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Mulheres e HIV/SIDA: Os Silêncios e as Vozes em Moçambique, Africa do Sul e Brasil – Políticas públicas e acesso aos serviços de saúde

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Resumo

A epidemia da SIDA cresce em Moçambique, África do Sul e Brasil, com magnitudes diferentes, sendo também diferentes os enfoques e as respostas institucionais para o seu desafio e as estratégias das forças sociais na defesa do direito à saúde. Esta epidemia toma rumos opostos em relação às políticas de saúde adotadas pelos três países, aproximando-se, todavia, quando se analisam os impactos da SIDA em situações de vulnerabilidade frente à pobreza, desigualdades de género e raça. A dimensão é distinta nesses países. Contudo a expressão da vivência com HIV/SIDA aponta similaridades, numa conjuntura internacional de globalização económica, com incidência de políticas de ajuste estrutural sobre as políticas sociais. A pesquisa envolvendo a Universidade Eduardo Mondlane, a de Cape Town e a Federal de Pernambuco, pretende aprofundar os significados e conteúdos dessas desigualdades para entender quais os reais bloqueios e avanços para o acesso aos serviços de referência para SIDA. Queremos perceber os preconceitos e os medos que envolvem a vida dos portadores da doença. Interessa-nos discutir como estão organizados os serviços de saúde e como isso se repercute na vida de mulheres, mas também de homens, marcados por desigualdades de rendimento, género e cor/etnia, que precisam do apoio do Estado, das políticas públicas – de saúde, assistência social, habitação, educação e outras, nem sempre efectivas e presentes.

Palavras-chave: Políticas Públicas; Saúde; desigualdades sociais; HIV/SIDA.

Abstract

AIDS epidemic is growing in Mozambique, South Africa and Brazil, with different magnitudes, and different institutional responses to the epidemic and also the strategies of the social forces defending the human right to health. This epidemic takes opposite directions in relation to health policies adopted by the three countries, when considering the impacts of AIDS in vulnerable situations to poverty, gender inequalities and race. However, the expression of living with

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HIV/AIDS shows similarities, in an international context of economic globalization. Research involving Eduardo Mondlane University, Cape Town and the Federal de Pernambuco, in Brazil aims to deepen the meaning and content of these inequalities. This article seeks to understand prejudices and fears surrounding the life of HIV/AIDS sufferers. It discusses how health services are organized and how it affects the lives of women, but also men, marked by income, gender and color/ethnicity inequalities, who need state support of public policies – health, social care, housing, education and other, which are not always effective and available.

Key Words: Public Policies; Health; social inequalities; HIV/AIDS.

Introdução

Em 2011 equipas de pesquisa da África do Sul, Brasil e Moçambique iniciaram o projecto Desafio do SIDA nas suas dimensões socioeconómicas, culturais e políticas.[2]

A pesquisa tinha como propósito aprofundar os significados e conteúdos das desigualdades relacionadas com o desenvolvimento da epidemia de HIV, para entender os bloqueios e avanços no acesso aos serviços de saúde para o tratamento do HIV e SIDA. Pretendia-se também conhecer como os três países têm enfrentado a epidemia desde os anos de 1980 – 1990, saber como estão organizados os serviços de saúde e como podem melhorar para atender pessoas com HIV e SIDA.[3]

As equipas envolviam, em Moçambique, membros do Centro de Estudos Africanos (CEA) e da Faculdade de Letras e Ciências Sociais da Universidade Eduardo Mondlane (UEM) e do Fórum Mulher – Coordenação para Mulher no Desenvolvimento.[4]

A África do Sul e o Brasil já haviam participado numa pesquisa anterior intitulada Desigualdades, pobreza e AIDS no Brasil e na África do Sul. Determinantes e mobilização social, 2009-2010, com a participação de pesquisadoras e pesquisadores da Universidade de Cape Town (UCT), na África do Sul e da Universidade Federal de Pernambuco (UFPE), Recife, no Brasil. A pesquisa foi parte dum intercâmbio das duas universidades por meio de doutoramento sandwich financiado pela CNPq[5] e do Programa de Cooperação em Ciência, Tecnologia e Inovação com países de África – PROAFRICA (2009). Como resultado desta primeira pesquisa foi editado o livro *DESAFIOS À VIDA. Desigualdades e HIV/Aids no Brasil e na África do Sul.*[6]

A África do Sul e Moçambique têm uma epidemia de HIV generalizada e com sérios problemas de políticas públicas e serviços de saúde – ainda que Moçambique tenha sido dos primeiros países Africanos a criar uma Comissão sobre SIDA, em 1986, e em tempos de guerra - o que não acontece com o Brasil que, desde o início, com o fim da ditadura e sobretudo devido às lutas dos movimentos sociais, obrigou o Estado a responsabilizar-se pelo seu enfrentamento. As realidades aproximam-se, todavia, quando se analisam

os impactos da doença em situações de vulnerabilidade frente à pobreza, desigualdades de género e raça. A expressão da vivência com HIV/SIDA aponta similaridades, situações de discriminação e estigma dos Portadores de HIV/SIDA, sobretudo mulheres, numa conjuntura internacional de globalização económica capitalista, com incidência de políticas de reajustamento estrutural sobre as políticas sociais.

Desde que o 1º caso de SIDA foi diagnosticado clinicamente, em 1986, em Moçambique, num médico clínico geral, de origem haitiana, na província nortenha de Cabo Delgado e, apesar da situação de guerra terminada com o Acordo de Paz em Outubro de 1992, o país foi criando condições para enfrentar a doença. Em Agosto de 1986 já havia sido criada a primeira entidade responsável pela coordenação da resposta nacional contra a epidemia, denominada Comissão Nacional da SIDA, de acordo com as orientações da Organização Mundial de Saúde (OMS).

Entretanto, apesar desta rápida resposta e ainda em situação de guerra e talvez por isso mesmo e outras razões que importa conhecer, a doença alastrou e transformou-se numa pandemia.

A partir da década de 90 têm sido realizadas pesquisas e consultorias para conhecer a doença em Moçambique. A realidade porém é que ela continua a colocar-nos enormes desafios, sobretudo às políticas públicas, aos serviços de saúde, à economia do País e ao bem-estar de cidadãs e cidadãos.

De acordo com o PEN III – 2010-2014,[7]

> Moçambique vive um ambiente de epidemia do HIV severa. Actualmente, 15 por cento de mulheres grávidas entre os 15 e 49 anos de idade vivem com o vírus causador da SIDA. A epidemia tem um carácter heterogéneo em termos geográficos, sociodemográficos e socioeconómicos: mulheres, residentes urbanos, pessoas residindo nas regiões sul e centro são mais afectadas pelo HIV e SIDA. A principal via de transmissão continua a ser heterossexual em cerca de 90 por cento dos casos em adultos. Entre os principais factores impulsionadores da epidemia destacam-se os parceiros sexuais múltiplos e concomitantes; baixos níveis de utilização do preservativo; alta mobilidade e migração associada à elevada vulnerabilidade; prática de relações sexuais entre pessoas de gerações diferentes; relações transaccionais; desigualdade de género e violência sexual; e níveis baixos de circuncisão masculina.

Ainda de acordo com o PEN III,

> O HIV e SIDA constitui o mais sério risco para o desenvolvimento do país, ameaçando reverter os ganhos dos últimos anos do ponto de vista do desenvolvimento social e económico. Para enfrentar esta situação, o Governo de Moçambique ratificou diversas declarações e convenções regionais e internacionais que visam reduzir o número de novas infecções do HIV e o impacto do SIDA no país. Entre os instrumentos globais e regionais ratificados por Moçambique

destacam-se a Declaração de Compromisso sobre o HIV e SIDA da Sessão Especial da Assembleia Geral das Nações Unidas (UNGASS) (2001) e os Objectivos de Desenvolvimento do Milénio… (2001).

Face a estas constatações preocupantes e também alarmantes as equipas de pesquisa nos três países colocaram algumas questões que estimularam e orientaram a pesquisa:

- As políticas públicas adoptadas no contexto do capitalismo neoliberal enfrentam as desigualdades de género – raça – classe - orientação sexual?

- Como se está a enfrentar o sistema violência – SIDA – machismo - desigualdades económicas nos serviços de saúde?

- Quais as diferenças no contexto cultural relacionadas com as práticas sexuais, casamento, valores familiares? Como as sexualidades estão a ser abordadas?

- É possível prevenir o HIV, ou viver com qualidade tendo SIDA nesse contexto?

- Quais são as dificuldades dos serviços na gestão das desigualdades?

- Quais as dificuldades para o tratamento Anti-retroviral? Como é o acesso para tratar das doenças oportunistas e os efeitos colaterais dos medicamentos? Quais as diferenças para homens e mulheres?

- Qual a proveniência das pessoas atendidas nas unidades sanitárias? Como é o atendimento? (organização de alguns serviços e sua locali-zação, horários de atendimento, organização das salas de espera e os serviços oferecidos)?

Entendemos pela revisão da literatura que as estratégias governamentais adoptadas em diferentes períodos seguem um modelo internacional articulado pela ONU, OMS, USAID, Banco Mundial: abstinência, fidelidade e uso do preservativo (ABC, *Abstinence, Be Faithful, Condomize*). Há desigualdades sociais e semelhantes: a dominação masculina e a violência de género. Entretanto, a grande diferença nos três países é a acção do Estado, que tem sido mais actuante no Brasil.

Objectivos, marco teórico e metodologia, unidades de observação

Objectivos
Esta pesquisa definiu como objectivos:

- Avaliar o acesso das pessoas que vivem com HIV/SIDA aos serviços de saúde de referência, na sua interacção com os determinantes económicos e sociais que incidem nas estratégias e políticas de saúde frente à epide-

mia do SIDA no Brasil, na África do Sul e Moçambique, com ênfase nas desigualdades de classe, género, orientação sexual e raça.

- Analisar a acção do Estado e a articulação dos movimentos da sociedade civil pela garantia do direito à saúde, especificamente em relação ao acesso a serviços de saúde e aos medicamentos anti-retrovirais no Brasil, na África do Sul e Moçambique.

- Comparar esse acesso no Brasil, na África do Sul e Moçambique, identificando os avanços e desafios nos três países.

Espera-se que esta pesquisa contribua para:

- O fortalecimento da capacidade de luta contra a epidemia de SIDA nos seus aspectos de feminização, pauperização e interiorização;

- A contribuição para aprimoramento de políticas públicas:

- Melhoramento da parceria entre as instituições do Estado e os movimentos sociais que trabalham na área do HIV e SIDA e fortalecimento da sua capacidade de intervenção;

- Publicação de livro para socializar os resultados.

Marco teórico e metodologia

O acesso aos serviços de saúde relacionados com os PVHS (Pessoas vivendo com HIV e SIDA) remete-nos de imediato à perspectiva dos Direitos Humanos (DDHH), em termos ontológicos e metodológicos. O que queremos dizer com isto?

Os DDHH como proposta de humanização das relações sociais, inscritas em relações de poder,[8] define para o seu paliativo três princípios básicos de humanização: o princípio de igualdade, o princípio de não-discriminação e o princípio de universalidade.

Na pesquisa em Moçambique ligamos ao seu objecto de estudo, Desafio do SIDA nas suas dimensões socioeconómicas, culturais e políticas no Brasil, África do Sul e Moçambique, 2011-2012, como base as relações sociais entre homens e mulheres, assim como entre ambos os sexos, ou como se costuma denominar, relações de género, ligadas intimamente às relações de classe, às relações de poder.

É assim que podemos diferenciar as seguintes categorias analíticas a ser utilizadas: relações de género, relações de classe e o debate da pobreza unindo ambas as relações.

Porém, a nossa categoria 'guarda-chuva' é e será, a igualdade substantiva, a partir do conceito de igualdade contido na CEDAW – Convenção sobre a Eliminação de todas as formas de discriminação contra as Mulheres – e teorizada por Alda Facio (1992). A igualdade substantiva incorpora na sua

definição e acção três princípios de DDHH, que são: a não-discriminação, a responsabilidade do Estado e a igualdade perante a lei (igualdade *de jure*).

Uma análise da igualdade substantiva leva-nos a identificar os seguintes factos:

- A igualdade como princípio normativo, não em termos de ser mas de dever ser;

- A igualdade não é um facto senão um valor estabelecido;

- A igualdade concebe-se só como um dos três princípios que juntos constituem a realização prática do princípio da igualdade;

- Uma igualdade baseada no gozo e no exercício dos direitos humanos que, portanto, permite tratamento distinto, ainda por parte da Lei, quando a situação é distinta.

Contudo, a igualdade formal não elimina todas as desigualdades reais entre homens e mulheres (assim como entre as pessoas de diferentes camadas sociais) que existem na sociedade, daí que, se requer da conjunção dos outros dois princípios, o princípio de não-discriminação e a intervenção e responsabilidade do Estado.

Por isso, é importante observar que o problema não é a igualdade *de jure* em si, senão o facto de muitas das vezes não se reconhecer que as mulheres estão numa situação desigual e discriminatória em relação aos homens ou de se utilizar o *standard* masculino para a garantia dos direitos das mulheres.

Na CEDAW, quanto às responsabilidades do Estado exige-se que, para implementar uma política de igualdade de oportunidades, se tenha em conta os factores sociais que incidem na desigualdade.

O nosso objecto de estudo, Desafio do SIDA nas suas dimensões socioeconómicas, culturais e políticas no Brasil, África do Sul e Moçambique, 2011-2012, ligado à perspectiva conceitual seleccionada, leva-nos a identificar o direito à saúde em geral e das mulheres em particular como direito humano específico.

Privilegiamos a definição de HeRWAI[9] sobre o direito à saúde que diz que este inclui a disponibilidade, aceitação e qualidade dos cuidados de saúde (apropriados e oportunos). Acrescentando que a saúde é um direito fundamental, que influencia todos os aspectos da vida, incidindo, e sendo incidido por vários outros direitos, considerados como determinantes à saúde. Consideram-se determinantes de saúde a distribuição de recursos, diferenças nas relações de género e o acesso à educação e informação relacionados com a saúde. Para efeito desta pesquisa estima-se de relevância a educação e informação relativa aos Direitos Sexuais e Reprodutivos e a uma Educação não Sexista. Também, no âmbito desta investigação as relações sociais de

género ocupam um papel, mais além do seu carácter de determinantes da saúde, sendo assim consideradas como categoria sub-base, perante o contexto de feminização do SIDA em Moçambique.

Desta maneira, o nosso quadro de análise contempla as seguintes categorias analíticas:

- Igualdade substantiva,

- Direito à saúde,

- Determinantes à saúde,

- Relações de género,

- E relações de classe.

Há um reconhecimento crescente de que o HIV/ SIDA não pode ser abordado sem questionar a desigualdade nas relações de género e a necessidade de haver uma comunicação e um diálogo abertos sobre questões tabu como o sexo, as relações sexuais, os direitos sexuais e reprodutivos e a morte. Reconhece-se também a necessidade de trabalhar com mulheres e homens de diferentes grupos etários, em conjunto ou separadamente.

Os instrumentos regionais e internacionais relativos ao HIV/SIDA afirmam que é necessário eliminar a desigualdade de género, o abuso e a violência com base no género, bem como aumentar a capacidade das mulheres e das raparigas adolescentes de se protegerem da infecção por HIV. O acesso à saúde sexual e reprodutiva tem sido e continua a ser essencial para a resposta ao SIDA e os governos têm a responsabilidade de fornecer serviços de saúde pública focalizados nas necessidades das famílias, particularmente das mulheres e das crianças. Também é fundamental rever as leis e as políticas que têm um impacto adverso na implementação de programas bem-sucedidos, efectivos e iguais de prevenção de HIV, de tratamento, cuidado e apoio às pessoas que vivem com e são afectadas pelo HIV.

As causas da epidemia de HIV estão fortemente enraizadas nos contextos sociais, culturais, económicos e de género. Isto aplica-se igualmente à prevenção e ao tratamento do HIV, bem como à compreensão dos direitos e ao exercício de deveres. De modo a se ter um impacto significativo na prevenção e tratamento do HIV e a alcançar a concretização plena dos direitos humanos em relação com esta epidemia, tem de haver um envolvimento significativo de mulheres e homens e das comunidades.

A mudança de normas e valores sociais requer que as políticas governamentais (políticas sociais e económicas), bem como os valores sociais e comunitários se alterem e que esta modificação possa ser sustentada durante um período longo. A mobilização social é uma das estratégias que pode ser

usada para mobilizar a população, as comunidades e as famílias, de modo a garantir as transformações necessárias para travar o alastramento desta doença.

Pode ser implementada uma abordagem multissectorial para alterar as normas e os valores sociais. Segundo a UNAIDS, há 4 aspectos que têm de ser tidos em consideração no âmbito de uma abordagem alargada:

- Abordar os factores sociais e estruturais que impulsionam a epidemia;

- Influenciar as normas sociais que têm impacto sobre os comportamentos e a incidência;

- Transformar as respostas educativas;

- E melhorar a compreensão da natureza transformadora da educação.

O sector da educação desempenha um papel crucial ao moldar as normas e os valores sociais e os professores são, simultaneamente, vectores de normas sociai**s** e agentes de transformação. Porém, o sector da educação não pode mudar a sociedade por si só. Outros processos e actores sociais são necessários para complementar o trabalho deste sector, incluindo organizações de base religiosa, associações comunitárias e associações sociais. Os homens e os rapazes devem ser mobilizados como parceiros para compreender a importância da igualdade de género (incluindo a necessidade de alterar as normas relacionadas com a masculinidade), as comunidades devem compreender a importância de manter as raparigas na escola, bem como o aumento de comportamentos de risco com o abuso de álcool e outras substâncias.

As alterações comportamentais são um fenómeno complexo e produto da interacção de factores individuais, sociais e estruturais. Os esforços de transformação social têm de ser capazes de abordar todos estes factores, ao mesmo tempo que se concentram nas necessidades reais, ainda não entendidas como tal, das comunidades e das mulheres e homens. Esta abordagem exige um envolvimento expressivo dos cientistas sociais na concepção de intervenções adequadas.

Também é crucial para o sucesso da intervenção primária a alteração de normas relativas à masculinidade, violência de género, parceiros múltiplos e concorrentes, mistura de idades, álcool, estigma e outros impulsionadores sociais de comportamentos de risco. Estas normas determinam tanto a motivação para a recepção de serviços como para a alteração de comportamentos relacionada com estas intervenções.

Métodos e Técnicas de Pesquisa e Unidades de Observação
Para a condução da pesquisa o método seleccionado foi o qualitativo, tendo para tal sido feita a revisão da literatura com base em documentos científicos, relatórios, planos estratégicos, instrumentos nacionais, regionais e internacionais, as políticas públicas em saúde e sociais. Para a recolha de

dados privilegiou-se a entrevista semi-estruturada, os grupos de discussão, as narrativas, histórias de vida e observação participante.

Foram seleccionadas como unidades de observação o Hospital Geral José Macamo, no Distrito Municipal KaHlamankulo, a sua Maternidade e Centro de Saúde, e o Centro de Saúde 1º de Junho no Bairro Ferroviário, no Distrito Municipal KaMavota, na cidade de Maputo.

O Hospital José Macamo, a Maternidade e o Centro de Saúde atendem residentes dos Bairros de Hlamankulo, Malhangalene, Luís Cabral, Inhagóia, Unidade 7, cidade da Matola e por vezes da cidade e de Boane (a 30 km de distância).

Não sendo um Hospital de referência[10] atende muitos pacientes com HIV e SIDA.

O contexto do País e da epidemia

Aspectos gerais e socioeconómicos

Moçambique localiza-se na faixa sul-oriental do Continente Africano, entre os paralelos 10°27' e 26°52' de latitude Sul e entre os meridianos 30°12' e 40°51' de longitude Este. A Norte faz fronteira com a Tanzânia; a Oeste com o Malawi, Zâmbia, Zimbabwe, África do Sul e Suazilândia; e a Sul com a África do Sul. Toda a faixa Este é banhada pelo Oceano Índico numa extensão de 2,470 km.

Tabela 1: Divisão espacial

Superfície	799,380 Km2
Províncias	11
Distritos	144
Municípios	43

Fonte: INE www.ine.gov.mz

Moçambique tornou-se independente de Portugal em 1975, após dez anos de Luta Armada de Libertação Nacional movida pela Frente de Libertação de Moçambique (FRELIMO), entre 1964-74.

O País passou por 16 anos de guerra Civil envolvendo as forças do governo dirigido pelo partido Frelimo e as da RENAMO (Resistência Nacional Moçambicana) terminada em 1992 com a assinatura do Acordo Geral de Paz.

Após a aprovação pela então Assembleia Popular, em Novembro de 1990 da Constituição da República, que assegura o multipartidarismo, a divisão de poderes, a liberdade de associação e de expressão, e do Acordo de Paz de 1992, realizaram-se 4 eleições Gerais (1994, 1999, 2004, 2009 e 2014) e 4 eleições autárquicas (1998, 2003, 2008 e 2013).

