setting under which participation occurs, its purpose, the role of power, and women's advocacy efforts to pursue change.

The research found that the concept of participation as a vehicle for transformation was inconsistent with the reality of life an absolute Monarchy system – where the state is highly interventionist and the elite control and determine what is good or bad for citizens. The challenge for women in these countries is aggravated by high walls of resistance to change. The political context creates a climate of fear and silences their voices. In effect, concepts such as participation and advocacy are simply rendered hot air promises. In terms of the policy spaces created, the study found women's participation in the policy process is minimally driven by an agenda for change. Instead of participation leading to transformation, it serves to legitimize the injustices committed through gender neutral policies which do not account for the differential impact of HIV and AIDS on women.

The study concluded by arguing for the adoption of a conscious feminist agenda that goes beyond campaigning for women to access political power but challenges patriarchal norms at every level. As one respondent (Interview, 25 November 2010) stated: "We need strong leadership and a common agenda". Indeed, strong leadership that would campaign and attract resources to support the consolidation of women voices in policy is presently missing and urgently needed. If an agenda for change is adopted as the central role for women's participation, a different kind of advocacy could emerge to shape women's participation.

This study's descriptive approach on women's participation has offered an overall picture of women's experiences in the HIV and AIDS policy process in Swaziland. There is much room for future research to explore ways in which women can build strong and effective networks. In depth analysis of NERCHA as a policy institution is another area of research which could deepen understanding of the HIV and AIDS policy terrain.

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Appendices

APPENDIX I: CHRONOLOGY OF HIV & AIDS POLICY – 1999-2009

Year	Events	Institutions and Policy	Emphasis
1999	King Declares HIV and AIDS a national emergency	Cabinet Committee on HIV and AIDS; and the Crisis Management and Technical Committee (CMTC)	Consolidating multi sector involvement.
2000	HIV Sentinel Sero-surveillance study conducted in 2000, reported finds that 34.2 percent of pregnant Swazi women were HIV positive	The CMTC developed a National Strategic Plan (NSP) for HIV and AIDS (2000 – 2005). Cabinet approves National Strategic Plan. National Strategic Plan for HIV and AIDS 2000 - 2005	Prevention – IEC materials Response management Impact mitigation
2001		NERCHA established under the Prime Minister's Office. National Emergency Response Committee on HIV and AIDS (NERCHA) replaces the CMTC	
2002	Sentinel Sero-surveillance shows an increase from 34.2 percent to 38.6 percent of Swazi adults who are estimated to be HIV positive.	NERCHA officially established by Act of Parliament.	
2003		NERCHA is elevated to the level of a Council with a Directorate of staff, by Act of Parliament (Act Number 8 of 2003) and assented by His Majesty King Mswati III on 12 June, 2003.	Focus is on implementing the CMTC National Strategic Plan.
2000-2005		National Strategic Plan of 2004-5	

		October 2000, draft National Action Plan for HIV and AIDS Interventions. Draft of the National HIV and AIDS Communication Strategy	
2005	UNAIDS Secretary General's Task Force (SGTF) on Women, Girls and HIV/AIDS in Southern Africa results in the National Action Plan on Women and Girls (October 2005) in Swaziland. It is not well disseminated and activities and monitoring are not systematic (UNAIDS, 2009:13).	Joint Review of the National Response to HIV and AIDS 2005.	Reviews the implementation of the National Strategic Plan of 2004-5.
2006	NERCHA introduces the multi partner relationship campaign "Umakhwapheni uyabulala" – your secret lover can kill you. The campaign is rejected by women living with HIV and AIDSs and a march is organized to protest against it.	National HIV and AIDS policy. National Multi-sectoral HIV & AIDS Strategic Plan 2006-2008 National plan for action 2006-2008 Ministry of Health and Social Welfare health sector response plan 2006-2008	Facilitate the development of a strategic framework for effective coordination of the national multisectoral and decentralised response to HIV and AIDS. Establish an enabling policy environment for the national response. Facilitate increased service and programme delivery. (NERCHA, 2008)
2007		Draft Policy on Safe Male Circumcision. 2007 Education Sector Policy on HIV and AIDS. 2007 TB-HIV National	