Tabela 2: Dados Demográficos / Indicadores Socioeconómicos

Indicadores	2007	2011
População	20,632,434 hab.	23.049.621 hab.
População masculina	9.930.196 hab.	11.108.128 hab.
População feminina	10.702.238 hab.	11.941.493 hab.
População masculina (%)	48,1	48.2
População feminina (%)	51.9	51.8
População, 0-14 (%)	46,9	45,3
População, 15-59 (%)	48,6	50,1
População, 60+ (%)	4,6	4,7
População urbana (%)	30,4	31,0
População rural (%)	69,6	69,0
Índice de masculinidade (homens em cada 100 mulheres)	92,8	93,0
Densidade demográfica (Km2)	25,3	28,8
Taxa de crescimento da população (%)	2,8	2,8
Taxa bruta de natalidade (por mil)	42,2	41,4
Taxa bruta de mortalidade (por mil)	13,8	13,5
Taxa de mortalidade infantil (por mil)	93,6	86,2
Taxa global de fecundidade (filhos/mulher)	5,7	5,6
Esperança de vida, total (em anos)	50,9	52,4
Esperança de vida, homens (em anos)	48,8	50,4
Esperança de vida, mulheres (em anos)	52,9	54,5
Taxa de Mortalidade Materna (por 100.000 nascimentos)	**500,1**	

Fonte: INE www.ine.gov.mz

Tabela 3: Dados socioeconómicos

Indicador		2007
Taxa de analfabetismo, total (%)		50,3
Taxa de analfabetismo, homens (%)		34,5
Taxa de analfabetismo, mulheres (%)		64,1
Crianças dos 6-17 anos fora da Escola (%)		34.3
População com curso superior concluído (%)	Homens	70.6
	Mulheres	29.4
População segundo tipo de curso superior concluído (%)	Bacharelato	23.4
	Licenciatura	58.9
	Mestrado	11.9
	Doutoramento	5.9
Incidência da Pobreza % 2008/9		54.7
Pessoas em situação de pobreza alimentar 2008/9		11,7 Milhões de pessoas
Famílias Moçambicanas vivendo abaixo da linha de pobreza (%) 2009		54.7
Índice de Desenvolvimento Humano (2010)		0,47
População Economicamente Activa 15 anos e+ (PEA, 2007)		86.5
População Economicamente Não Activa (PNEA, 2007)		13.5
Receita média mensal do país por agregado familiar		1.560 MT (55. 7 USD
PIB (%), 2011		7.30
PIB per capita (USD), 2011		450,00
Acesso a água potável (%) 2009		42

Fonte: INE www.ine.gov.mz

A população do país e o HIV e SIDA

O primeiro caso de SIDA em Moçambique é diagnosticado na província nortenha de Cabo Delgado num médico de clínica geral, de origem haitiana em 1986. Em Agosto de 1986, já havia sido criada a primeira entidade responsável pela coordenação da resposta nacional contra a epidemia, denominada Comissão Nacional da SIDA, bem nos moldes propostos pelas cartilhas da OMS; também no mesmo ano foi criado o Centro de Coordenação da SIDA (CCS) como órgão que deveria gerir a implementação quotidiana do programa. Em Março de 1987 é criada a Equipa epidemiológica da OMS com o objectivo de estabelecer as bases e propor recomendações para estudos epidemiológicos, identificação e caracterização da estirpe do vírus HIV predominante no país.

Até Março de 1988 são notificados seis (6) casos de SIDA em Moçambique e nesse mesmo ano é criado o Programa Nacional de Controlo das ITS/HIV/SIDA; estabelecido o Programa de Vigilância Epidemiológica para o HIV/SIDA; e Moçambique participa no Encontro Mundial dos Ministros de Saúde, onde é aprovada a Declaração Sobre Prevenção do SIDA de Londres.

Em 1996 A ONUSIDA começa a trabalhar em Moçambique, com o mandato de apoiar o país a consolidar a sua resposta contra o HIV/SIDA e coordenar o apoio disponibilizado pelo sistema das Nações Unidas; nesse ano e em 1997 começam a funcionar os Hospitais de Dia com abertura de duas unidades de atendimento nas cidades de Maputo e Chimoio (província de Manica, centro do país) respectivamente, sendo uma solução politicamente correcta adoptada por Moçambique, para prestar assistência aos doentes de SIDA, com o apoio da Cooperação Francesa. Em 1998 é realizado o primeiro Inquérito Nacional sobre Preservativo e Prevenção da SIDA.

A 23 de Maio de 2000 é criado o Conselho Nacional de Combate ao HIV/SIDA (CNCS) como uma instituição do Estado; e no ano 2002 o Ministério da Saúde lançou o Programa Nacional de Prevenção da Transmissão Vertical (PTV) que em 2004 se torna num programa nacional, para além de ter sido integrado nos serviços de Saúde Materno-Infantil.

Na Tabela 4 e Gráfico 1 podemos constatar quando começou o serviço PTV no país e como era a disponibilidade por unidades sanitárias, bem como a cobertura, quantas mulheres estão e quantas precisam do PTV.

Tabela 4: Evolução das Unidades Sanitárias em PTV

Ano	Unidades sanitárias
2002	8
2006	222
2007	386
2008	500
2009	744

Fonte: PEN III (2010)
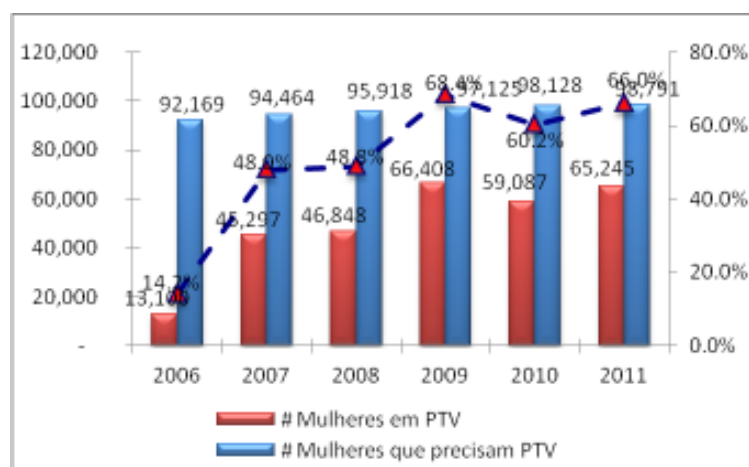
Gráfico 1: Tendências de cobertura do PTV de 2006 a 2011

Fonte: Relatório Global de Progresso da Resposta ao VIH e SIDA 2012 em
         Moçambique (GARPR, 2012)

Só em 2011, foram atendidas 1.063.012 mulheres grávidas, das quais
869.490 foram testadas, sendo que Moçambique dispunha, em 2012, de
1.063 unidades sanitárias com (PTV) do HIV.

O diagnóstico precoce infantil foi introduzido no início de 2006 em quatro unidades sanitárias, marcando o início do tratamento anti-retroviral para crianças. A tabela 5 demonstra a evolução do TARV em crianças.

Tabela 5: Evolução Tratamento Anti-Retroviral (TARV) em crianças

2007	6.210
2011	23.053

Fonte: PEN III (2010)

Observando os gráficos que se seguem podemos constatar qual tende a ser a tendência de cobertura do TARV pediátrico e a evolução do número de crianças que estão em TARV, bem como a tendência de cobertura e também a evolução de adultos em TARV. Ambos grupos etários demonstram uma tendência crescente.

Gráfico 2: Tendência da cobertura de TARV, 2007-2011

Fonte: GARPR, 2012
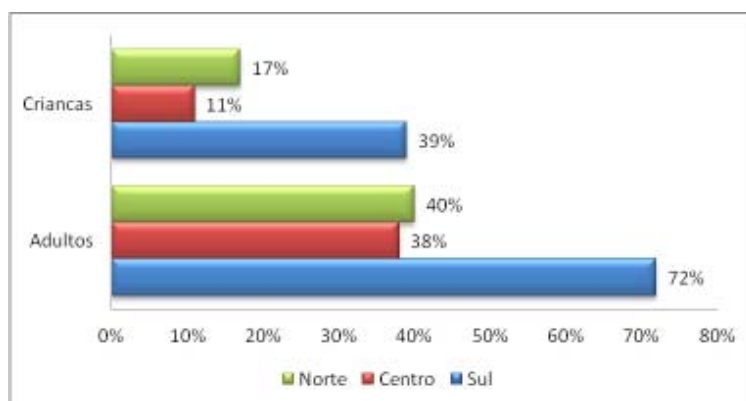
Gráfico 3: Cobertura de TARV por região, em adultos e crianças, em 2011

Fonte: GARPR, 2012
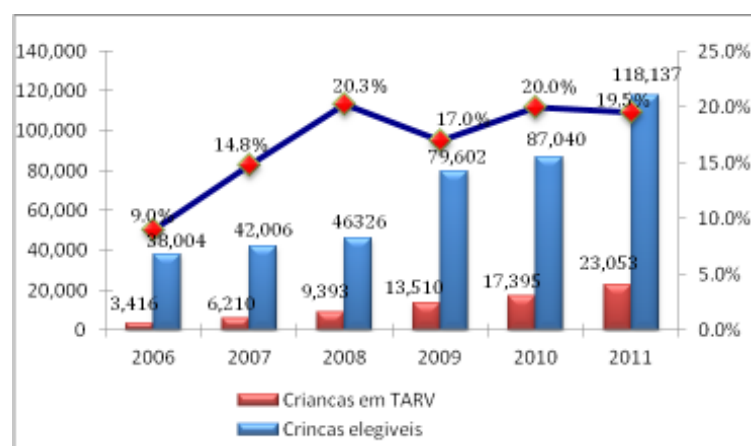
Gráfico 4: Tendências de cobertura do TARV pediátrico de 2006 a 2011

Fonte: GARPR, 2012

Tabela 6: Seroprevalência em Mulheres Grávidas (%)

Idade/região/gestação	2001	2002	2004	2007	2009
15 – 19	8,6	9,8	12,4	7,7	8,2
20 – 24	15,1	15,1	19,2	16,2	14,9
25 – 29	14,9	13,9	16,3	13,6	18,5
30 – 49	11,3	14,2	15,5	13,0	12,7
Sul	15,2	16,8	20,0	20,3	22,2
Centro	16,0	15,4	19,1	15,4	15,1
Norte	6,0	8,3	10,1	7,4	7,9
Urbano	15,3	18,0	19,0	18,7	22,1
Rural	9,0	12,0	12,7	9,4	9,5
1ª gravidez	9,8	9,4	13,0	10,0	10,5
2+ gestações	14,3	14,0	17,9	14,6	16,6
Nacional	14,2	13,7	16,0	13,2	13,7

Fonte: GARPR, 2012

Prevalência na População Adulta

De acordo com o INSIDA, a prevalência nacional em 2009 era de 11,5 por cento no seio dos adultos com idades entre os 15 e 49 anos. A prevalência do HIV era mais acentuada entre as mulheres (13,1%) do que entre os homens (9,2%) e mostrava-se bastante variável entre as províncias, de 3,7 por cento em Niassa, província ao norte do país, a 25,1 por cento em Gaza, província no sul. A prevalência estimada do HIV para adultos na região sul é de 17,8 por cento, na região centro situa-se nos 12,5 por cento e na região norte é de 5,6 por cento. No gráfico 5 podemos observar a evolução da seroprevalência na população adulta desde 1988 e também as estimativas por região até 2015.[11]
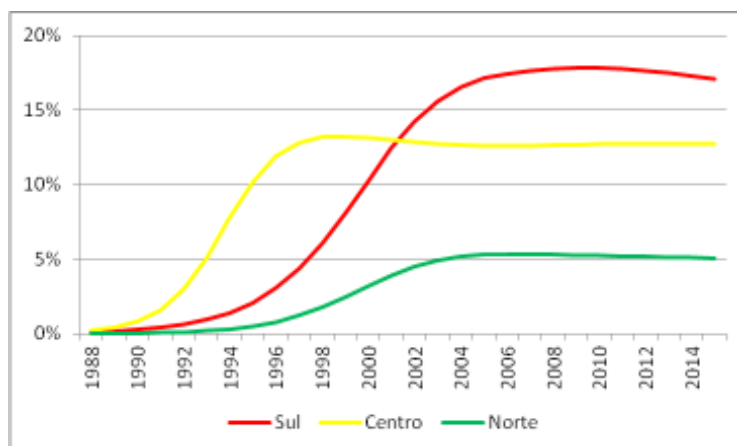
Gráfico 5: Prevalência em População Adulta

Fonte: GARPR, 2012

Do Sistema Nacional de Saúde e os serviços do HIV e SIDA
De acordo com a WLSA Moçambique (2012),[12]

> O Sistema de Saúde em Moçambique inclui o sector público e o sector privado com fins lucrativos. Destes, até agora, o sector público que se organiza através do Serviço Nacional de Saúde (SNS) constitui o principal prestador de serviços de saúde à escala nacional.

Hospitais e Postos de Saúde

O Serviço Nacional de Saúde (SNS) está organizado em quatro níveis de atenção. O **nível primário** (I) corresponde aos Postos e Centros de Saúde que têm como função executar a estratégia de Cuidados de Saúde Primários (CSP). Estas Unidades Sanitárias constituem o primeiro contacto da população com os Serviços de Saúde. O Centro de Saúde, tendo sob sua responsabilidade a Saúde da População e do Ambiente, deve assegurar a cobertura sanitária de uma população dentro de uma zona geográfica bem definida pela Área de Saúde.

O **nível secundário** (II) é composto pelos Hospitais Distritais, Rurais e Gerais que têm como função prestar Cuidados de Saúde Secundários e constituem o primeiro nível de referência para os doentes que não obtêm resposta nos Centros de Saúde.

O **nível terciário** (III) é composto pelos Hospitais Provinciais e constituem a referência para os doentes que não encontram soluções ao nível dos Hospitais Distritais, Rurais e Gerais bem como dos doentes

provenientes de Hospitais Distritais e Centros de Saúde situados nas imediações do Hospital Provincial e que não têm Hospital Rural ou Geral para onde possam ser transferidos.

O **nível quaternário** (IV) é composto pelos Hospitais Centrais e constitui a referência para os doentes que não encontram soluções ao 25 nível dos Hospitais Provinciais, Distritais, Rurais e Gerais bem como para os provenientes de Hospitais Distritais e Centros de Saúde que se situam nas imediações do Hospital Provincial e que não têm nem Hospital Provincial, Rural ou Geral para onde possam ser transferidos. Neste nível situam-se também os Hospitais Especializados que prestam cuidados muito diferenciados de uma só especialidade. De referir que estes hospitais só podem ser criados quando se prova ser essa a forma mais eficaz de prestação de cuidados dessa especialidade.

Outras informações disponíveis dão conta de que:

- O Serviço Nacional de Saúde não cobre 42 por cento do território nacional

- Existe 1 Unidade sanitária para cada 10.000 habitantes

- 56 a 57 por cento dos partos são institucionais

- Só 10 por cento dos PVHS recebe TARV

- Não há controlo de quem continua ou não o TARV

- Subida espectacular de novos casos nos Postos Sentinela.

Nos anteriores relatórios do Ministério da Saúde, CNCS e outros, em relação a Moçambique falava-se de grupos vulneráveis; no último relatório diz-se que a vulnerabilidade é extensível a toda a população moçambicana. Porém mantém-se uma desinformação sobre os grupos sempre reconhecidos como vulneráveis – camionistas de longo curso, prostitutas, homossexuais, lésbicas e crianças.

O País continua a não conseguir responder a certos indicadores exigidos pelas Nações Unidas: não se sabe nada do que acontece no ambiente de prostituição; não há informação exacta sobre homens que fazem sexo com homens.

Existem duas informações contraditórias sobre as relações intergeracionais pois, de acordo com o CNCS elas parecem estar a diminuir, mas o PSI e mais 4 organizações fizeram uma pesquisa conjunta, afirmando o contrário, ou seja, que se está perante uma FEMINIZAÇÃO DO SIDA INTERGERACIONAL.

Avanços e desafios

Moçambique tem elaborado políticas de saúde e subscrito e adoptado instrumentos internacionalmente produzidos e assumidos no âmbito do combate à pandemia do SIDA. Contudo, a situação de pobreza a que está sujeito que se reflecte na exiguidade de recursos humanos, materiais, financeiros e infra-estruturas sanitárias coloca desafios significativos à melhoria da qualidade dos serviços de saúde oferecidos aos que deles precisam em particular pessoas vivendo com SIDA.

Existem muitas dificuldades relativas ao acesso, garantia de tratamento, e direitos de PVHS. De acordo com o *Jornal Notícias* (09/11/2012, pg. 5):

> **Num universo de 119 mil elegíveis apenas 21,5 por cento de crianças recebe TARV.**
>
> Das 532.405 pessoas adultas vivendo com HIV que necessitam de TARV apenas 297 mil beneficiam, representando cerca de 50 por cento dos adultos elegíveis. De um total de 118.824 crianças que necessitam do TARV no país apenas 25.597 beneficiam, o que corresponde a uma cobertura de apenas 21,5 por cento», palavras do Primeiro-Ministro de Moçambique, Dr. Alberto Vaquina na sessão de abertura da reunião dos titulares da pasta da saúde e dos ministros responsáveis pelo combate ao HIV/SIDA da Comunidade de Desenvolvimento da África Austral (SADC) que decorreu em Maputo no dia 9 de Novembro de 2012 (Jornal Notícias, 09/11/2012, pg. 5).
>
> O governante moçambicano (Primeiro-Ministro) recordou aos presentes que a SADC se tornou no «epicentro» da dupla epidemia de tuberculose (TB) e HIV/SIDA e que o impacto destas doenças, incluindo a malária e diarreias, quer no país, quer na região, é agravado pelos elevados índices de desnutrição como o resultado da «extrema» pobreza em que vive a maioria da população e pela limitada capacidade da resposta do Serviço Nacional de Saúde (SNS).
>
> Como fragilidades do sistema de saúde Vaquina apontou, entre outras, o subfinanciamento, dependência externa e a falta de previsão de desembolsos, aliada a deficiência de transparência na gestão dos fundos disponíveis. «A área de medicamentos é crucial para a credibilidade do sistema no seu todo mas, infelizmente, em 2011 e 2012 temos registado rupturas frequentes de medicamentos», reconheceu o Primeiro-Ministro» (Jornal Notícias, 09/11/2012, pg. 5).

Numa visita realizada ao maior hospital público do País, o Hospital Central de Maputo, o Ministro da Saúde procurou inteirar-se dos «problemas

existentes e encontrar soluções para melhorar a prestação dos serviços aos utentes». Constatou que, «Na Medicina, o HIV teve um peso de cerca de 50 por cento na globalidade das doenças, seguido de hipertensão arterial primária com perto de 12 por cento. A malária e a tuberculose situam-se na oitava e décima posições». Ou seja, a SIDA é a principal causa de morte no HCM (Jornal *Notícias*, 05/11/2012, pg.3).

> Infelizmente, constatámos que a nível dos serviços de Medicina, a maior parte dos internamentos têm a ver com HIV/SIDA, o que influencia na mortalidade. Tal significa que temos de fazer um trabalho conjunto com as comunidades de modo a reverter esta situação», referiu o Ministro da Saúde.

Apesar dessas dificuldades foi possível identificar alguns avanços, de acordo com uma profissional dos Serviços de Saúde:

> No centro de saúde criou-se os comités de saúde, composto por pessoas do bairro formadas para darem palestras sobre a doença, palestras sobre cuidados pré-natais, nutrição, havendo doentes resgatados para a unidade sanitária e os comités têm conhecimentos dos bairros e as pessoas que lá vivem. A partir dos comités de saúde há aproximação com a comunidade (Enfermeira Média do SMI, CS1ºJ, 30/03/12).

Alguns dos desafios prendem-se, por exemplo, com a falta do envolvimento dos parceiros nas consultas para permitir a mudança de comportamento,

> … porque se a mulher tem um resultado positivo ao teste o resultado é dela e como há parceiros múltiplos há alastramento. Ponto chave é o envolvimento dos homens nas consultas. É preciso deixar de pensar que eu fui infectado por alguém, então também tenho que transmitir aos outros e viver em segredo quanto á seroprevalência. O homem quando sabe que é seropositivo engravida a mulher para que ela vá fazer o teste e lhe atribui a culpa do estado dos dois». Por outro lado e, como referiram nas entrevistas, «transporte até o serviço de saúde não há. (Enfermeira Média de SMI, CS1ªJ, Olga Xirindza, 30/03/2012).

Ainda sobre os desafios Diogo Milagre refere-se do seguinte modo:

> No meio urbano os serviços melhoraram substancialmente. No meio rural, acesso privilegiado para quem vive na periferia das unidades sanitárias, para quem está longe há problemas de distribuição, sendo um acesso relativo. É um desafio do país quanto à oferta e melhorias dos serviços.

> Há que melhorar e **humanizar os serviços**, colocando-os ao encontro das preocupações dos pacientes.

> Quanto à falta dos ARV há segurança de provisão pelo menos até a Agosto de 2012, pelo fundo global e parceiros internacionais para que não haja ruptura.

Temos 275.000 pessoas em tratamento. Quantidade em termos de demanda, o número de pessoas é cada vez mais crescente na perspectiva do protocolo da OMS, mas pelos critérios basta que o paciente seja diagnosticado e deve logo ser administrado, então é um problema de contagem do CD4 do paciente.

Quanto ao tratamento aos portadores do HIV/SIDA **há uma erosão da qualidade dos serviços**.

O **encerramento dos Hospitais de Dia**, para ver a unidade sanitária como um sistema, não como um conjunto de várias unidades, era um ideal, de modo a tratar os doentes como iguais. A ideia do Hospital de Dia é porque o doente traz consigo outros problemas psicossociais que vão além da administração de medicamentos, mais sim pela possibilidade de conversa, onde as pessoas trocam impressões. Falharam no ideal, sendo que o serviço não está preparado para lidar com as necessidades de ordem psicológica, por isso há longas 'bichas' e não conseguem ficar à vontade e lidar com as questões como um paciente normal (Membro do CNCS, Diogo Milagre, 13/03/2012).

Continuam a registar-se problemas com o **preconceito** e o **estigma**. Como referido numa reportagem do jornal @ *Verdade*[13]

Superação do preconceito perante as crianças com HIV/SIDA. Está razoável. Alguns negam fazer o teste com medo do preconceito. Há pessoas que fazem o teste aqui e depois negam o resultado dizendo que não podem ter a doença e vão fazer de novo o teste em outra unidade, mas o resultado é o mesmo. Os que negam que estão infectados dizem que são coisas de feitiçaria ou alegam que os vizinhos é que fizeram com que estejam infectados (Enfermeira, serviço de Medicina, HGJM, Felismina Tovela, 11/06/2012).

Pela minha experiência acumulada, vou falar o seguinte: a maneira como é vista a doença desde o Estado, as pessoas, é o **primeiro princípio do abandono**. Porque o paciente já vem para a unidade sanitária sozinho às vezes, e muitas das vezes, pedimos para ele vir com um confidente, alguém da família, uma amigo que é para partilhar e ser um suporte… Se houvesse a possibilidade de envolvermos algumas pessoas, a esposa, os filhos, nós iríamos reduzir as taxas de abandono… Ele vem sozinho, é segredo dele…

Homens abandonam mais, mas as mulheres também. Os homens na maior parte deles é por causa de trabalho, viaja, é camionista, enquanto que as mulheres às vezes estão no lar, o marido não deixa (Técnico do Centro de Colaboração em Saúde (CCS), Marcos Dava, CJM, 15/08/2012).

Um outro desafio está relacionado com a qualidade de vida dos PVHS, referido em algumas das entrevistas realizadas.

Para os nossos informantes, a qualidade de vida da maioria das pessoas não é das melhores, deve-se ter em conta também o meio onde vivem, o saneamento do meio. Deve haver mais educação alimentar mais prática e não teórica (Membro do CNCS, Diogo Milagre, 13/03/2012).

Quando o doente está debilitado no dia da alta entrega-se ao confidente do doente uma cesta básica composta por soja e papinate (Atpu), mas agora papinate é só para as crianças. (Enfermeira do Serviço de Medicina, Felismina Tovela, HGJM, 11/06/2012).

No que diz respeito ao efeito dos medicamentos nos PVHS foi-nos dito que,

Há mudanças no comportamento, no físico, depende do organismo, da reacção ao ARV. Devido ao Doriven, cresce a barriga, há borbulhas e manchas na pele (Psicólogo do CSJM, António Alberto, 31/07/2012).

O meu corpo fica muito pesado, não aguento andar, tenho tonturas (Grupo Focal de Homens, CSPC, 27/08/2012.

Outros desafios apontados estão relacionados com as longas horas de espera pela consulta e também na Farmácia,

Reclamam somente na hora de espera, o ânimo é outro, atrasos, filas na Recepção, filas na Farmácia. Chegam todos às 7,30 hr, mas não são todos atendidos à mesma hora, mas sim às 13 ou 14 hr (Enfermeira do CSJM, Cristina Novela, 31/07/2012).

Outras questões abordadas nas entrevistas dizem respeito às Mães que estão em PTV e que têm de seguir determinadas orientações em relação à amamentação:

As mães seropositivas que os maridos não sabem, que têm receio de informar e ser expulsas de casa. 'Meu marido é confuso', dizem. Devem ter 6 meses de amamentação exclusiva, mas a sogra diz que tem de dar remédio da lua. E elas não querem revelar o seu estado sereológico. Como lidar com isto se não querem contar, ás vezes nem ao marido, nem á sogra, mentem que o remédio pode causar lesões ao bebé (Enfermeira do CSJM, Cristina Novela, 31/07/2012).

Antes as mulheres seropositivas deviam amamentar somente até 6 meses e depois suspender, no entanto, por esconderem o estado (na tentativa de salvar o lar) a nova abordagem permite que a mulher continue a amamentar até aos 2 anos. Os problemas familiares também impõem esta abordagem porque era frequente os membros da família por não terem nada com que se alimentar usarem o suplemento que era dado para criança e como resultado já não cobria os dias definidos aquando da distribuição. Acabam amamentando por 2 anos, mas antes de desamamentar a criança deve tomar os ARV até uma semana antes do desmame (Enfermeira Média SMI, CS1ºJ, Olga Xirindza, 30/03/2012).

A questão do não envolvimento dos maridos nas consultas, no acompanhamento das mulheres, foi também abordada em algumas entrevistas:

> Há melhoramento na parte das mulheres, mas dificuldades na parte masculina. As mulheres ocultam aos maridos. … O preconceito melhorou muito. Há conversa entre as mulheres, No Centro de Saúde está superado, mas na família não (Enfermeira Média SMI, Delfina Sabonete, HGJM, 15/08/2012).

> As pessoas mais conhecedoras são as mais prevaricadoras. A falta do envolvimento do parceiro nas consultas não permite a mudança de comportamento. Por exemplo adolescentes de 9 a 24 anos têm namoradas e têm pitas e com nenhuma usam o preservativo. Persiste o comportamento de transmitir o vírus para o outro. O homem usa a mulher como bode expiatório e transmite a culpa à mulher. Há uma tentativa de uma ONG dos EUA, M-CHIP, de criar maternidade modelo onde as consultas pré-natais devem ser acompanhadas pelos parceiros até ao dia do parto. O problema está tanto na instituição como nas famílias. O processo acontece em todos os hospitais provinciais e gerais. As pessoas estão muito sensibilizadas.

> Não há encontro directo entre o governo os que trabalham directamente com os problemas no contexto da saúde reprodutiva. Sobre a ronda epidemiológica, quando chega a altura de se fazer a pesquisa só os do Ministério é que participam. Quando chega o dia do lançamento só estão directores nacionais e provinciais. Se pelo menos nos chamassem para saberem das nossas dificuldades, mas nunca acontece (Enfermeira Média SMI, Olga Xirindza, CS1ºJ, 30/03/2012).

Conclusões: Os Silêncios e as Vozes

Moçambique tem a nível nacional elaborado políticas de saúde, subscrito e adoptado instrumentos internacionalmente produzidos e assumidos no âmbito do combate à pandemia do SIDA. Contudo, a situação de pobreza a que está sujeito que se reflecte na exiguidade de recursos humanos, materiais, financeiros e infra-estruturas sanitárias coloca desafios expressivos na melhoria da qualidade de serviços de saúde oferecidos aos que deles precisam em particular pessoas vivendo com SIDA.

O Sistema de Saúde em Moçambique inclui o sector público e o sector privado com fins lucrativos. Destes, até agora, é o sector público que se organiza através do Serviço Nacional de Saúde (SNS) que constitui o principal prestador de serviços de saúde à escala nacional (WLSA Moçambique, 2012).

Moçambique está situado na região Austral de África onde os índices da prevalência do HIV/SIDA são mais elevados. O país é considerado dos mais pobres, sujeito a vulnerabilidades de carácter natural, por um lado, como por exemplo as cheias, secas cíclicas e ciclones como consequência das mudanças climáticas globais. E por outro, a vulnerabilidade provocada pelo

ser humano através de políticas desajustadas e excludentes em particular nas áreas de educação e de saúde com impacto nos mais pobres. Por estes motivos Moçambique apresenta uma situação crítica na área da saúde se comparado com outros países da região Austral de África. Os constantes atropelos na implementação das políticas têm consequências violentas para os mais pobres e em particular para as mulheres, crianças, idosos e os infectados e afectados por diversas enfermidades crónicas.

De acordo com o INSIDA, a prevalência nacional era de 11,5 por cento no seio dos adultos com idades entre os 15 e 49 anos em 2009. A prevalência do HIV era mais acentuada entre as mulheres (13,1 por cento) do que entre os homens (9,2 por cento) e mostra-se bastante variável entre as províncias, de 3,7 por cento em Niassa a 25,1 por cento em Gaza. A prevalência estimada do HIV para adultos na região Sul é de 17,8 por cento, na região Centro situa-se nos 12,5 por cento e na região Norte é de 5,6 por cento.

Outros aspectos que dificultam o desafio a esta pandemia estão relacionados com os seguintes factores: o Serviço Nacional de Saúde não cobre 42 por cento do território nacional; existe 1 Unidade sanitária para cada 10.000 habitantes; apenas 56 a 57 por cento dos partos são institucionais; só 10 por cento dos PVHS recebe TARV; não há controlo de quem continua ou não o TARV; verifica-se uma subida espectacular de novos casos nos Postos Sentinela.

O HIV SIDA teve, em 2012, no HCM, principal unidade hospitalar do país, um peso de 50 por cento na globalidade das doenças, seguido de hipertensão arterial primária com perto de 12 por cento. A malária e a tuberculose situam-se na oitava e décima posições, de acordo com o Ministro da Saúde, numa visita realizada em princípios de Dezembro de 2012 ao maior hospital do País, na cidade capital Maputo.

Alguns dos desafios prendem-se, por exemplo, com a falta do envolvimento dos parceiros nas consultas para permitir a mudança de comportamento, às Mães que estão em PTV e que têm de seguir determinadas orientações em relação à amamentação.

Existem muitas dificuldades relativas ao acesso, garantia de tratamento, e direitos de PVHS. Os silêncios são a marca principal da doença, continuando a registar-se problemas com o preconceito e o estigma. Como referido numa reportagem dum jornal, *quem discrimina e rejeita mata mais que o próprio vírus* e *o estigma é pior que o SIDA.* Por isso a importância das associações de portadores da doença procurando dar voz a quem é discriminado a vários níveis. São muitas as associações que trabalham com os Serviços de Saúde no desafio a esta epidemia, mas nem sempre com os devidos apoios e reconhecimento.

Um outro repto está relacionado com a qualidade de vida dos PVHS, referido em algumas das entrevistas realizadas, em que os entrevistados fizeram referência ao efeito dos medicamentos nos PVHS, falando em tonturas e sensação de peso, num contexto de alimentação deficiente.

Outros desafios apontados estão relacionados com as longas horas de espera pela consulta e também na Farmácia para levantar os medicamentos todos os meses.

Muita pesquisa tem sido realizada nas últimas duas décadas. Quais as lições aprendidas? Que implicações para as mudanças nos serviços de saúde e nas políticas públicas?

Como referido por um membro sénior do Conselho Nacional de Combate ao SIDA (CNCS), Moçambique continua a ter de enfrentar enormes desafios com esta pandemia: acesso ao tratamento a todos os níveis; melhoramento do tratamento nas unidades sanitárias; apoio alimentar e nutricional; acesso a programas que desenvolvam actividades para sensibilização das famílias; direito a aconselhamento digno, voluntário e confidencial; direito a não ser descriminado. Por outro lado algumas das leis não são acompanhadas de regulamentos que permitiriam a sua aplicação (Membro do CNCS, Diogo Milagre, 13/03/2012).

Notas

1. Coordenadora da investigação em Moçambique e organizadora do artigo. Ver nota 4 com informação da equipa da pesquisa. A coordenação geral da pesquisa estava a cargo de Ana Cristina Vieira, professora do Centro de Ciências Sociais Aplicadas e da Pós Graduação em Serviço Social da Universidade Federal de Pernambuco, UFPE, Recife, Brasil.
2. Entenda-se desafio como enfrentamento no projecto de pesquisa geral.
3. Este artigo apresenta partes do relatório de pesquisa elaborado pela equipa de Moçambique em finais de 2012.
4. Do Centro de Estudos Africanos: Isabel Casimiro, Ana Piedade Monteiro, Hélio Maúngue e Crisófia Langa. Da Faculdade de Letras e Ciências Sociais da UEM, Departamento de Geografia, Ximena Andrade Jorquera; do Curso de Ciência Política o assistente de pesquisa, Hussein Rupava. Da associação Fórum Mulher – Coordenação para Mulher no Desenvolvimento, Maira Domingos. A pesquisa teve apoio do CNPq, Brasil, e da OSISA, Open Society Initiative for Southern Africa.
5. Conselho Nacional de Desenvolvimento Científico e Tecnológico.
6. Rocha, Solange, Ana Cristina de Souza Vieira e Raquel Cavalcante Soares (orgs) 2011 *DESAFIOS À VIDA. Desigualdades e HIV/Aids no Brasil e na África do Sul*. Editora Universitária UFPE, Recife, Brasil.

7. República de Moçambique, Conselho de Ministros 2010 PEN III 2010-2014 – SE-CNCS, Plano Estratégico Nacional de Resposta Nacional ao HIV e SIDA 2010-2014. Aprovado na 10ª Sessão do Conselho de Ministros de 23 de Março de 2010, Maputo, pp. ix e Contexto, 4°§.

8. Daí que, para esta investigação, o poder, é considerado como uma característica inerente às diversas relações sociais de uma sociedade. Considerando as relações de poder como, quase fixas, assimétricas, onde as possibilidades de resistência (reacção) sempre estão latentes.

9. Aim for Humans Rights, 2008, *Health Rights of Women Assessment Instrument*, Utrecht, The Netherlands.

10. Moçambique nunca teve unidades sanitárias de referência para o tratamento do HIV/SIDA. Existiram Hospitais de Dia, dentro das unidades sanitárias, para atendimento a doentes do HIV/SIDA. Todavia, os mesmos foram encerrados em 2008.

11. Há que ter em conta que o ano de 2015 é o ano das metas dos ODM's , e o GARPR tem igualmente metas em relação ao combate ao VIH/SIDA.

12. Osório, Conceição 2012, *Violação Sexual de Menores. Um estudo de caso na cidade de Maputo*. WLSA Moçambique.

13. Jornal @ *Verdade*, 30 de Novembro de 2012, pp. 16-17.

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Healthcare Delivery and the Limits of the National Health Insurance Scheme in Nigeria

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Abstract

Health reforms that target universal coverage have intensified in Nigeria since the dawn of the twenty-first century, and the National Health Insurance Scheme (NHIS), in particular, has been hailed as the panacea and appropriate framework for achieving the desired health for all by 2015. A few months to the target goal however, the reality is bleak and the task of reaching the goal more daunting than ever. This article provides a historical analysis of healthcare delivery in Nigeria Explanations for the difficulties in meeting health targets are discussed, pointing to weak governance, economic challenges, and socio-cultural contexts as important interacting factors slowing down the process. The aricle concludes by outlining some important emerging possibilities for strengthening the health system, including the liberalization of the health sector, enhancing public-private partnership, and suggestions for improving the National Health Insurance Scheme by recognizing key socio-cultural factors for inclusion in achieving health targets.

Key Words: Health insurance; private healthcare; user fee; public-private partnership; health policy; universal health coverage; Nigeria

Résumé

Les réformes de la santé visant la couverture universelle d'ici à 2015 se sont intensifiées au Nigéria depuis l'aube du XXIe siècle, et le système national d'assurance maladie, en particulier, a été salué comme la panacée et le cadre approprié pour atteindre l'objectif fixé. Cependant, à quelques mois du terme, la réalité est sombre et l'atteinte de cet objectif est une tâche plus redoutable que jamais. Le présent article vise à faire l'analyse historique de la prestation de services de soins de santé au Nigéria et des difficultés rencontrées dans l'atteinte des objectifs sanitaires, en soulignant la faiblesse de la gouvernance, les défis économiques et les contextes socioculturels comme facteurs interactifs importants ralentissant le processus. En conclusion, l'article met en exergue certaines nouvelles possibilités importantes pour le renforcement du système de santé, notamment la libéralisation du secteur de la santé, le renforcement du

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partenariat public-privé, et fait des suggestions pour améliorer le système national d'assurance maladie tout en reconnaissant la nécessité de tenir compte des facteurs socio-culturels pour l'atteinte des cibles.

Mots clés : assurance maladie, services de soins de santé privés, frais pour les usagers, partenariat public-privé, politique de santé, couverture sanitaire universelle, Nigeria.

Introduction

Nigeria's significant socio-economic progress in the first two decades after independence in 1960 came to an abrupt halt with coups and counter coups that established the military in power for sixteen consecutive years, from 1984 to 1999, eroding the gains made in the preceding years. Governance during this period was not only predatory, but social institutions and public services were neglected with the health and education sectors being the most conspicuously affected. Tertiary institutions and medical research centres that were the hub for producing quality medical professionals became a shadow of their former selves while health centres were bereft of doctors, nurses, and consumables, reducing hospitals and other health centres to mere consultation rooms 'where people go to die' (Alubo 1994). This deplorable state left much to be desired by the turn of the century. For example, life expectancy dropped from 56 years in 1978 to 48 years in 1998 while healthy life expectancy (HALE), which is the adjusted life expectancy for a healthy life without a disability, and an objective measure of survival, dropped to 42 years (Dogo-Mohammed 2009). Analysis showed that the low HALE ranking of Nigeria was due to high neonatal, infant, under-five and maternal mortality (WHO 2005). This dismal performance, in the context of high revenue from crude oil and the promise of an improved standard of living, precipitated an urgent need to arrest the situation leading to healthcare reforms in the country, and as its cornerstone, the establishment of the national health insurance scheme (NHIS) via Decree 35 of 1999 with a mandate of providing quality healthcare for all Nigerians by the year 2015. Current data on healthcare provision, however, indicate a very slow pace of universal coverage, and barely two months before the target year the prognosis for achieving the goal is not positive. Recent remarks by the Minister of Health and other senior health officials are indicative of the challenges government faces in achieving its set goal for universal healthcare by 2015 (NDHS 2013). Also, Akinseinde (2014) has noted that the scheme has not grown beyond 4 per cent coverage of the Nigerian population since its establishment fifteen years ago. In consonance with this elusive optimism, the United Nations Population Fund forecasted that Nigeria's ability to achieve the Millennium Goal, especially with regards to Goal 5, is unattainable due primarily to the slow rate of decline of maternal mortality, which has only

reduced from 1,100 per 100,000 in 1990 to 840 in 2008 (UNPF 2011). This article discusses explanations for the slow pace of healthcare delivery by pointing to weak political structures in the country in relation to health services; the structural adjustment programme that nested health reforms; and the socio-cultural context in which the reforms operate. The article draws heavily from relevant literature on healthcare reforms as well as from Nigeria's health policy.

Healthcare Delivery in Nigeria: The Collapse of a Promise

After Nigeria's independence in 1960, there was a determination among the emerging endogenous political class to improve the quality of life of citizens and at the centre of that understanding was the need to continue with colonial policies, which accentuated among other things, a formal adoption of orthodox medicine and the expansion of colonial health structures in urban and rural communities for effective healthcare delivery (Alubo 1985). This ideological orientation represented government's overarching health programme and was driven by massive training of doctors and nurses both within and outside the country with the aim of developing an indigenous capacity for western healthcare provisioning. Besides training, government also imported hospital equipment and set up bureaucratic structures for the management and delivery of healthcare for all citizens in rural areas and urban centres. The agenda was universal medical coverage. This commitment underpinned post-independence health policy with a primary accent on the provision of modern medicine to the bulk of the populace by establishing health centres with free medical consultations and unhindered access to a free supply of drugs or at heavily subsidized rates (Lambo 1991). Also, at state and federal levels, secondary and tertiary health centres were built and equipped as a tangible goal for investing public funds. At the same time, attention was given to the training of nurses, midwives, and doctors for the primary purpose of staffing the health centres which government had set up and was eager to develop (Erinosho 1993).