		Policy Guidelines for Collaborative Activities.	
2008	People living with HIV and AIDS march against the King's wives high shopping spree during a time when there is a shortage of drugs for the treatment of HIV.	Join Reviews of the National Strategic plan 2006-2008	Review finds, among others, success in the following: decentralised structures at all regional, local, and community levels. One strategy, one coordination, and one M&E framework gain coherence at national level. Key HIV services such as prevention of mother-to-child transmission (PMTCT), Antiretroviral treatment (ART), home-based care and HIV testing and counselling (TC) have been scaled up and rolled out throughout the country. 11 sub sectors have developed their own strategic plans that to a large extent are aligned to the NSP.
2009		National Multisectoral strategic framework for HIV and AIDS 2009-2014	Emphasis on gender equity and human rights

APPENDIX II: INTERVIEW SCHEDULE & ORGANIZATIONAL BACKGROUND

Interview Schedule

All the interviewees were senior managers in their organizations:

NERCHA, 10 September, 2010, 15H00; 22 October 2010, 15H00

Respondent A, 12 October 2010, 12H30

Respondent B, 12 November 2010, 14H00

Respondent C, 15 November 2010, 13H30

Respondent D, 16 November 2010, 15H40

Respondent E, 23 November 2010, 17H20

Respondent F, 12 December 2010, 11H35

Respondent G, 12 December 2010, 11H35

Respondent H, 25 November 2010, 17H25

Respondent I, 18 January 2011, 11H20

Respondent J, 17 January 2011, 10H00

Respondent K, 20 January 2011, 15H00

ORGANIZATIONS REPRESENTED IN THE STUDY

Lutsango LwakaNgwane

The traditional women's movements, established in the 1970s by King Sobhuza II. Mandated by the present King Mswati III to coordinate the social, economic and political affairs of Swazi women. The organization is responsibility for promoting unity among women nationally, promoting social security and well being at family and community levels.

Swaziland National Network of People Living With HIV and AIDS (SWANNEPHA)

It was established in November 2004 by people living with HIV and AIDS (PLWHA). It strives for the greater involvement of people infected and affected by HIV and AIDS and coordinates the PLWHA Support Groups in Swaziland. The governance structure of SWANNEPHA is headed by an Executive Committee comprised of five member organizations namely, SWAPOL, SASO, Women Together, Imphilo Isachubeka and Membatsise and individual representatives from the member support groups. SWANNEPHA has a total of 242 support groups from the different regions of Swaziland in 366 chiefdoms.

Swaziland Positive Living for Life (SWAPOL)

The organization was started in 2001 by women living with HIV and AIDS who experienced stigma from family members and started training other women on HIV and AIDS and formed support groups. SWAPOL operates in all the regions of the country and provides training and education to rural communities, services for counselling, income generating projects, care for terminally ill patients and orphans and vulnerable children.

International Community of Women Living with HIV and AIDS (ICW)

The Swaziland office was opened in 2004. It focuses on improving women's participation in the policy process. The organization provides training and builds network for women to strengthen their role in policy development and advocacy on all issues affecting women living with HIV and AIDS.

Women Living Together

It started in 2004 as a support group for women living with HIV and AIDS and became a fully fledged office in 2008. They have seven support groups in rural communities and provide HIV and AIDS education, counselling and run basic income generating projects.

Women in Law in Southern Africa (WLSA)

The organization has several offices in Southern Africa. Its main focus is on using knowledge to promote law reform and secure justice for women. It main objective is to conduct research that supports action to improve the socio-legal position of women

Swaziland Action Group Against Abuse (SWAGGA)

It is the first and only national organization in Swaziland to provide programs and services to address the issue of gender-based violence. The organization provides offers legal support, counselling, and education on how to prevent gender-based violence.