This welfare scheme, although desirable by government, was initially sluggish in gaining popularity among citizens due to their reluctance to abandon traditional forms of healthcare. Government had to resort to enlightenment campaigns to persuade local people to try modern medicine and the newly established health centres. The unwillingness of the public to patronize western medicine was due to the total variance between traditional and western concepts of illness/disease and the pathways to restoring good health. While western-trained medical doctors operated within the germs theory in explaining the causative factors of diseases and illness, indigenous explanatory models incorporated the basic assumptions of the germs theory

as well as traditional beliefs in supernatural and preternatural forces in explaining and interpreting health matters, which ultimately influenced health-seeking behaviour. The desire to embrace a completely new and diametrically-opposed health system became problematic and government had to face the onerous task of educating and enlightening rural folks on the benefits of modern medicine, which, by government conviction, promises a superior quality of life.

The ideological conviction of nationalists that the state is the coordinating instrument for facilitating development and solving social problems influenced massive investment in health facilities, personnel and consumables and the overt encouragement of the public to patronize government largesse. Consequently, the first two decades after independence witnessed the relative functioning of public health centres in terms of the provision of essential drugs and access to qualified medical officers with the public beginning to respond positively to the new development. Financial subventions from government, both at the federal and state levels, met the operational expenses of the health ministry and were also regular even if not always sufficient due to competing demands from other sectors of the new economy (Aregbeyen 1988). This, however, did not deter the growth of the health sector, which had begun commanding public confidence, especially in urban centres, as an important source of healthcare. But the growth in this sector, as well as the people's confidence was not to last for long; by the mid-1980s the spiralling economic crisis that was beginning to build up at the twilight of the Second Republic in the late 1970s put a halt to the development process.

The consequence of the economic downturn was the mass exodus of highly qualified doctors and nurses from the country to North America, Europe and other African countries where up-to-date working facilities and better conditions of service were available. The last straw that finally dealt the destructive blow was the retrenchment exercise initiated by the military governments starting from the Buhari regime in 1984, and reaching a climax in 1987 as part of a general reform agenda in the public sector that was crafted in the spirit of the IMF/World Bank Structural Adjustment Programme (SAP) (WHO 2005; UNDP 2006; Olukoshi 1993). Fiscal constraints, due to the increase in foreign debt, as well as pressure on the government to sustain the financing of public services, impacted adversely on Nigeria's capacity to provide subsidized health services to the public. The economic hardship that followed SAP's implementation and the social crisis associated with it led to the inability of the state to fulfill its primary obligation as a developmental instrument particularly in the health sector. High mortality became rife reflecting the virtual collapse of the state as a result of the military junta's

abdication of governance and the engineering of a quasi-civilian regime that enthroned a political ruling cabal that had only a parochial interest of self-aggrandizement through looting of the public treasury.

The political crisis that heralded the overthrow of the civilian administration on the eve of 1984, leading to counter-coups and a long military dictatorship and pseudo-democratic rule, became one of the most significant disturbances that obstructed developmental process in the country. Consequent upon this political dislocation was the weakening of state apparatus while developmental goals became blurred. The lacklustre of government in defining comprehensive national development plans and articulating its vision, was reflected in anachronistic policies that reversed the gains that accrued to the nation in the period preceding the 1983 coup d'état. In addition to this, the institutionalization of corruption by the military meant that the state was later perceived as not having 'the moral fibre as well as the technical rationality to deliver healthcare to all its citizens' (Hyden 1999). Government parastatals and public infrastructure became moribund. The collapse of the state leading to infrastructural decay was characterized by a neglect of the health sector such that procurement of drugs and other consumables were no longer the prerogative of government, while power supply became irregular and health facilities were not expanded and/or maintained (FMoH 1986). The political impasse, which also led to the crisis in public health, acted as a fillip for the emergence and/or expansion of private health services underpinned by a neo liberal philosophy that is market-oriented as against the welfare approach adopted by the nationalist government. This shift in paradigm accelerated the growth and expansion of private healthcare provision in terms of its proliferation and the ambivalence of its services to the public (see Alubo 2001 and Ogunbekun *et al.* 1999).

One thing that is sure, however, is that the emergence and expansion of the private health system did not only signal the formal arrival of a highly stratified health structure in Nigeria, but it also challenged the universal character of the state as a problem-solving entity. This development forced the working poor to either make do with the deplorable public health system or seek other emerging popular alternatives including traditional healing practices, which had been neglected by successive governments and had become unpopular at least in urban centres. On the other hand, the precarious circumstances opened up new opportunities for social advancement while it simultaneously provided the elite class with the highest quality of healthcare through its patronage of private health providers and where this was not available it resulted in the patronage of health services outside the country (Gureje and Lasebikan 2004; Gureje 2005). The virtual collapse of the state consequently led to a vacuum in the health system that eventually encouraged

quacks to take over the sale of fake and sub-standard drugs in urban and semi-urban centres and the concomitant rise in mortality rates (Alubo 1994).

The group that suffered the most in the crisis however, was the rural poor who were in the process of embracing modern healthcare as a result of government enlightenment campaign efforts but were caught off track by the economic and political crisis. Health posts were abandoned in rural areas by the government and the progressive lack of drugs and qualified doctors that followed the economic crisis aroused rural people's suspicions of government and the health system it once promoted. Consequent upon this disappointment was the reverting of rural people to traditional health systems and varying traditional healing practices including the increasing patronage of religious healing centres. But because most traditional health practitioners had stopped practicing due to poor patronage and, in some cases, the demise of highly skilled traditional professionals, quackery in this sector also flourished exacerbating mortality rates in rural and peri-urban areas. The amorphous healthcare system resulting in high mortality due to the dismal performance of government precipitated the need to address the enormous challenges in the health sector and to restore any hope of equity in healthcare, access to quality health services and universal coverage.

Improving Healthcare Services: Government Efforts since 1999

Health Governance and Financing

When the country returned to a democratic rule on 29 May 1999, the public health system was completely dysfunctional and fragmented into varying forms. These ranged from public health centres that were still under the ambit of government; unregulated private health services; licensed and unlicensed chemist shop owners who procured and dispensed drugs to the public; a plethora of traditional health practices; and religious healing homes, among other forms of healthcare delivery. The public health sector, constitutive of the Federal, state, and local government health departments, was also fragmented operating with meagre resources and poor coordination from the federal Ministry of Health. The system was heavily over-burdened with infrastructural decay, poor conditions of service, and low morale among the few staff who managed to stay behind. The situation was more deplorable in rural areas due to the complete abandonment of community health posts built in the 1970s in consonance with the primary healthcare initiative that targeted rural communities for the provision of basic health services. Thus, by the turn of the century, only a few health posts were available in rural communities and public and private health facilities were heavily concentrated in urban centres. In 2002, 70 per cent of all healthcare expenditure was on

urban health even though 70 per cent of health needs are in rural communities. The distribution of health facilities and personnel has not improved and there has been no visible attempt by succeeding democratic governments to correct the anomaly even though over 70 per cent of those who are in dire need of health services are in rural areas (McKenzie *et al.* 2014). In a bid to reduce maternal mortality, there is a need for the government of the day to revamp all the rural posts and expand existing facilities to accommodate the increase in population since the 1980s. Current health policies must ensure that there is an appropriate scheme to encourage health workers including doctors and nurses to provide services in under-served areas. Inter-sectoral relations need strengthening to provide complementary social amenities in rural communities to open up rural areas and encourage private health services. In doing so however, an effective organizational structure needs to be put in place to regulate activities of the private sector in preventing the sale of fake and sub-standard drugs.

In addition to the vertically fragmented health system and skewed distribution of health facilities, was the poor coordination of the private sector by the Ministry of Health in all tiers of government. Private health providers had unfettered freedom to import drugs, and whether by act of omission or commission, but mostly due to corruption, fake or sub-standard drugs were being sold to the public (Alubo 1994) leading to the overhauling of the National Agency for Food and Drug Administration and Control (NAFDAC) and the appointment, in 2004, of Dora Akuyili, a vigorous and uncompromising university professor of pharmacology with a personal passion to get rid of fake and adulterated drugs from the public and to check the excesses of the private health sector. But sadly, little has been done to improve the situation. The threat to the life of the NAFDAC boss, and her subsequent redeployment to the Ministry of Information in 2006 were indicative of the fact that private healthcare has become firmly rooted in the country with important power brokers behind some of its obnoxious dealings. Surveys conducted indicate that the private sector now contributes about 50 per cent of healthcare delivery in the country but with very minimal presence in rural areas (Health Survey 2013). Despite sharp practices that are associated with the private sector, government still needs its support as it is obvious that government alone cannot provide health services for all members of the society as it once ambitiously planned. What needs to be done is for effective coordination of the sector to check its excesses by being firm and transparent in its dealings. The argument made by Alubo (2001) is in line with the challenges that are associated with private health provision but the potentials of the sector also need to be fully appreciated even if not as optimistically presented by Ogunbeku *et al.* (1999).

The National Health Insurance Scheme and Health for All

The re-launching of the NHIS in 2002 by the Obasanjo administration was more focused and broad in scope than the 1999 decree that established the scheme and has as its key objectives: (1) ensuring unhindered accessibility of citizens to a quality health service; (2) protecting families from the financial hardship of huge medical bills; (3) limiting the rise in the cost of healthcare services; (4) ensuring the equitable distribution of healthcare costs among different income groups; (5) maintaining a high standard of healthcare delivery services; (6) ensuring efficiency in healthcare services; (7) ensuring the equitable distribution of healthcare facilities; (8) providing funds to the health sector for improved services; and (9) ensuring equitable patronage of all levels of healthcare (NHIS 2007). The overall goal of the scheme was to improve the quality of life of citizens. The primary functions of the scheme include registering of health maintenance organizations (HMOs) and healthcare providers (HCPs), issuing appropriate guidelines towards maintaining the scheme's viability and determining, after negotiation, the capitation and other payments due to healthcare provision by HMOs.

In its operation, an employer with a minimum of ten employees may pay contributions under the scheme calculated as 10 per cent from the employer and 5 per cent of the employees' basic salary and lodged with any HMO of their choice for quality treatment. Consideration for capitation payment in respect of each person registered, and liability to pay the specified contributions is required under the scheme. The scope of the scheme in terms of health services is restricted to consultation, prescription and supply of drugs, diagnostic tests; consultation with a defined range of specialists, hospital care in a public or private ward for a specified period of admission for physical or mental disorders, a range of prosthesis and dental care as defined and eye examination and care but excluding spectacles. Finally, simple preventive measures including immunization, family planning, antenatal and postnatal care form an integral part of the scheme.

The expected advantages of the scheme include ensuring that patients in need of a physician or requiring any form of health service would have relatively easy access within a reasonable distance with an effective referral system. In addition, the scheme is to protect Nigerian families from the financial hardship of huge medical bills that are usually associated with an 'out-of-pocket' system of healthcare provision, thereby limiting the rise in the cost of healthcare services and ensuring availability of funds in the health sector for a constant supply of quality consumables at a cheaper price. The above will help in maintaining high standards of healthcare delivery services and ensuring the equitable distribution of healthcare cost among different

income groups. Harnessing private participation in the health sector, government is encouraging public-private partnership to achieve its goals by reaching out to all segments of the population and the patronage of health services at all levels of healthcare with the NHIS serving as the coordinating structure for the safeguarding of citizens' health.

Although a user fee for health has a long history in Nigeria, the idea of paying in advance for health services in the form of insurance is certainly novel and thus needs careful planning and implementation in achieving the desired goal for universal health coverage. A user fee is widely acceptable to Nigerians because of their identification with such a mechanism from their own socio-cultural transactions and for their immediate response to health matters. Health insurance on the other hand, although it has its theoretical and practical benefits (Bituro 1999; Akin *et al.* 1987; Kannan *et al.* 1991; Mwabu *et al.* 2002), is still a foreign idea and practice in Nigeria and it demands careful planning and execution.

Human Resources and Healthcare Coverage

One of the significant gains of the first two decades after independence was the production of skilled personnel in the health sector so that between 1960 and 1980 the number of registered medical doctors increased from 1,250 to 16,480, with a concomitant increase of doctor-population ratio from 21 per 100,000 to 62 per 100,000. Similarly, during the same period, the number of registered nurses and midwives increased fourfold from 14,000 to 66,000. With the downturn of the economy however, and the resultant exodus of doctors and other health personnel, the country witnessed a significant drop in the number of doctors and nurses, which also drastically reduced the ratio of health personnel to the population. By 2010 the estimated number of medical doctors in the country had shrunk to 55,376, translating into 40 physicians to 100,000 citizens and less than 1 dentistry personnel to 10,000 people with a total population of 3,781 (WHO 2011). This situation is primarily caused by the decline in government expenditure on the health sector. For example, general government expenditure on health was 6.4 per cent of total government expenditure while the total expenditure on health was 5.2 per cent of gross domestic product (WHO 2011). What all this leads to is that total health coverage has not significantly improved with the various reforms initiated by the government, so that between 1990 and 2010 immunization coverage among children less than one-year-old dropped from 54 per cent to 41 per cent for measles and from 56 per cent to 42 per cent for DTP3 respectively. Similarly, antenatal care coverage dropped from 58 per cent in the year 2000 to 45 per cent in 2010 (WHO 2011).

NHIS and the Challenges of Attaining Universal Care

Key Advantages of the NHIS

Significant advantages accruing to the NHIS especially in advancing security and equity due to advance payment that secures treatment even in the face of cash constraints during emergencies, which may occur in unexpected circumstances, are key to achieving universal health coverage. The scheme also ensures that the working class in both the public and organized private sector with low-income earnings is guaranteed quality health services at all times including periods of the month when most families are on a tight budget, which may compromise rational decisions in utilizing health services when an urgent need arises. Thus, the scheme insures contributory families against unexpected eventualities that would otherwise have dire consequences. Furthermore, families do not bear the full brunt of their medical bill because their contributions are distributive among co-contributors, thereby lightening the burden of each participant but at the same time providing health services that would otherwise have been impossible if members had operated individually. It also promotes equity because the sick benefit from the premiums of contributors who rarely fall ill. This collective pool becomes the hallmark of the NHIS and the singular most important reason for its great promise for universal healthcare delivery. What needs special attention in this regard is balancing those expensive ailments associated with the rich versus the constant ill health of the poor (Wang'ombe 1997). In all, the NHIS is theoretically a veritable and promising programme for health equity.

While these positive factors have their benefits, scholars have noted some important consequences resulting from introducing various shades of medical insurance schemes in African countries. For example, in evaluating community insurance in Kenya, major setbacks associated with the scheme were observed with the cost of medical treatment increasing by 100 per cent-500 per cent, leading to a reduction in utilizing government hospitals by 40 per cent-50 per cent with the poor constituting the majority of those who stopped patronizing formal health centres (Mwabu *et al.* 2002). Similarly, studies have highlighted the drawbacks associated with user fees in other parts of Africa including poor patronage of health centres, especially among the poor, leading to inequity, while efficiency and sustainability are usually not guaranteed (Maiga *et al.* 2003; Quaye 2004).

NHIS and the Socio-cultural Context

In Nigeria, the socio-cultural context in which the national health insurance scheme operates is crucial to its success. First, the scheme recognizes the family unit of a man, his spouse(s) and four of his children without recourse to the indigenous family system. The logic of polygynous formation in

Nigeria and the recognition of children outside wedlock negate the framework of the one-man-one-wife-four-children equation on which the NHIS operates. In addition, the extended family structure that is pervasive in both urban and rural areas automatically excludes significant others in the family who legitimately depend on the breadwinner for their livelihood and well-being. While elements of modernization are certainly common in the country as a whole, it is by no means universal and some cultural forms and patterns still exist and constitute a significant part of social relations in Nigeria.

At a conceptual level, the gender and social relations in Nigeria are not only complex but are also dynamic in their form infusing into them cultural, religious and exogenous trajectories. One of such is polygynous practice, which is widely practiced in most communities and sustained by cultural dictates and religious endorsement (such as Islam in the northern part of the country and traditional African religions in the south). The most current data on polygynous unions in Nigeria, for example, indicate that 26 per cent of women between ages 15-19 have co-wives, while 53.7 per cent of women aged 45-49 have one or more women as co-wives contesting for equal resources (NPC & ICF 2009). Furthermore, women's participation in decision-making is low with over 55 per cent of men solely responsible for taking critical decisions regarding their wives' health (NPC & ICF 2009:275). Such a practice only means that women are disadvantaged and circuited in negotiating their rights including those that pertain to health matters. The patriarchal structure of the Nigerian society also means that boys are better educated and therefore better empowered in accessing resources while their female counterparts depend mostly on them as fathers, brothers, or husbands for their survival. The practice of girl-child marriage also means that as more women outlive their aged husbands, female-headed households with marginal resources are common thereby limiting their participation in the scheme. Consequently, by virtue of their social position in society, a significant number of Nigerians are excluded automatically from the scheme because households or families in the country are rarely composed of the evolved nuclear family on which the government designed the health insurance framework.

Further to the above, the traditional African concept of the family, which dominates rural thinking and practice, is not only at variance with western perspective and practice but it also differs in its form and expectation. The scheme's recognition of the Nigerian family structure as constituting a man, his spouse(s) and four children means excluding one's parents, in-laws, and other members of the 'extended family' as well as domestic helpers who are all regarded as part of the family and dependent on the breadwinner(s). The extended family concept as enunciated in its definition is mostly practiced in

Nigeria's rural areas and, to a lesser extent, in urban centres. For the average Nigerian, partrilocal or martrilocal residency means that all members living in that homestead are family members without recourse to differentiating between 'nuclear members' and those constituting 'extended members'. In such arrangements, the head of the family, who is either a man or a woman, takes responsibility for every family member without distinction as specified in the scheme. The structure of the typical Nigerian family, except for acculturated families in urban centres, consists of more than the officially recognized one-man-one-woman-four-children composition but includes other members of the family who depend on the breadwinner for their survival and well-being. Recognizing only the core (nuclear) members in a family means excluding other members and thus, the danger of such policy lies in endorsing western values and ways of life that are totally at variance with local practices. The technical exclusion of a subset of the population by virtue of its unique relationship with other members of the society further buttresses people's suspicion of government and why they will be less cooperative even when government is sincere. In this circumstance, rather than exacerbate the tension that characterizes the relationship between government and its people, it is instructive for health policy-makers to expand the scope of the scheme by recognizing and accommodating traditional forms of relationships and incorporating household members that breadwinners are capable and willing to support. Furthermore, promoting gender equity in healthcare provision must also recognize the peculiar position of women both in urban and rural areas and policies must be appropriately designed to address health inequities derived from such social arrangements.

NHIS and the Private Sector

The operational requirement that mandates employers with a minimum staff of ten to officially declare the financial viability of their organization before and after registration, serves as an important impediment for recruiting members into the scheme. Both the poor performance of the economy and the harsh condition in which businesses operate have continuously discouraged entrepreneurs from registering their staff with the NHIS (Akinseinde 2014) due to the financial commitment foisted on them against the need to maximize profit. Since employees do not want deductions made at source for this purpose, it means cooperating with their employers to circumvent the scheme. Since most companies are struggling to stay afloat, extraneous financial demand in the guise of medical insurance continues to face resistance from small and medium-sized entrepreneurs.

In addition to the economic consideration among employees is the role that culture and religious beliefs play in everyday life of the people. Paying in

advance for an unwanted ailment that has not taken place is not only alien to the cultural dictates of most Nigerians but more broadlly, it negates their beliefs in the efficacy of prayers and other paraphernalia that go with healing and prevention of diseases and ailments. It is generally upheld among Nigerians, and especially so among the low-income group, that paying in advance for something negative is courting that phenomenon and encouraging it to come to pass. It is such an idea that forbids the average Nigerian from taking out life insurance cover based on the belief that insuring one's life may open the door for the evil machination of malevolent spirits, which may lead to an untimely death. The very idea that one is paying for illness in advance also means, especially among Christians, a lack of faith, which compromises the belief that God is capable of protecting the believer from illness and diseases.

NHIS and Infrastructural Development

Prior to the launching of the NHIS in Nigeria and especially in the 1970s and 1980s, the federal government had established health posts and community health centres in most parts of the country to cater for the primary healthcare (PHC) programme and the immunization project targeted at children below five in both urban and rural areas of the country (Jegede 1994). However, the slow decline of activities and poor partnership with foreign donors led to the gradual disintegration of the structures (Ogunkelu 2002). The lack of adequate structure on the ground means that underserved populations are excluded from benefitting from the scheme.

Although the scheme was on the drawing board for several years, no adequate arrangement was made in practical terms to prepare the NHIS for a soft landing. The skewed distribution of health facilities and qualified health personnel become the most conspicuous deficiency in implementing the NHIS. In rural areas where health needs are in dire need, functional health posts and health centres are inversely proportional to health facilities in urban centres, so that over three-quarters of registered health centres are in urban and semi-urban centres. Consequently, the poor referral systems in rural communities exclude people living in these underserved communities, forcing them to fend for themselves without critical government support (Lanre-Abass 2008). In communities with some semblance of health posts, the scheme has not taken into account the economic hardship of the people who are incapable of paying their premiums and, therefore, are excluded from the scheme. This issue is important when we take into account that urban areas have a much higher proportion of people in the fourth and highest quintiles of 30 per cent and 47 per cent respectively with rural areas having a higher proportion of the population in the lowest and second

quintiles of 27 per cent and 29 per cent respectively (NDHS 2009). What government needs to do in this regard is to subsidize the premium for this category of people for them to benefit from the scheme, although identifying the poor is a major contending issue that needs careful planning and execution (Mwabu *et al.* 2002).

Closely related to the above is the shortage of health personnel for bringing the scheme to fruition. The lingering crisis in the health sector prior to the NHIS, characterized by the acute shortage of health workers and health facilities at the primary level (Manuwa-Olumide 2009; Gupta *et al.* 2004; Ogundeji 2002), reinforced the dismal state of healthcare provision in Nigeria prior to the launch of the scheme. The situation, however, has not changed significantly in the post-NHIS period with a 30 per cent distribution of health facilities in rural areas and 70 per cent in urban centres. As discussed above, the dwindling economic fortunes of the country in the mid-1980s due to the plunge in crude oil prices and the resultant introduction of the structural adjustment programme led to the mass exodus of health workers, including physicians and nurses, out of the country. This development, coupled with the adjustment framework, became the platform on which so-called cost sharing/cost recovery policies were introduced from the late 1980s onwards. These policies which, taken with the deterioration in the public health system, have acted as a disincentive for continued popular access to and patronage of public health institutions (FMoH 1986). These crises that characterized the health sector were not sufficiently addressed and resolved before the new and ambitious health insurance policy was decreed into existence.

Conclusion

Universal healthcare provisioning in a transitory and heterogeneous society such as Nigeria is daunting due to weak governance, sharp practices in the private health sector and incongruous health policies and programmes. Success in universal coverage will involve strengthening governance and engaging in a dynamic public-private partnership as well as mobilizing grassroot participation. The government *laissez-faire* approach to health policies, characterized by the wholesale adoption of foreign health structure and poor supervision at all tiers of health delivery, are partly reponsible for the slow pace of meeting health targets. While the national health scheme has contributed to some improvement in healthcare in the short-term, it has compromised health equity and accessibility among underserved and disadvantaged groups who constitute the bulk of the Nigerian population.

Understanding socio-cultural contexts of healthcare delivery is important and has significant benefits. Local contexts can explain why health reforms

have not matched expected outcomes, or why huge financial commitment and key health programmes have recorded marginal results or unintended outcomes. It also promises opportunities to modify health policies and programmes to effectively mobilize rural folks, such as recognizing family structures, indigenous beliefs, and social relations, or using existing traditional health practices such as user fee to reach out to a much wider spread of the population. Ignoring local contexts in designing health policies and treating health systems from a Eurocentric perspective inhibits grassroot participation, which is critical for developing a sustainable health system and progressing towards universal coverage. Failures of government in reaching health targets have consistently demonstrated the weaknesses inherent in the top-bottom approach of health policies, and as 2015 approaches, it is expedient that other critical factors are recognized in the formulation of policies and in designing programmes.

The conclusion to be drawn from the above analysis is simple: as advanced and implemented by the Federal Government of Nigeria, the NHIS in principle has great potential for providing health services for its citizens, but in its present form the scheme's contents lack some critical components for achieving its universal goal. Based on the discussion above, the emergent opportunities and limitations tend to generate relevant lessons for designing a more holistic and practical health policy and programmes in the context of achieving universal coverage. The implications include strengthening primary, secondary, and tertiary health referral systems through effective governance; promoting and strengthening public-private partnerships for healthcare delivery; and paying more attention to local contexts by policy makers, planners and implementers.

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article décrit les défis rencontrés par les personnes âgées et examine le cadre institutionnel camerounais en matière de prise en charge, en proposant des alternatives de développement social. L'étude a porté sur 31 personnes âgées et s'est fondée sur un sondage ethnographique à travers des entrevues, des groupes de discussion, d'observation des participants et des sources documentaires. Les données ont été analysées qualitativement et les résultats montrent que, dans la mesure où l'organisation du système à partir d'une approche multisectorielle est impérative, la satisfaction des besoins de personnes âgées est également stratégique pour leur développement social.

Mots clés : prise en charge, hommes et femmes âgés, alternatives et développement social.

Introduction

Population ageing is one of the key issues that has consistently featured on many countries' recent development agendas. This unprecedented phenomenon, which occurs when the median age of a country or region increases due to rising life expectancy and/or declining birth rates (United Nations Population Fund (UNFPA) 2012), is a momentous trend for most countries. Compared with other regions of the world, the population of Africa is growing older faster, at a rate of 2.27 per cent with diverse socio economic and cultural ramifications (United Nations (UN) 2011).

Moreover, longer life expectancy is generally regarded as a key indicator of the improved health status of the population. But paradoxically it is often perceived as a burden to health and social security systems as longer lives are commonly associated with a prevalence of chronic diseases and poverty which takes a heavy toll on the social development of the aged (World Health Organization (WHO) 2000). However, care increasingly remains a principal challenge for elderly men and women especially in societies with weak institutional support (Krzyzowski and Mucha 2014). This is often evident in the poor or limited health services, nutrition, recreational facilities and cash transfers which make old age perilous (Mesembe 2011). These intrinsic asymmetries have implications on the effectiveness of care and thus mitigate the chances of achieving social development for older persons.

Many organizations (WHO, World Bank, Help Age International) advocate for and promote the rights of older people as laid down in the Universal Declaration of Human Rights, the Right to Development, the UN Principles for Older Persons and the Maputo Protocol, so that older people can develop their potential as well as be assured of the basic necessities of life. But the remiss of government towards the implementation of such laws in most underdeveloped countries including Cameroon is perceptible. This ramshackle government policy is associated with the introduction of neo-liberalism (Martinez and Arnoldo 2000) which advocated for less spending on social services in order to minimize government intervention (Moore 2009; Mudge

2008), and as such reducing the safety net for the poor and vulnerable like the aged.

However, a deconstruction of the institutional framework of care and a redesigning and implementation of age-friendly policies from a multi-sectoral approach will significantly alter the situation. The availability of gender-disaggregated data on older persons on a national scale will also formally assist in making informed decisions on the needs and wellbeing of the latter (UNFPA 2008a) that will equally create considerable opportunities toward valued choices and quality lives for ensuring social development. This study describes the myriad challenges experienced by the aged in Cameroon and examines the institutional framework for care with alternatives for social development.

The Socio-economic and Cultural Context of Older Persons

Increased life expectancies have made the elderly a growing proportion of the population of many nations (Asiyanbola 2005). This is due to the triumph of public health, medical advancement and economic development over disease and injury, which have constrained human life expectancy for many years (National Institute on Ageing 2007). Global aging is actually a success story as people over age sixty-five are living longer, healthier and more productive lives today. However, this demographic change is accompanied by the challenge of making continued improvements in social systems and social services that were developed in a different era or providing services where none existed before. Particular categories of human beings such as the very old require a greater input of daily labour to meet their needs for water, food, clothing, shelter, and healthcare, if they are to survive (Shehan and Kammeyer 1987). Providing care therefore has a major impact on people's lives and on the strategic choices available to them particularly in the context of poverty (Esplen 2009).

The United Nations (2001a) defined the elderly as persons aged 60 and over. It is at this age that employees become eligible for certain pensions and income security benefits in many countries. However, this definition is limited because it is reductive of elderly persons who never worked in their early lives. China presently stands out as the most rapidly ageing society (World Bank 1994) while in Africa, ageing is a crisis that is just beginning to reveal its shape. The world's total population is reported as growing at a rate of 1.7 per cent per year with the oldest (80 years or older) being the fastest growing segment and estimated to grow by 19 per cent by 2050 (Asiyanbola 2005). Elderly people will represent 25 per cent of the world's population by 2020 and by 2025 elderly males and females will constitute 13.1 per cent and 15.3 per cent of the world's population respectively. Out of nearly half a billion elderly people,

44 per cent were male, underscoring the higher levels of mortality among males and implying female longevity, a greater proportion of frail elderly females than males (Kalasa 2005).

The majority of the elderly population live in rural areas. They are usually involved in agriculture and the informal sector. In these sectors, Mba (2005) observes that elderly women and men continue to work until an advanced age especially on household farms. For elderly women, activities range from purely domestic (subsistence), such as growing food and sometimes cash crops on the household farm, to caring for elderly husbands and grandchildren. This is often done in conditions of poverty and limited opportunities to participate in income-generating activities. In fact, it has been found that in most activities in the rural areas, the roles of older wives are not statistically different from those of their younger counterparts (Warner and Balcombe 1996; Asiyanbola 2005).

This stage of life for the majority of elderly persons is characterized by a myriad of challenges. Bean (2007) and Fries (1980) observe that as the majority of adults grow older, they gradually lose their physical agility (the ability to walk, climb stairs, bend down, and to rise from a chair). They may become completely disabled and require additional assistance in the home. Chronic diseases like Alzheimer's and impaired mobility are major health concerns for older adults, affecting fifty per cent of people over 85 and at least a quarter of those over 75 (Somers 2006). In Africa, most of them suffer from hypertension, diabetes, rheumatism and malaria. Hence, the necessity for care services in the social policy in Africa and Cameroon in particular is a critical issue for social development.

In addition, women care givers are increasingly moving into the labour market for better opportunities (Devault and Strong 1992), thus putting the elderly in a difficult situation (Asiyanbola 2005). Moreover, because of the changing composition of the family and unfavourable social and economic conditions, it is becoming usual to find that there are many emerging factors leading to an increasing number of risk groups among the elderly, such as single women and men, widows and childless women (Njikam 2010).

Another factor is the migration of the young to the cities for opportunities. This has a dramatic effect on the well-being of the rural elderly and community by reducing intergenerational wealth flows to the elderly and community in some cases left behind. Worse still, not only are the rural elderly persons left with less family support, they are also left with few or no health services since medical facilities are generally concentrated in urban areas (Kalasa 2005).

The greatest threat to the security and well-being of older persons remains the poverty of their society. Poverty in old age often reflects poorer economic status earlier in life. In less developed countries, many older people lack the means to survive. The security system is very unreliable as the levels of benefits available are often low due to an economic crisis (Fonchingong 1999) and equally slow administration. This reduces the purchasing power of retired persons tremendously. Poverty affects both men and women but for many women their vulnerability in old age is made worse because of their dependent status (Apt 1996; Kalasa 2005).

Recently, the emergency of the AIDS pandemic estimated at about 6.9 per cent in 2005 in Cameroon (WHO/UNICEF 2008) has also presented a major challenge for the elderly (Velkoff and Kowal 2007). Mostly, it affects people in their productive years thus depriving the aged of their means of support. Also, orphans and widows of those who die of AIDS depend on the elderly for support, thus increasing the burden on elderly women especially (UNFPA 1999) which has implications for their socio-economic development. In addition, older women by virtue of their sex are often subject to physical, financial, psychological, emotional, sexual and verbal abuse from the men and society in general (Nkuna 2008). Yet little attention is paid to this issue.

The lack of income security remains a crucial problem in old age and it has an impact on adequate basic resources such as nutrition and adequate living environments (water, sanitation and shelter), conditions which impact on the health of elderly people. In Africa where the proportion of the population employed in the formal sector is very small in relation to the total population of a country, the elderly who benefit from this type of social security scheme are very few (Mba 2005). This is quite typical of Cameroon (Nangia 2006). The situation is more precarious for the female elderly who are more involved in the informal sector where they are usually exposed to difficult working conditions without any form of insurance (Elson 1999).

Interestingly, although women care for both the past and present labour force (Elson 1997; Aboderin 2005) and constitute the greater portion of the elderly population (Apt 1998), they are marginalized in the provision of formal services by the government. In Cameroon only widows without working children are eligible for a survivor pension. The family therefore remains the only source of survival for most women.

It is important to note that the transformation of traditional social systems, beginning with the colonial period, occurred some years back (Apt and Greico 1994) but until now little or no effort has been systematically made to fill the gap created. Consequently, this lacuna represents a great challenge to the elderly in Cameroon. Becoming elderly used to be considered a sign

of reverence and distinction due to the wisdom and experience attached to old age but today, in modern societies it is a nightmare as they are abused, stigmatized and defenceless (Nkuna 2009).

Care for Elderly Men and Women in Cameroon

In Cameroon, elderly persons between 65 and above form 5.5 per cent of the population according to the 2005 population census. This fraction is not negligible as the majority of these persons have contributed to the development of their country and thus deserve recognition and proper treatment during their old age. There were about 2 million elderly persons in Cameroon in the year 2000 and there are expected to be 2 billion by 2050 (UN 2006). Unfortunately the majority are not beneficiaries of the social security system which rather complicates care arrangements for them, given that the elderly have specific needs and concerns which have a direct bearing on their wellbeing and quality of life (financial security, emotional security and health and wellbeing). In addition, the changing traditional set-up as a result of decreasing family size, the greater life expectancy of elderly people, the geographical dispersion of families, the lack of proper policy to cover the old (Kalasa 2005) and the tendency for women to be educated and work outside the home (Somers 2006) all influence the type of care that is due to the elderly.

According to Razavi (2007a:6), care involves the direct care of persons such as feeding and bathing a young child or a frail elderly person. In other words, care is the process of looking after somebody who cannot successfully take care of himself (Krzyzowski and Mucha 2014) and providing for their health and protection. The domestic tasks that are a precondition for caregiving include preparing meals, cleaning sheets and clothes and purchasing food or collecting water and fuel (Van der Geest 2002).

Tronto (1993) purports that care is one of the central activities of human life. She distinguishes four interconnected phases of care: caring about, taking care, care-giving and care-receiving, moving from awareness and intention to actual practice and response. The four phases are parallel to four ethical elements involved in care: attentiveness, responsibility, competence and responsiveness. Therefore, care is the process that sustains life and represents the moral quality of life, but that moral quality needs to be transformed into a political reality (ibid 1993). In most African countries the family used to be the traditional social security system as far as care for the elderly is concerned (Apt 1996; Mba 2005). In this traditional context, women and girls assume the responsibility of care as an obligation (Gilligan 1982; Holroyd 2001).

It is essential to recall that internationally elderly men like women are protected and have inalienable rights by law. Article 11 (1e) of the Convention on the Elimination of All Forms of Discrimination against Women (1979) stipulates that men and women have 'the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work'. Article 7 of the Universal Declaration of Human Rights (1948) states that all are equal before the law and are entitled without any discrimination to equal protection of the law. The preamble of the Cameroon Constitution, penal code (28) and civil law (205) in Cameroon protect the rights of the elderly entirely. They are equally covered by Law No 69LF18 of 10 November 1969 and the degree of application 75/733 of 19 August 1975, where their social security is guaranteed. Unfortunately, these enactments have not been reviewed and consequently do not adequately cover the new challenges of the elderly population.

Methodology

Manyu Division in the South West of Cameroon is the area of study. Specifically, 11 villages covering four sub-divisions comprised the target areas. The above areas are chosen for particular reasons such as the historical background of the areas which reveal a high level of poverty among the elderly. This thus gives an opportunity for the exposure of the socio-cultural context of elderly life in such localities.

The population sample of 31 elderly (14 males and 17 females) consists of old men and women aged 60 and above, who live in the study areas and who are without formal employment and receive remittance in kind and cash. They are either heads of household or dependents and can virtually communicate.

A combination of methods is used to carry out this research. This comprises a purposive sampling coupled with the snowball sampling method. A triangulation of methods is employed for the collection of primary data which include: structured and unstructured interview guides, focus group discussions, oral histories, and observation (participant). The research was conducted in pidgin English, a local language in Cameroon and lasted for six months. The study is both quantitative and qualitative which combined an ethnographic survey and documentary sources. Data was elicited from individuals (aged men and women) with the use of interview guides and focus group discussion. Several categories of persons were allowed to speak freely about the focus of the research from different perspectives (institutions and individuals). Information elicited was then aggregated and analysed for trends and implications. Data was analysed both quantitatively and qualitatively using thematic content analysis.

The human development approach (HDA) was adopted for this study. It dwells basically on human welfare (Streeten et al. 1981) According to Sen (1980), HDA is the process of enlarging people's choices and human capabilities and freedoms, enabling them to live a long and healthy life, have access to knowledge and a decent standard of living, and participate in the life of their community and decisions affecting their lives. It is also an important part of welfare economics in the realm of development. For the purpose of this study only four themes (social progress, efficiency, participation and freedom and sustainability) are articulated as they perfectly relate to the subject matter and more precisely to the selected category of human beings: elderly men and women.

Findings

Challenges and Coping Strategies of Aged Persons
The aged men and women raised a number of issues relating to either limited or the complete lack of resources. These participants complained of lack of money to cater for their needs and those of their children. Resources were so limited that even persons surviving on subsistence farming still had difficulties feeding properly. These poor feeding habits according to a 62-year old handicapped woman negatively affected the elderly as they ended up lacking vital nutrients and as a result fall sick so often. A 76-year old man complained that:

> I have heard from others that the fufu I consume daily causes typhoid and cancer if not properly prepared but I cannot stop eating fufu whether well-cooked or not because I have no other choice, moreover my wife has a farm of cassava.

Moreover several families spent more than half a week without drinkable water because taps do not flow all the time. Also the houses in which the latter lived were either incomplete, air tight, dark or isolated. Some participants lived in very old and unsecured houses which were not suitable for them. For instance, a 101-year old (separated) man's door was completely detached from the holders and was just hanging. Others perched in family homes since they did not have homes of their own. Besides, the lack of farm inputs (sprayers, engine saws, labour, chemicals) was problematic since most of the aged men were cocoa farmers with no social security benefits.

Socially, married women experienced double care work especially those whose spouses suffered from ill health. Some elderly women were still victims of accusation of witchcraft. Others lacked permanent care givers to look after them while others, particular widowers, experienced solitude.

Like other categories of human beings, the aged also experienced many health challenges that made life really difficult. While their western counterparts suffered from mainly chronic Alzheimer's (Somers 2006), they rather suffered from illnesses like: rheumatism, swollen legs, and waist, back and body pains which caused difficulties in walking.

To cope with these diverse financial challenges, older persons mainly relied on borrowers who lent money at high interest rates. Social issues were tackled otherwise, usually through the help of a relative or friend. However, these were all temporal initiatives which did not stop the problem from recurring. Thus the elderly in Cameroon are in constant difficulties and in dire need of assistance.

The Institutional Framework for the Care of Older Persons in Cameroon

Judicially, no specific legislation presently exists concerning the protection and promotion of the rights of the elderly in Cameroon. However, various provisions of laws and decrees validly canonize their protection, starting with the Preamble of the Constitution of Cameroon (1996) which states: 'The nation must protect ... the elderly'. The Civil Code in Article 205 requires descendants to take care of their parents if they are unable to provide for their needs on their own. Besides, Section 28 of the Penal Code provides punishment: 1-3 imprisonment and a 5,000-25,000 frs fine on those who are responsible for the displacement of the elderly who are in a state of ill health.

Moreover, the Cameroonian social legislation provides a series of texts relating to the organization of the social protection of older persons including:

- Law No. 67/LF/18 of June 1967 on the organisation of social insurance in Cameroon;

- Decree No. 94/199 of 7 October 1994 on the General Statute of Public Service to organise the regime of pension service of state agents on retirement ;

- Decree No. 77/495 of 7 December 1997, laying down conditions to create and run social protection private institutions.

At the institutional level, Decree No. 2005/160 of 25 May 2005 organizes the Ministry of Social Affairs with the Department for the Social Protection of Persons with Disabilities and Older Persons and a sub-department for the protection of older persons. Thus the elderly are identified under the Ministry of Social Affairs (MINAS) in Cameroon. In this light several actions have been carried out by MINAS on behalf of older persons and those with disabilities. These include the:

- Drafting of a National Policy Document for the protection and the promotion of older persons;

- Organization of international workshops in Yaounde on ageing with the support of Help Age International and the International Federation of Ageing (2006 and 2013);

- Process of collecting data on older persons and the retired for the drafting of a national policy document on ageing and a table of competences on the elderly (30 May 2008);

- Holding of four inter-regional consultation workshops (Ebolowa, Garoua, Bafoussam and Limbe), for the putting in place of a policy on the protection and welfare of older persons and the drafting of a National Action Plan;

- Granting of subsidies to private social welfare institutions, associations and NGOs for the elderly; granting of multiple assistance to older persons (financial, material and psychological);

- Granting of material or financial aid to indigent or poor older people within the framework of aid and relief;

- Drafting and publication of the Guide on Healthy and Active Ageing, in order to ensure a harmonious society for all ages.

Besides MINAS has also adopted the Madrid+10 Plan of Action (Yaounde 2012) as a framework to achieve the needs and concerns of the elderly. To this effect it proposes a multi-sectoral solution based on five main areas, notably: health and welfare, participation, a favourable and enabling environment, an improvement of living standards and research on ageing, so as to orient and assemble the actions of the different actors and partners in favour of the elderly.

In addition, many other ministerial departments provide various supports to older persons such as: the Ministry of Justice (MINJUSTICE), Ministry of Territorial Administration and Decentralization (MINATD), Ministry of Public Health (MINSANTE), Ministry of Women's Empowerment and the Family (MINPROFF), Ministry of Finance (MINFI), and the Ministry of Labour and Social Security (MINTSS/CNPS), just to name a few.

The Ministry of Social Affairs is structurally organized into ministerial departments (central administration), decentralised territorial units, technical operational units, approved institutions and organisms. The organization of the ministerial departments and definition of management modalities and follow-up of structures are defined by Decree No. 2005/160 of 25 May 2005 organizing this ministry.

Under the ministerial departments there are five departments namely: the General Secretariat, the Department of National Solidarity, the Department of Social Protection of Persons with Disabilities and Older Persons (DPPHPA), the Department of Social Protection of the Child and the Department of General Affairs. For the purpose of this study the focus is on DPPHPA.

In defining ageing, the Draft National Policy Document on the Protection and Welfare of Older Persons, MINAS (2012) adopts the definition of ageing of WHO (1994), which refers to ageing as a 'gradual and irreversible process that involves changes in tissues and body functions over time'. It also grouped the needs of the latter into four main categories:

- Access to specific health care (inability and physical precarity);

- Autonomy and material and financial independence (poverty);

- Psychosocial and affective support (restoration of dignity);

- Social recognition (marginalization and exclusion).

The Department of Social Protection of Persons with Disabilities and Older Persons (DPPHPA) has as its mission to:

- Elaborate and follow up on the implementation of the national policy on older persons;

- Conceive educative assistance and support programmes for the reconversion of older persons;

- Elaborate norms relative to the creation and functioning of public or private institutions delivering care to older persons;

- Follow up and control organizations and associations of older persons;

- Collect statistical data on target populations, in conjunction with the technical structures concerned with older persons.

Relating to Decentralized Territorial Units (regions and councils), they are expected to play the first role in the offering of social services to older persons (assistance, care delivery etc.) as well as ensure the implementation of programmes and projects concurring to the welfare of the targets of MINAS among which are the elderly. The Technical and Operational Units (functional units) through the service of the social centres provide two forms of assistance: psychosocial and public assistance. The psycho social assistance is done face to face or through the local radio station and the public assistance, usually monetary, takes place at the delegation. Organisations such as the national committee on ageing for coordination and evaluation have the responsibility to:

- Express opinions on programmes and projects relative to the protection and the promotion of older persons.

- Assist the Minister of MINAS in the implementation of policies, programmes and projects relative to the promotion of older persons.

- Promote the representation of organization of older persons to local, national and international dialogues.

Pertaining to institutions which are strategic in the framework**,** the civil society (NGOs, associations) has responsibilities in the implementation of the national policy for older persons. Its members ensure the connection between the state, public sector and older persons. Also they play a role in the elaboration, implementation and follow-up evaluation of policies, programmes and projects as far as ageing is concerned.

Non-Governmental Organizations are one type of recognized body which have been influential in relieving the elderly from poverty in many rural communities and towns in Cameroon. Some of these NGOs include Better Care International in Bolifamba, Victoria Gals in the South West Region and Cameroon Organization for the Welfare of Ageing People (COWAP) in the North West Region. In the Centre region there is the Association of the Old in Cameroon. In the Littoral region there is the Association for the Rehabilitation of the Elderly in Cameroon. The major objective for all these NGOs is care for the elderly, which they carry out in various ways: advocacy, psychosocial assistance, subsidization of health costs or free screening and medication, visits, food stuff, clothing and capacity building for healthy aged persons. However, this assistance is mostly not regular because of limited finance.

Besides NGOs, missionaries are also very instrumental in catering for the wellbeing of the old in Cameroon. Prominent missionaries which contribute to shaping the lives of the elderly in Cameroon are the Franciscan Reverend Sisters at Shisong in Bamenda and the Mother Teresa Missionaries of Charity based in Simbock, Yaounde.

These missionaries offer services to the under-privileged such as poor children, the disabled and the elderly. They usually provide shelter for elderly men and women in desperate situations or abandonment. They also make available food and health services free of charge both for those intern as well as those who visit once in a while. In addition, other elderly people are invited for social events. They have already received appreciation from a host of older persons; however, limited space for shelter is their major difficulty.

The civil society already made up part of the framework of the Ministry of Social Affairs allocated with the task of co-operation and participation in the reviewing and implementation of programmes. Nonetheless their

relationship with the government is strong only at the level of the creation of these NGOs. The Ministry continues to impose their objectives in their own interest.

The National Social Insurance Fund (NSIF)

The NSIF is another institution responsible for the care of the elderly but identified under the Ministry of Labour and Social Security (MINTSS). It was created in 1967 by Decree No. 67/LF/7 of 12/06/1967 to replace the family compensation fund which had been in existence since 1956 (MINATD 2007) and it is governed by Decree No. 78/17 of 22 May 1973. It is a public institution with a legal personality and financial autonomy. Within the framework of general government policy, its main mission is to provide the various benefits available under legislation on social and family protection.

The National Social Insurance Fund is administered by a Director General, assisted by a deputy Director General, who are both appointed by decree. It is made up of a central administration and external fund services. The central administration consists of those services which are under the Director General while the external services of the fund consist of the regional and departmental social insurance centres and the social institutions. The regional social insurance centres are responsible for paying the benefits of the various branches of social insurance to those beneficiaries who are within the areas and assisting in the registration of socially-insured persons including old-age pension. By 2008 NSIF moved from quarterly to monthly payment of these benefits to satisfy its beneficiaries (Reports NSIF, Buea 2007).

The NSIF ensures three types of scheme: family allowance, accident and old-age pension. The income is derived from the social contributions of workers and these contributions are for the different schemes (NSIF, Report). There are five types of pension namely: old-age pension, anticipated pension, invalidity pension, allowance pension and survival pension. A beneficiary is entitled to only one of these. The requirements for the enjoyment of these pensions are as follows. For the old-age pension, the beneficiary must be 60 years and have been in service for fifteen years. For the anticipated pension, the beneficiary must be a registered member of the NSIF, have been twenty years in service and be 50 years of age. This pension is paid at the age of 55. The invalidity pension comes as a result of disease (such as blindness) which prevents the victim from continuing work. The allowance pension is paid to elderly persons who have not worked for fifteen years but who have contributed to the NSIF and still have young children to take care of. Finally, the survival pension goes to the widow of a deceased worker who must present a life certificate and a non-separation certificate. When the widow dies, the children of the worker can continue to collect the pension.

Discussion

The framework of MINAS is meant to facilitate the management of the ministry and to provide the aged with the necessary needs. Unfortunately, the Ministry is failing to utilize the framework as a valid functioning instrument as evident in the poor institutional, administrative and monitoring practices. Midgley (1997) argues that social welfare is a situation of human wellbeing that exists when social problems are managed, when human needs are met and when social opportunities are maximized. The welfare of the aged in Cameroon falls short of this prescription due to a number of challenges.

Firstly, the institutional framework is just a draft produced in July 2012. There are mere intentions for the welfare of older persons. Moreover, it has not yet been implemented. This state of affairs mitigates the living conditions of the elderly who are one of the groups most hit by poverty. Consequently, they remain vulnerable to a multitude of risks that jeopardize their wellbeing.

Secondly, the budget of the MINAS increasingly remains problematic. It has consistently stayed relatively small because the sector it is targeting is not substantially productive and as such it does not significantly enhance development. The decentralized services experience difficulties in handling matters relating to witchcraft, ill health, livelihood and stigmatization of the elderly which arise as a result of the inadequacy in the budget for the delegation (1 million francs as institutional support). This lukewarm and discriminative attitude by the government toward the elderly is a cause for concern in the enhancement of a conducive environment for the latter.

Moreover, the creation of a specialized sub-department for the social protection of older persons is a brilliant initiative. But the lack of resources to facilitate the functioning process and the autonomy to operate as a fully-fledged sub-department only renders this initiative useless. The target population expecting care continues to be helpless and hopeless. Social protection embodies programmes and policies formulated to eradicate poverty and vulnerability by promoting efficient labour markets, reducing people's exposures to risks, developing their capacity to protect themselves against hazards and loss of income (Jenkins 1993).

It is imperative to point out that the aged as an independent group of persons do not clearly exist in the institutional framework. They are always lumped together with others referred to as either the vulnerable, underprivileged, disabled or victims of social exclusion. Despite the effort of the government to separate the elderly population from these other groups, there is still no visible line drawn between other groups and them. Thus the department to which they claim to belong presently in the Ministry is concurrently and even intensively in charge of another group of people: the

disabled. It is definitely for this reason that the principal department is called the Department of Social Protection of Persons with Disabilities and Older Persons. This therefore implies that though the elderly are formally recognized by the government, they are not treated as an entity with a specific agenda and a separate budget. This gap creates adequate space for dis-functioning within the system and the sub-department in particular which degenerates into frustration among the older population and leaves them with no choice than to lean on their families for livelihood.

Besides, this abnormally limits the room for opportunities, maintenance and sustainability of the sub-department. This is because it needs to share resources with persons with disabilities. Most often people with disabilities are favoured with a substantial part of the budget while the elderly population barely manage with the remainder. This situation has rendered the decentralized services unpopular. This discriminative propensity definitely captures the description and interpretation of sexism and ageism by Rathbone-McCuan et al. (1991) who stated that older women and men are kept subordinated to younger women and men of all ages despite their significant roles as pacesetters and grandparents.

Furthermore, the Ministry deals with groups of people and not individuals. The aged are supposed to be registered members in associations and are required to follow a specific protocol to file a complaint or ask for assistance from the government. This implies that complaints from the elderly take a long time to reach the top because of lengthy administrative procedures. The same situation occurs when older persons need to receive assistance from the Ministry, a process which is cumbrous. This complicated procedure has caused the older persons in the Centre Region to react otherwise. They bypass all the necessary channels and go straight to the Ministry to expose their plight. Quite often the personnel are forced to assist such persons after they fail to convince them to go through the required channel. Thus the structured administrative process adopted to ease management is not really playing the role for which it was designed. This seems to be discriminatory and disadvantageous to older persons from the Centre Region.

At the level of the technical and operational units, there exist two forms of assistance to the aged: psychosocial and public assistance. The psychosocial assistance takes place just once every three months, conducted by a team of two social workers who go to some communities to educate older persons on how to live a happy and less stressful old age; that is by involving in community and recreational activities, maintaining family relations, healthcare and exercise as well as controlling feeding habits. The limited contact between the social workers and the older persons influences the expected outcome and creates space for inefficiency.

The lack of a viable data base in the system renders information access tremendously difficult. The Ministry partners with other ministerial departments in a bid to provide various support to older persons such as the Ministry of Public Health which offers free screening, medical exams and medications to the elderly especially during the International Day of the Old on 1 October. They also partner with the Ministry of Territorial Administration and Decentralization to facilitate the creation of associations for the elderly. The Ministry of Women's Empowerment and the Family is also a partner to MINAS which contributes to rehabilitating the aged especially through sensitization and agricultural inputs. Other partners include the Ministry of Justice, Forestry and Wild Life and Labour and Social Security. But there are no documents in the partner ministerial departments on the activities carried out so far. As for MINAS the accessibility of documents was highly limited to support oral discussions with administrative staff.

The weak institutional framework has propelled the Ministry to work in close collaboration with philanthropic organisations (missionaries). They include the Franciscan Reverend Sisters and the Mother Teresa Missionaries of Charity based in Simbock, Yaoundé. Most elderly persons in desperate situations are either taken care of at their homes or are taken to the convent where they are lodged in small rooms. This type of live-in service is a western-conceived ideology and does not naturally fit into the traditional African context where the elderly stay home as the library of the society and provide the rules for the young to care for the old before they too get to old age. Furthermore, the absence of a service of gerontology in Cameroon only imperils the health of these elderly. Apparently they experience an unattractive old age plagued with a lot of difficulties and stress that influence their life expectancy.

Generally, projects are carried out with the aim of developing a target population within a particular timeframe. The projects carried out by MINAS either fail to target the needs of the elderly or end prematurely. The Ministry sponsored two giant projects in 2008 (Never without my mother) and 2010 (an encyclopaedia of varied cultures in Cameroon) (MINAS 2010). While the former focused on preserving and promoting the Cameroonian culture through an interactionist approach, the latter did so through writing. Consequently, the MINAS virtually traded off the needs and concerns of the elderly for cultural heritage. Besides, the projects are carried out only in two regions (Centre and South) in Cameroon. Therefore the majority of the elderly are left out of the exercise with the result of a likely low impact. Worse still there is no follow-up to these projects to ensure that the target who are the aged actually benefit from the project or even enjoy some degree of complacency. Again, in 2008 the Ministry of Social Affairs

endeavoured to identify all old people with their respective problems in Cameroon. However, this attempt was fruitless as the forms are still packed in the sub-department. This wastage of limited resources is also a function of their inefficiency.

Interestingly, Cameroon has been part of several international debates on ageing. Firstly, in Vienna 1992, the Vienna Plan of Action was adopted in order to strengthen capacities of countries to deal effectively with ageing, and secondly, in Spain in 2002 the Madrid International Plan of Action on Ageing was adopted. This plan focused on: reducing poverty with the aim to reduce by half the number of older people living in extreme poverty by 2015; addressing social and healthcare issues and also to introduce anti-discriminatory legislation for older people (Nkwawir 2010; Help Age International 2002). Finally, in Mozambique in 2003, the Maputo Protocol was adopted to enhance the promotion and protection of old women's human rights in the Africa.

Despite all the laws enacted, it is evident that the issue of ageing is not being given pertinent attention practically in Cameroon. Older persons virtually occupy an insignificant place in the political agenda. The singsong is just in theory on paper that needs to be transformed into a reality. Meanwhile the elderly are being abandoned out right to their families. In some developed countries older persons are given special treatment (AGE – The European Older People's Platform 2004):

- Free or subsidised local and national public transport provided by local and passenger authorities for people over pension ages in many member states.

- Price reductions for older people, sometimes starting at 55, for a range of cultural and recreational activities such as theatre, cinema and sporting occasions.

- Discounts on spectacles and lenses. In Denmark, one chain of opticians offers a 100 per cent price reduction for a person aged 100.

- Reduced charges or free treatments for older people such as dental treatment in the UK and vaccinations in Denmark, Cyprus and Sweden.

In Africa such treatment existed in terms of the sitting position in meetings (Mba 2004) in the past. Today in Cameroon particularly, it is a fallacy.

These gaps created by MINAS eventually make life for old folks impossible. The elderly are suffering intense hardship as a result of the violation of their human rights. However, the prospects of the Ministry are tilted towards a better social protection system such as the creation of a special unit for the elderly in every health facility because of the multiple

health problems they experience which need special care and the decentralization of its activities and functions so that the elderly do not have to travel long distances to receive their share. Unfortunately, no parameter has been laid down as to how to achieve these visions, thereby leaving the elderly in the same sorry condition and causing them to lean on their families. All these shortcomings are limiting the human development necessary for the elderly.

With all the decrees binding the MINTSS in tandem with their existence and activities of the institution, they are largely reductive as a functioning instrument because they fail to meet the expectations of the body. In other words, the institution functions only in theory like the framework of MINAS. The principal reason for this state of affairs is because the system is neither properly developed nor organized. According to Holzman (2000), the main goals of a social system should be an adequate, affordable, sustainable and robust retirement income while implementing welfare schemes.

- It is adequate in terms of providing benefits to the whole population adequately to prevent old-age poverty.

- The system should be affordable in a way that is within the financing capacity of individuals and the society and does not have untenable fiscal consequences.

- It should be a sustainable system in a way that is financially sound and which can be maintained.

- The system should be robust so as to be able to withstand major shocks such as economic, demographic and political volatility.

In Cameroon, the magnitude of the dysfunctioning of the NSIF under the MINTSS is ostensibly reflected in the poverty level of the elderly. Firstly, the system covers only a small proportion of the population (with the male gender dominating) since the majority are rather involved in the informal sector (where working conditions are poor with neither insurance nor pension at old age because the employers of these informal institutions do not register their employees at the NSIF, to enable them to enjoy some of the benefits at old age). Consequently, more elderly persons and more elderly women are vulnerable and predisposed to hardship and poverty which influence social development.

Secondly, the system is centralized and cumbrous. Most of the documents for a retirement pension are processed in the capital of Cameroon and the complicated nature of the process exposes the retirees to countless challenges: accommodation, feeding, transportation etc. Moreover, the sluggishness and the laxity with which the employees work slows down the processing

of documents and causes older people to queue for long hours in the corridors of the Ministry without the expected outcome. Sometimes documents take so long to be processed that the retirees die without receiving their pension.

This malfunctioning is reflected in the decentralized branches where a poor filing system exists. To this effect the documents for pension received from retirees are misplaced and the latter are forced to procure new sets of documents with a bribe time and again. This corrupt type of management only weakens the system. Besides, there is no established database in the system which makes it difficult to access information. Furthermore, the absence of a lobby to shelter the elderly awaiting services at the premises of some NSIF is very problematic. Consequently the elderly who cannot be served instantly are bound to stand for long hours. This deplorable treatment takes a negative toll on their health in particular and social development at large.

In addition, the recently decentralized system is still largely inadequate especially for pensioners who live in remote areas with very poor road infrastructure. Some of these older persons become victims of accidents or robbery which handicaps them enormously and the vicious circle of poverty continues.

Lastly, the system is discriminatory in the distribution of resources between the retirees of the public and private sectors. While those of the former receive their pension monthly, the latter do so quarterly with lower amounts. Yet retirees of both categories paid monthly contributions to the NSIF. This discrimination influences the living standards and social development of the elderly, especially with the rising cost of basic necessities. Also the pension system is reductive of the existence of the unemployed. The elderly persons in this group remain vulnerable to life challenges and never enjoy a good quality of life.

Alternatives for Development

- The finalization and implementation of the national Policy Document on the elderly care in Cameroon.

- The creation of a disaggregated database on information (challenges and needs) of the elderly.

- The formulation of specific policies on the wellbeing of elderly men and women.

- The creation of a separate department and budget for aged persons for a proper budgetization of care for older persons.

- The designation, implementation and evaluation of feasible projects for the social development of the elderly.

- A deconstruction and reconstruction of the current framework on care to corroborate the needs and concerns of the aged.

- The incessant provision of basic needs to the elderly indiscriminately.

- An increase in the number and capacity of staff at the macro and micro levels.

- A complete decentralization of the system to reduce time, distance and cost for the aged.

- The construction of a centre for gerontology for healthcare services.

- The intensification of the partnership between elderly associations and the related ministries, the government and civil societies through concerted action.

Conclusion

Social welfare is a care domain that has been increasingly perceived as an invalid area of productive activity and therefore accorded less value in national development planning and resource allocation. This has largely been as a result of neo-liberalism which became famous in the 1980s and advocated less spending on social services like education and healthcare in order to curtail government intervention, hence reducing the safety net for the poor and the old in particular. This action has actually weakened the care institutions in Cameroon and exposed aged persons to a multitude of problems which impact on their social development.

However, MINAS and NSIF may be practically unsystematic to the detriment of the people they serve. Nevertheless, these bodies can still be well organized and their objectives reviewed against the backdrop of the socio-cultural and economic context of elderly persons in Cameroon. Every category of the elderly has their challenges and thus the provisions must match their respective needs. In other words, social welfare programmes and policies should contribute to reducing older men's and women's exposures to risks and equally developing their capacities. Actually they should be affordable, sustainable and sufficiently robust to cushion mega shocks. Besides, a cordial relationship between the public and private sectors will not only strengthen care for the old but also improve their social development. Above all there is no need for discrimination against the aged as they also have inalienable rights. A combination of such actions will positively affect the social development of the elderly especially in terms of care and transform old age in Cameroon from a lurid process to a colourful and responsible one.

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Politics of Natural Resource Management and Accountable Systems in the Delivery of Water Services in Uganda

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Abstract

The political behaviour of public institutions exhibited in the management of critical natural resources influences the nature of service delivery. In particular, the character of such public organizations as regulators of natural resources, like water, impacts not only on what such management bodies do and their functionality, but also on the way they respond to public accountable systems. The latter systems refer to those formal and informal public frameworks that emphasize the need to ensure that water services are delivered effectively, efficiently, satisfactorily and in a sustainable manner. It is mostly the shortfalls in such accountable systems, as is the case in most developing countries' cities, that prompts analysis of the role of politics in the relevant public organizations. Thus, this article is intended to explore pertinent issues particularly relevant to the interests, rational choices and calculations in the regulation of natural resource management and the modes in which they impact on accountable systems in Uganda. Using a descriptive and correlational research design, data were collected using questionnaires administered to 1,086 respondents from key stakeholders in Kampala Capital City Authority (KCCA). The findings indicate that political considerations by water managers mostly led to utility maximization of self-interest rather than serving public interest in terms of decisions which were characterized by minimal participation of lower-level employees and water consumers. The level of adherence to accountable systems was low, suggesting that managers in water provision services were working hard to satisfy their political masters rather than the clients they served. The political considerations that underlined the practices in water resource management significantly watered down the promotion of accountable systems, but also affected the efficiency of the National Water and Sewage Corporation (NWSC). The article concludes that politics in organizations promotes skewed management practices that ultimately undermine accountable systems in the provision of critical resources such as water at the expense of consumers and citizens. Public reforms that

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enhance the independence of public institutions charged with the provision of vital development resources, which also enhance accountable systems in the public interest, are the most appropriate policy response to this challenge.

Key Words: Politics, natural resource management, accountable systems, water delivery services, Uganda.

Résumé

Le comportement politique manifesté par les institutions publiques dans la gestion des ressources naturelles essentielles a un impact sur la nature de la prestation des services. En particulier, le caractère de ces organismes publics, en tant que régulateurs des ressources naturelles, comme l'eau, a un impact non seulement sur les activités et la fonctionnalité des organes de gestion, mais aussi sur la façon dont ils répondent aux systèmes publics de reddition de comptes. Ces systèmes se réfèrent aux cadres publics formels et informels qui mettent l'accent sur la nécessité de veiller à ce que les services d'approvisionnement en eau soient fournis de manière efficace, efficiente, satisfaisante et durable. Ce sont surtout les insuffisances de ces systèmes de reddition de comptes, comme c'est le cas dans la plupart des villes des pays en voie de développement, qui incitent à analyser le rôle de la politique dans les organisations publiques concernées. Le présent article vise donc à étudier les questions pertinentes particulièrement liées aux intérêts, aux choix rationnels et aux calculs dans la réglementation de la gestion des ressources naturelles et le degré auquel ils influent sur les systèmes de reddition de comptes en Ouganda. Sur la base d'un plan de recherche descriptif et corrélationnel, les données ont été recueillies à l'aide de questionnaires administrés à 1 086 répondants parmi les principales parties prenantes de la « Kampala Capital City Authority » (KCCA, Autorité de la ville capitale de Kampala). Les résultats indiquent que les considérations politiques des responsables de la gestion de l'eau ont surtout conduit à la priorisation de l'intérêt personnel au détriment de l'intérêt public dans la prise de décisions caractérisée par une représentation minimale des employés de niveau inférieur et des consommateurs d'eau. Le niveau d'adhésion aux systèmes de reddition de comptes était faible, ce qui laisse supposer que les responsables des services d'approvisionnement en eau travaillaient essentiellement pour satisfaire leurs maîtres politiques plutôt que les clients qu'ils desservaient. Les considérations politiques qui sous-tendent les pratiques en matière de gestion des ressources en eau ont considérablement atténué la promotion de systèmes de reddition de comptes, mais ont également affecté l'efficacité de la « National Water and Sewage Corporation » (NWSC, Société nationale d'approvisionnement en eau et d'assainissement). En conclusion, nous soutenons que la politique dans les organisations favorise des pratiques de gestion biaisées qui, en fin de compte, entament les systèmes de reddition de comptes dans la fourniture de ressources essentielles telles que l'eau, aux dépens des consommateurs et des citoyens. Des réformes publiques visant à renforcer l'indépendance des institutions publiques chargées de fournir des ressources vitales pour le développement, ainsi que les systèmes d'obligation redditionnelle dans l'intérêt public, constituent la réponse politique la plus appropriée à ce défi.

Mots clés : Politique, gestion des ressources naturelles, systèmes d'obligation redditionnelle, services d'approvisionnement en eau, Ouganda.

Introduction

Water resource management, which covers underground, aerial (vapour and rain) and surface (spring, well, pond, river, lake, sea and ocean water) regulation, constitutes one of the forms of natural resource control and delivery without which all forms of life on planet earth are threatened. It is on these resources that most of the human activities conducted in the world depend (UNDESA 2005). Water supports all forms of human, terrestrial and aquatic life by playing a critical role not only in the production of food and energy on which life depends but also in providing the environment in which some forms of life are entirely managed and sustained (– United Nations – Water 2012a). According to the Water Resources Management Framing Paper (2013), even all the forms of livelihoods are directly linked to water resources. For example, clean and safe water for drinking and cooking, water for sanitation and hygiene, water for energy production, fishing, agriculture, transport and navigation, industry, recreation and livestock, aquaculture and maintenance of the integrity of the ecosystems, are managed in diverse but closely linked environments. Water resources are also at the core of almost all activities that propel the development of societies all around the world (United Nations – Water 2012b; Schilling & Chiang 2011; Batey *et al.* 2008; Salvati & Marco 2008).

The management of water resources is therefore at the core of ensuring the wellbeing and development of societies in a sustainable manner. Management in this context is defined as the development and implementation of policies, strategies, standards and priorities on which basis water is extracted, treated, protected, allocated and distributed. The significance of this management process lies in making water and other resources affordably accessible and optimally utilized by all citizens and species in the ecosystem in a sustainable manner (Matyama 2013; Grafton & Hussey 2011; Chartres & Varma 2010; Walmsly & Pearce 2010). According to UNDESA (2005), the various human and ecological demands that come to bear upon water resources imply that the management of these resources has to be conducted using an Integrated Water Resource Management (IWRM). This is an approach that has been internationally accepted as the way forward for an efficient, equitable, satisfactory and sustainable water supply (McMullen 2012; United Nations 2012c). Since the demands of the IWRM approach are that water resources must be satisfactory, the approach also implies that the management of these resources has to involve many actors, who can be categorized as government, private water service providers and water consumers (Ballet *et al.* 2010; UNDESA 2005). In Uganda, the involvement of government as an actor is constitutional as per Parts XIII and XXVII (i) of the national objectives and directive principles of state policy and Article

189 (7) of the 1995 Constitution of the Republic of Uganda. In practice, the involvement of different actors makes water resource management a truly public process (Samra & McLean 2007), and this introduces the need to mediate interests between and among diverse stakeholders in the management of this resource. Indeed, Henrik-Serup (2014) observed that politics permeates everything that happens in the management of public affairs.

Politics carries diverse meanings to different people. Firstly, as both a concept and practice, politics has been differently defined by various scholars since the time of the great philosophers such as Plato and Aristotle whose main concern was the role of the state in securing the citizens' welfare in the commonwealth (Henrik-Serup 2014). Secondly, there are other scholars who take politics to mean allocation of development resources, mediation of competing interests, management of meagre resources, conflict resolution and other representations of politics involving reconciliation of societal values (Ryan 2012; Schmidt *et al.* 2011; Thompson 2009; Knapp & Wright 2006; Hay 2004; Flinders 2001). Thirdly, the various conceptions of politics have compelled Hanley (2010) to consider it in a larger context, not only limited to any one particular set of activities but also with wider application to any class of purposeful human endeavours and behaviours involving more than one individual.

It is consequently imperative to develop an operational definition of politics before this concept is further analysed. Drawing upon the relevant aspects of its various definitions, particularly the definition given by Harold Lasswell cited in Hanley (2010), politics is in this paper conceived of as all actions undertaken in water resource management to promote either self-interest or public interest by authoritatively influencing who gets what, when and how in the public realm. Politics is defined this way because it occurs in the form of such actions which influence the management of water resources and what management can do as far as provision of water services is concerned. Essentially, the concept of politics underlines the fact that where there are scarce resources, there is a need for procedures, rules and regulations not only to legally determine who gets access to these societal resources, but also to ensure the orderly allotment of development resources. This argument is further articulated by many public service management theories, including the public interest theory, self-interest theory, public choice theory, and the public value theory, amongst others. All perspectives underscore the need to follow rules and regulations in the management of public interests enforced in the context of a specific political superstructure (Rhys & Van de Walle 2012; Tegeret-Kiplangat 2012; Hertog 2010; Coats 2006).

As political interests are mediated in the management of water resources, the effects of such negotiations are seen at the level of service delivery

where the intensity of water extraction, treatment, protection, allocation, and distributed are analysed most particularly in terms of expected accountable systems. It is again at this point where significant questions of affordable access and optimal utilization by diverse stakeholders in the ecosystem are raised (Baietti *et al.* 2006). This essentially implies that the nature of interests and values in the water management structure affects the level of observation of accountable water supply systems, since these are the systems that ensure that water services are provided to a level planned to maintain the integrity of a country's ecosystem and to ensure that citizens can access and utilize clean and safe water in a satisfactory and sustainable manner (Borgerhoff-Mulder & Coppolillo 2005). Moreover, the fact that the politics involved in water resource management affects the level at which accountable systems are observed implies that it can be questioned when the systems do not behave as expected. This is the very situation that characterizes most water delivery services in many developing countries (Ghana Integrity Initiative 2011; Baietti *et al.* 2006). The systems in place for the provision of water services are not accountable to the extent that they even compelled the 192-member United Nations General Assembly to declare access to clean and safe water as a human right (United Nations 2010). This was after the Assembly realized that globally, close to 900 million people did not have access to clean and safe water and that about 1.5 million children under the age of five years were dying annually because of water-related diseases (United Nations 2010).

Uganda recognized access to safe and clean water as a fundamental right much earlier as per parts XIV and XXI of the national objectives and directive principles of state policy prescribed in the 1995 Constitution of the Republic of Uganda. Providing satisfactory access to safe and clean water is therefore a constitutional requirement in Uganda. The political will to realize this right was reiterated when Uganda committed itself to attaining the seventh pillar of the UN Millennium Development Goals (MDGs), which requires halving the proportion of the world's population without access to clean and safe water by 2015. Uganda further reaffirmed its stand by committing itself to ensuring that 77 per cent of its rural population and 100 per cent of its urban population would have access to clean and safe water by 2015 (Uganda's National Development Plan 2010-2015). These targets are higher than the 75 per cent that Uganda needed to attain by 2015 (MWE 2010). Following the Poverty Eradication Action Programme (PEAP) framework that guides its development agenda, Uganda pursues the realization of this right through not only the Ministry of Water and Environment (MWE) to manage all water resources and the National Water and Sewerage Corporation (NW&SC) to manage piped water, but also local governments to

manage the extraction of underground water and protection of wells and spring water resources, while private water service providers are regulated by the Uganda Bureau of Standards (MWE 2013).

Despite the operations of all water service providers in the country, the available statistics for 2015, the magical year by which desirable achievements in the water sub-sector should have been achieved in line with the MDGs, indicate that Uganda is still far from attaining its planned water supply targets. According to the MWE (2013), 64 per cent of Ugandans have access to clean and safe water in rural areas and 69 per cent in urban areas. These proportions appear impressive as they suggest that most Ugandans have access to clean and safe water. They, however, also show that 36 per cent of Ugandans in rural areas and 31 per cent of citizens in urban areas do not have access to clean and safe water.

These proportions suggest that over a third of Uganda's estimated 37 million people have their fundamental right to safe and clean water sacrificed by politics in water management. The statistics further imply that the efforts to rationally deliver water services by water managers and their political supervisors were still responding to immense pressure from diverse competing demands for water. In this respect, uncontrolled politics in water management have become a threat to good health and can cause ultimately death (United Nations 2010). This scenario is causing concern, leading to questioning the level at which water is used in Uganda and how this level is explained by the politics played in water resource management in Uganda. Taking KCCA as a case in point, the purpose of this paper is to answer the following research questions: (a) what is the nature of politics that characterize management water resources in KCCA, (b) to what extent do managers in water resource organizations respond to accountable systems relevant to the provision of water services and (c) what is the effect of politics in the management of water resources as far as water services provision in the KCCA is concerned. The indicators used to meet these objectives were identified from the literature reviewed below.

Literature Review

The literature reviewed in this section is about theories and indicators of management and accountable systems as they apply to the delivery of public services, particularly water services.

Theoretical Review

The theoretical perspective applied in this paper is developed by combining the rationales of the public interest theory, self-interest theory, public choice theory and the public value theory. The public interest theory was developed by Arthur Cecil Pigou based on Platos' premise that the ideal political

community is that in which property is owned in common and serves a common interest (Hertog 2010; Munyaradzi 2005). Based on the premise that service provision is inherently inefficient and inequitable when left to operate on its own, this theory postulates that inefficiency or inequity needs to be corrected through regulation so that it responds to public demand in a satisfactory manner (Glaeser & Shleifer 2003). Regulation is needed in terms of formulating and enforcing policies, standards, guidelines and plans that ensure that instead of serving selfish interests of particular individuals or groups of people in society, services are provided to benefit society as a whole (Armstrong & Sappington 2007; Carlton & Picker 2005; Crew & Kleindorfer 2002). The rationale of this theory was applied in this paper to analyse the nature of regulation that takes place in the management of water resources and how it affects the application of accountable systems in the water resource sector. It is imperative to point out that the rationale of the public interest theory works only when the regulating body does not serve the private interests of the regulators, but the interest of the entire society in which it operates (Abdel-Nour 2003). The theory ascribes the regulating responsibility to government assuming that government is a neutral body. Yet, despite its public responsibility, government is a political player with real partisan interests. Moreover, while government officials are expected to work in the interest of the public, putting into practice the policies of government as efficiently and effectively as possible, this does not always happen value-free as the pre-occupation is to balance diverse interests, values, risks and political considerations. This is well explained by the self-interest theory and the public choice theory.

The self-interest theory is premised on water the utility maximizing rationality based on the capitalistic principle regarding the rational human being. The theory advances a view that humankind is selfish and all their behaviour is motivated by the desire to maximize their own utility. This theory views self-interest as one's personal profit, benefit, advantage to the exclusion of regard for others. Self-interest expresses itself in one's devotion, concern for and pursuit of own welfare without regard for others (Munyaradzi 2005). The self-interest theory's rationale is well summarized by Robert (2005) who contends that the average human being is about 95 per cent selfish. Perhaps no one captures the political rationale perspective of the self-interest theory better than Machiavelli who, as cited by Munyaradzi (2005), argued that a prudent ruler (or service provider) cannot, and must not, honour anything that places him or herself at a disadvantage.

Karl Marx cited in Munyaradzi (2005:88) warned, however, that pure pursuit of self-interest can be dehumanizing because it tends to be individualistic, treats others mechanistically and has no regard for humaneness.

Aristotle (cited in the same source) had recognized this tendency earlier and argued that the average person is a lover of self. Aristotle observed that human beings should profit themselves by doing noble acts that benefit others. This perspective is also held by Adam Smith (cited in Haseler (2000:66) who argues that the natural effort of all individuals was to better their own condition, but in so doing, they tend to also better the condition of society. The rationale of the self-interest theory is also shared by the public choice theory, although with a slightly different focus.

Essentially, the public choice theory dispels the notion that people in the public sector seek to maximize net benefits to society as a whole. It posits that the behaviour of everyone that participates in the provision of public services is such that they all act in a way that seeks to satisfy self-interest as opposed to and at the expense of public interest (Mueller 2003). Politicians, bureaucrats, private service providers and consumers, all seek to maximize the satisfaction of their own utility. Consumers want government and private companies to provide services that meet their welfare needs satisfactorily (Waterson 2003). Similarly, politicians want to satisfy their political agendas, thereby focusing much attention on power consolidation, wealth accumulation, patronage, and public reputation (Tegeret-Kiplangat 2012). At the same time, as bureaucrats act as utility-maximizers of their selfish interests, thereby working to increase their reward and incentive budgets, private service providers want to maximize their profits (Le Grand 2007). In the end, no one serves in the public interest. Therefore, government policy is driven by individual interests of politicians, powerful forces (rent seekers) and the bureaucrats (Rhys & Van de Walle 2012). The rationale of this theory was adopted in this paper to explore the nature of interests displayed in the management of water resources and how they affect the use of accountable systems in the water resource sector. The rationale of the public choice theory suggests that no one can serve in the interest of the public. The public value theory has, however, been developed as a new paradigm for public management intended to reconcile these opposing interests.

The public value theory was developed by Mark Moore to improve the New Public Management approach and its Reinventing Government variant (Andrews 2010). Mark Moore developed the public value theory based on the premise that the realm of public services, including services delivery, was different from the realm of services provided based on markets, competition and choice. He argued that effectiveness is realized in public service management when the efforts of public sector managers are evaluated not in the economic marketplace of individual consumers but in the political marketplace of citizens and the collective decisions of representative democratic institutions (Clarke *et al.* 2007).

Following this argument, the public value theory advances a notion that citizens are more than consumers and ought to be able to influence the design and delivery of services. Service providers have to develop a continuous dialogue with their authorizing environment (citizens) so as to serve it in a manner that satisfies its real needs in an effective and efficient manner (Cowell *et al.* 2012). The involvement of citizens can allow service providers to develop targets that relate to outcomes genuinely valued by the public. It also helps service providers to develop a clear sense of how they respond to the service preferences of the citizens (Walker & Enticott 2004). The rationale of the public value theory suggests that its proper application can help service providers such as those in water service delivery to consult with citizens, thereby becoming knowledgeable about how to improve efficiency, effectiveness and fairness in water service delivery based on citizens' socioeconomic and political aspirations. This rationale was applied in this paper to explore the involvement of citizens in the management of water resources and how it affects the use of accountable water supply systems in Uganda, particularly in Kampala district.

Politics

The concept of politics has been differently defined by different scholars, but often focusing on diverse elements of public affairs. For instance, Harold Lasswell cited in Hanley (2010) defined it as the practice which determines who gets what, when and how. David Easton cited from the same source defined it as the authoritative allocation of values for a society. Values in Easton's definition are understood to mean development resources, supportive regulations distributing public resources and authoritative directives in this regard. Politics has also been defined as an art or science exercised by one or more people with an intention of influencing others in one way or another (Haseler 2000). It is further defined as intrigue or manoeuvring within a political unit or group in order to gain control or power. Politics refers to the methods or tactics involved in managing a state or government or its organs such as an organization in charge of delivering water services, education, health, poverty alleviation and other governmental organs. Ryan (2012) defined politics as the practice and theory of influencing people at an individual or civic level to the purpose of directing them toward a desired destiny. Leftwich (2004) perceives politics as actions involving making and enforcing collective decisions. He however forgets to mention that such collective decisions seldom lead to benefits in terms of service delivery for the general public, resource capacity notwithstanding. Hay (2010) considered politics as actions involving compromising, building consensus and forming coalitions for the good of the majority of citizens or well-wishers. Similarly, Hanley (2010) adds that politics includes all behaviour applied to determine who gets what, when and

how in a situation where there are two or more people. Henrik-Serup (2014) described politics as the art and power of influencing resource distribution. According to Gooby (2013), politics is the activity by which differing interests are conciliated by giving them a share in power in proportion to their importance to the welfare and the survival of the whole community. In this context, politics is also described as an activity through which people make, preserve and amend the general rules under which they live or which govern what they do when pursuing desired welfare (Hay & Wincott 2012).

The foregoing definitions are just some of the many put forward by various scholars since the times of the great political philosophers such as Plato and Aristotle. First, the analyses suggest that politics carries different meanings to different people, depending on what public affairs issues a scholar wants to emphasize. Secondly, the diverse meanings of the concept as put forward by scholars allude to the need to analyse the nature and character of politics contextually. The nature and character of the interests, risks and controversies in the public arena are therefore explored in this paper by drawing upon the relevant aspects of the various perspectives of politics, particularly the one used by Harold Lasswell. It is conceptualized as all actions carried out in the management of water resources with intent to influence who gets what, when and how. This understanding of politics is considered to be comprehensive enough to cover the analysis of all relevant forms of political situations that take place in the management of public resources vis-à-vis the level at which these public organizations comply with the relevant accountable systems.

Indeed, actions pertaining to the 'what' dimension of the concept allude to taking decisions regarding 'the kind of public resources such as water' to supply in terms of type, quantity and quality. The specific actions involve deciding, for example, how much and what quality of water to supply (levels of treatment, labelling, size of pipes, unprotected or protected spring, well, pond, valley dam, pumped, channelled river, extended lake or rainwater or other types). The actions conducted to influence 'when' to supply the determined type of water may involve deciding the delivery timelines while actions that involve determining 'who' pertain to deciding the specific population groups to whom water should be delivered (should they be in urban or rural areas, the poor or the rich, and which regions and communities to supply). Finally, actions regarding the 'how' dimension involve deciding the methods to use to supply water. The methods used to deliver services, including water services, tend to include the public supply system, the open market or public private partnership arrangements (Hanley 2010). These methods apply whether the services are provided by government or the private sector. It should be noted that although all these forms of politics are

usually at play in the management of water resources, those that character-
ize this management in Uganda, particularly in KCCA are yet to be clarified;
hence the need for this paper.

The public method may involve the use of unquestionable directive com-
mands, orders or decrees to determine how water services must be pro-
vided (Maseti & Gumede 2011; Hanley 2010). It may be dictatorial involving
the use of guidelines and instructions, not in an expressly flawed manner but
in systems that may be inefficient. Under any of these public methods, the
politics engaged may require consulting, compromising, building consensus,
or enlisting support from other different stakeholders. The methods demand
nothing less or more than obedience to rules and regulations that may be issued
by politicians from time to time (Fisk nd). Public methods tend to be loathed
by those managers dictated upon, but they can be effective and efficient and
can translate into efficient delivery of satisfactory services, especially when
the decisions are made in the public interest (Lindblad 2010).

This is because they involve bureaucrats evaluating possibilities, making
and enforcing decisions through other people without their direct input
(Fisk nd). This makes decision-making and implementation fast and
unimpeded (Fisk undated; Maseti & Gumede 2011). They can also be ineffi-
cient, ineffective and inequitable in the sense that they can result in the deliv-
ery of very unsatisfactory services when their intent is to promote the self-
interest of the politicians (Puni *et al.* 2014). While public interest in the
public sector may involve the desire to serve for the common good, self-
interest takes many different self-seeking forms, including the desire to pa-
tronize others, to serve a favoured few, to entrench oneself in power, build-
ing power bases, and other forms (Hill *et al.* 2004). In the private sector,
public interest expresses itself in the form of concern for and demonstration
of social responsibility (Hertog 2010). Self-interest is expressed in the form
of profit-maximization through exploitation of others (Abdel-Nour 2003).

The open market method was first introduced into the scholarly world
by Aristotle having observed how oligarchies work, observing that it in-
volves a privileged few, usually the top echelon of chief executives who
pocket all the profits but bear all the risks as well (proprietors, private
companies or members of the economic elite and private-planning groups),
determining how to deliver a service under consideration. This method is
usually manifested in the analysis of service delivery policies, plans, strate-
gies, standards and regulations formulated by diverse decision-makers in
private companies (Dye 2000). This method involves planning for and de-
livering services to the public or targeted communities (in the case of pri-
vate service providers), but it does not require consulting with them. The
method therefore tends to rely on limited knowledge or information about

the actual needs of those for whom the formulated service delivery policies, plans, strategies, standards and regulations are to serve (José Izquierdo 2013). However, according to the elite theory as discussed by Gonzalez (2001), the initiators of the policies, plans, strategies, standards, and regulations, usually the heads of business organizations concerning the services under consideration, have to enlist the support of other members of the decision-making groups so as to build consensus regarding the intent, expected benefits and proposed implementation methods, requirements and the human, material and financial resources needed to realize the intent and expected benefits (Bottomore 1993). This consensus is particularly needed when the intent is to regulate the self-interest of service providers for the purpose of promotion of public interest (Foldvary 2009).

The public private partnership method connotes the use of participation and involvement of public and private stakeholders in the management of service delivery (Billgrena & Holme 2008; Choi 2007). Its use implies that service delivery management is conducted by making consultations and partnering with relevant stakeholders to seek their views, listening to and acting in line with the views, and building consensus with the stakeholders (Thakadu 2005). This implies that the management is based on knowledge of the needs of citizens as well as the need to improve relevant capacity to deliver service (Measham 2007). Bartley *et al.* (2008) observed that the public sector realizes this form of participation through decentralization where most of the services are contracted out to private business entities (Shackleton *et al.* 2002).

Management of Water Resources

Available literature indicates that the management of water resources should be conducted following Integrated Water Resources Management (IWRM) (Kuenzer *et al.* 2012; Rahaman *et al.* 2004; Falkenmark & Folke 2000; Global Water Partnership GWP 2000, 2004a, 2004b). IWRM is defined as a management approach that promotes the coordinated development and management of water in relation to other natural resources and in a way that maximizes citizens' water-related welfare in an equitable manner and without compromising the sustainability of the ecosystems (GWP 2000). This approach is particularly recommended because it promotes the realization of what is referred to as the Dublin principles passed at the International Conference on Water and the Environment in 1992 (Rahaman & Varis 2005). According to Biswas *et al.* (2005), these three principles include:

(a) The principle of social equity, which focuses on making policies that ensure that all water users, particularly those in marginalized and poor communities, have equal access to a sufficient quantity and quality of water necessary to sustain human well-being.

(b) The principle of economic efficiency, which emphasizes making strategies that yield the greatest benefit to the greatest number of water users possible using the available financial and water resources.

(c) The principle of ecological sustainability. This principle requires that aquatic ecosystems are acknowledged as users and that adequate allocation is made to sustain their natural functioning.

According to Lovell *et al.* (2002), the realization of the above principles necessitates those in charge of water management working closely with and for all water users. This alludes to the use of a comprehensive, participatory planning and implementation approach involving both central and local governments (Holling & Meffe 2002). This is the only way water can be supplied in a manner that enables it to serve its different uses in agriculture, maintenance of eco and human health and life, and as a source of household income and government revenue (Kuenzer *et al.* 2012). This approach is cross-sectoral and flexible because it attempts to bring together all the groups that matter in ensuring that forms of life that need water have adequate access to its supply. IWRM seeks to create a water supply environment that enables realization of human access to water as a right as well as sustainable development and use of all water-dependent individual, household, company and government assets (Rahaman *et al.* 2004). The approach achieves these ends based on rational, just and informed choices, priorities, policies, standards, strategies and practices. Its effectiveness depends on supportive political will and commitment, capacity development, adequate and equitable financial allocation and disbursement, and effective monitoring and evaluation (Falkenmark & Folke 2000).

Accountable Systems

Accountable systems are regarded as mechanisms by which services are sustainably delivered to their consumers not only as planned (effectiveness) but also in an efficient and satisfactory manner (Chukmaitov *et al.* 2014; Marsha 2010). The extent to which these systems are conformed to ensures that the quantity and quality of service outputs and outcomes are achieved at a cost as minimum as possible (Robinson & Dolan 2010). They ensure that the planned level of services is satisfactorily delivered to consumers in terms of both quantity and quality (Terrell *et al.* 2011). These accountable systems further help to ensure that reasonable services are provided in the most efficient and effective manner partly, due to the participation of citizens in making service delivery decisions. Citizens do this by electing their leaders at both national and local levels where among other issues they make the elected and appointed leaders not only answerable for the decisions they make while

in office but also responsible for ensuring that the decisions are implemented as they agreed (Devers & Berenson 2009). Accountable systems operate in such a way that they stop participants from wavering from the expected course of action, but make them work as highly performing teams (Fisher *et al.* 2006). Moreover, these systems also promote observance of what may be referred to as a networked sense of responsibility in the delivery of services since they ensure that all people participating in this delivery are not only motivators but also watchdogs of each other (Chukmaitov *et al.* 2014).

Accountable systems in the delivery of services trace their origin to and have been widely applied in the health sector. Literature indicates that healthcare services began to be delivered in a satisfactory way when the responsibility to provide these services was extended from individual health workers to the entire system applied to deliver the services (Thaler & Sunstein 2008; Wilen & Stone 1998). Not only did the extension cause health workers to start working collaboratively but it also led workers to keep watch over each other so as to ensure credible fulfilment of each other's healthcare responsibilities and collective accountability for the quality and equity of the provided care. The system of care applied also revealed that all public services could be delivered in a planned and satisfactory manner if accountable delivery systems were adopted in all sectors of central and local governments (Maccarthaigh & Boyle 2014; Su Wild 2006).

According to Dubnick (2005), the rationale for adopting accountable public service delivery systems across the board is based on the observation that holding public officials individually accountable does not yield the desired results. Many of those who tend to be held liable as individuals are usually not the ones or the only ones responsible for accountability processes and accomplishment of results. They are just victims or a part of a group of government officials who might not necessarily be held answerable without holding the entire system accountable (Dubnick 2005). The justification for the shift to accountable systems is that whatever the management of services related to welfare needs, the services are effectively satisfied as planned not only when the responsible public officials are held accountable individually but also when the whole system applied in the management operates in an accountable manner (Gregory 2012). That is, in an approach that translates into optimal delivery and realization of the planned quality of public services (Kellert *et al.* 2000) based on the doctrine of collective accountability (Petersson 2008; Gilbert 2006; Mellena 2006).

The foregoing observations indicate that the use of accountable systems ensures that all actors in the management of service delivery work with a shared sense of responsibility which translates into providing services efficiently, effectively and in a satisfactory and sustainable manner. The sys-

tems are therefore needed to ensure that water supply is maintained at a level that not only guarantees citizens satisfactory access to clean and safe water but also facilitates the ecosystem to remain healthy (Mercer & Christensen 2011; Baietti *et al.* 2006; Borgerhoff-Mulder & Coppolillo 2005). However, the level at which these systems are complied with to facilitate the provision of water services in Uganda, particularly within the KCCA, is still questionable owing to the failure to supply water as planned and in a satisfactory manner. This is why this paper analyzes the relevant issues to clarify on the levels of water service delivery.

Methodology

The study from which this paper is developed was designed as a descriptive and correlational study. This design was used because it was suitable to apply in order to meet the objectives of the study. Indeed, as Neville (2007) observed, the descriptive part of the design was appropriate to facilitate explanation of the nature of politics which occurs in the management of water resources and the level at which accountable systems are complied with. As Al-Mahmood (2011) notes, the correlational aspects of the design are significant as they help establish the effect of politics on the management of water resources and the level to which the accountable systems are complied with in the water service sector.

The population of the study consisted of regulators, public and private providers (bureaucrats) and consumers of water services in KCCA. Regulators were represented by MWE political leaders and bureaucrats. Public water service providers were represented by bureaucrats in NW&SC (representing central government) and KCCA (representing the local government in the capital city). Private water service providers were represented by water sellers and those using privately supplied water in KCCA. Water service consumers were represented by heads of all the households in this district. All households were considered because KCCA is an urban conurbation whose water supply target was set at 100 per cent as per Uganda's National Development Plan (2010-2015). This implies that all households were expected to have access to and consume clean and safe water services. This fact justified the need for information regarding household heads. Water service delivery regulators and providers were considered because they obviously had relevant information to provide about the study variables. Efforts to establish the private water sellers and providers in KCCA were futile due to lack of records about them. Therefore, their population size was considered infinite. Consequently, the size of their sample was determined using a formula for estimating a statistically representative sample from an infinite population. As discussed by Kothari (2005), this formula is as stated follows:

$$n = \frac{Z^2 p\ (1\text{-}p)}{d^2}$$

Where *d* is the margin of error permitted in the selection of the sample. The 95 per cent confidence level was used to select the sample, which implies that *d* was 5 per cent. *Z* is the z-value corresponding to the 95 per cent confidence level, implying that $z = 1.96$. *p* is the proportion of the population with the desired attributes. Kathori (2005) noted that for infinite populations, *p* is assumed to be equal to half of the population. So, $p = 50$ per cent. Therefore *(1-p)*, which is the proportion of the population without the desired attributes, is given as (1 – 50 per cent) = 50 per cent. Hence, filling in the formula above,

n = [(1.96)² × 50 per cent × 50 per cent] ÷ (5 per cent)² = (3.8416 × 0.25) ÷ 0.0025 = 0.92198 ÷ 0.0025 = 384.16 H" 384

The review of the reports of Ministry of Water and Environment (2011), Uganda Bureau of Statistics (2007), National Water & Sewerage Corporation (NW&SC) (2013), and Mwanje and Ssenkabirwa (2013) revealed the population sizes of other categories of respondents as summarized in Table 1. It should be noted that the table also shows the selected number of respondents per category as given by Krejcie and Morgan's (1970) Sample Determination Table cited in Amin (2005:454).

Table 1: Sample distribution by category, number and applied sampling technique

Category of respondents	Population size (Kampala)	Expected sample	Determination criteria	Actual sample
MWE	492	217	Krejcie & Morgan	170
NW&SC	580	234	Krejcie & Morgan	197
KCCA	308	169	Krejcie & Morgan	137
Private water service providers	Infinite	384	Kothari's formula	198
Water consumers (household heads)	306,178	384	Krejcie & Morgan	384
Total		**1,388**		**1,086**

The sample was selected using simple random sampling so as to give each respondent an equal chance of participating in the study. This was based on the view of the definition of politics adopted in this study. This was because for each category, every respondent had something to say not only about the politics played in the management of water resources at their respective levels but also about how accountable systems are used in the delivery of water services. Data was collected using questionnaires designed according to the variables of the study. The questionnaires were tested for validity using the content validity test and for reliability using the Cronbach Alpha method of internal consistency. The computed content validity indices were 0.779 for the regulators' questionnaire, 0.766 for the bureaucrats' question- naire, 0.809 for the private providers' questionnaire and 0.897 for the consumers' questionnaire. The Alpha coefficients computed for these ques- tionnaires were 0.749, 0.777, 0.783 and 0.799, respectively. These indices were all greater than 0.7 which, according to Booth *et al.* (2008) and Field (2005), is the minimum acceptable threshold. The questionnaires thus contained highly valid and reliable items. Data was collected after getting permission from the authorities of the selected agencies and Local Council I Chairpersons of the villages from where the heads of households were selected. Efforts were also made to explain to the respondents the purpose of the study and to seek their willingness to participate in the study. Ethical issues were addressed. Confidentiality was promised by telling respondents that their names were not required and that all their responses were to be handled confidentially.

The data was analysed using the SPSS programme, particularly its de- scriptive, ANOVA, factor analysis and multivariate regression analysis meth- ods. The descriptive method was used to establish the nature of played poli- tics and level of using accountable systems in the supply of water services. Respondents' perception of the variables was measured using a 5-point Likert scale of responses running from strongly disagree (1) to disagree (2), not sure (3), agree (4) and strongly agree (5). As far as politics was concerned, respondents who on average scored 4.5"5.0 implied that it was played in a manner that highly promoted self-interest on the self-interest scale or public interest on the public interest scale. Regarding the accountable systems' scale, these respondents meant the use of these systems was high. Respond- ents who scored 3.5"4.49 on the politics scale meant that the interests were promoted at a low level. They also meant that the level of using the systems was low. Respondents who scored 2.5"3.49 on average implied that they were uncertain not only of the nature of the played politics but also of the level of using the systems. Respondents who scored 1"2.49 implied that the played politics did not promote any of the interests mentioned and also that the systems were not used. ANOVA was applied to establish differences in the perception of variables. Factor analysis was used to identify the signifi-

cant measures of the variables. Multivariate regression was used to establish the effect of politics in the management of water resources on the level of using accountable systems in the supply of water services.

Findings

The findings are presented according to the objectives of the paper.

Politics, Management and Patterns of Accountable Systems

This objective focused on establishing the nature of politics played in the management of water resources in Kampala district. The nature was established by administering a number of indicators of politics and asking respondents to show their opinions on each indicator using a strongly disagree-strongly agree response scale. A descriptive analysis of the responses led to the findings summarized in Table 2.

An analysis of the mean distribution in Table 2, particularly that corresponding to the total rows, reveals that on average respondents agreed (mean = 4.41) with the various indicators of politics played to promote self-interest. This suggests that the politics played in the management of water resources promoted self-interest but at a low level. The corresponding F-value (F = 20.53) was significant at the .01 level of significance (Sig. = .000). This implies that the perception of politics played in this management differed significantly across the different categories of respondents. Indeed, while private providers (mean = 4.53) and water consumers (mean = 4.96) felt strongly that the played politics promoted self-interest at a high level, MWE (mean = 4.02), NW&SC (mean = 4.09) and KCCA (mean = 4.33) officials showed it promoted this interest at a low level. These differences were also reflected in the specific indicators. For instance, apart from private providers, respondents strongly agreed that all decisions made to supply water were in line with the President's agenda. This implies that the President's interests were highly prioritized in the management of water resources. The played politics also promoted the self-interest of political heads in central government and of bureaucrats in MWE, NW&SC, KCCA and top management in private providers, especially with regard to designing water service delivery policies (mean = 4.75), making decisions about the type of water to provide (mean = 4.65), and developing water delivery budgets (mean = 4.68). Other findings are similarly interpreted. It suffices to note that the mean responses corresponding to measures of public interest indicate that it was not promoted. The only exceptions where the played politics promoted public interest, moreover at a low level, included making provision of water decisions in the best interest of targeted consumers (mean = 3.98) and government provision of water services according to the promises made to citizens by the President (mean = 3.53).

Table 2: Responses on Politics Played in the Management of Water Resources in KCCA

Indicators of played politics		Mean response on nature of applied politics per respondent category							
Type	Specific indicators	MWE (n = 170)	NW&SC (n = 197)	KCCA (n = 137)	Private providers (n = 198)	Consumers (n = 384)	Total Mean Response	F	Sig.
	No decision can be made to supply water when it is not line with the President's agenda	4.76	4.66	4.63	2.35	N/A	4.06	24.66	.000
	Water service delivery policies are designed without prior gathering of information about the needs of water service consumers	4.63	4.70	4.77	4.76	4.96	4.75	15.07	.000
	Decisions on type of water services to provide are made following the agenda of the political head	4.81	4.39	1.35	N/A	N/A	3.53	32.66	.000
Self interest	Decisions on the quality of water to provide are made based on the personal agenda of top bureaucrats	2.02	2.22	1.39	4.76	N/A	2.46	29.07	.000
	Decisions on the type of water to provide are made based on the personalagenda of the bureaucrats	2.05	2.33	1.35	4.56	N/A	2.46	33.30	.000
	Decisions about the type of water to provide are made by members of the top management only	4.55	4.75	4.71	4.86	N/A	4.65	1.07	.607
	When preparing budgets for water service delivery, efforts are made to ensure that that staff remuneration is well catered for	4.73	4.69	4.57	4.70	N/A	4.68	1.93	.460
	Decisions followed to provide water are made by the Minister only	2.32	1.72	1.89	N/A	N/A	1.88	1.19	.498
	Decisions on to provide water are ductated by most senior bureaucrat only	2.02	2.32	1.32	4.53	N/A	2.42	36.33	.000
	Decisions followed to provide water are dictated by top management members only	4.93	4.70	4.53	4.73	N/A	4.64	1.34	.467
	Unquestionable instructions are given to employees to carry out tasks that meet what bosses want	4.51	4.75	4.65	4.83	N/A	4.67	2.32	.363
	Water supply tasks are allocated to employees democratically	1.31	1.71	1.81	N/A	N/A	1.38	1.49	.463
	Employees freely negotiate their rewards with management	1.30	1.70	1.60	N/A	N/A	1.33	1.69	.461
	Decisions on which type and quality of water services to deliver are reached through consensus	2.07	2.38	1.37	1.51	N/A	1.46	3.13	.303
	Employee meetings are held as forums for generating ideas needed to make decisions about how best to deliver water services	2.37	2.33	1.37	1.34	N/A	1.68	1.73	.461
	Total	4.02	4.09	4.33	4.53	4.96	4.41	20.53	.000

Indicators of played politics		Mean response on nature of applied politics per respondent category							
Type	Specific indicators	MWE (n = 170)	NW&SC (n = 197)	KCCA (n = 137)	Private providers (n = 198)	Consumers (n = 384)	Total Mean Response	F	Sig.
Public interest	Disagreements in making of water supply decisions are solved through consensus with stakeholders	2.32	1.33	1.45	1.35	N/A	1.43	1.83	.460
	Data is gathered from the public to guide decisions on quality of water needed to meet public water needs	2.43	2.24	1.95	1.47	1.88	1.56	.990	.699
	Data is regularly gathered from the public to guide decisions about the type of water required to meet public water needs	1.63	1.55	1.61	1.41	1.03	1.51	1.97	.390
	Policies used to deliver water services are formulated based on information gathered about water service needs of consumers	1.58	2.33	1.11	1.19	1.09	1.30	1.99	.388
	Decisions to provide water services are democratically made in line with the promises made to citizens as per the President's manifesto	3.67	3.55	4.05	3.53	N/A	3.98	1.05	.490
	Decisions about the provision of water are autocratically made in the best interest of all targeted water consumers	4.53	4.66	4.55	4.86	N/A	4.53	1.94	.390
	Water consumers are allowed to lobby for the quality of water services to deliver to them	1.53	1.56	1.77	1.98	1.03	1.56	1.57	.466
	When preparing water supply budgets more emphasis is given to the requirements needed to provide services than on staff rewards	2.44	2.47	1.45	1.47	N/A	1.76	1.98	.391
	Decisions on provision of water are dictated only by the political head but in a manner that ensures that all water consumers are catered for	2.33	2.49	1.49	1.37	N/A	1.88	2.08	.331
	Decisions followed to provide water are made by only the most senior bureaucrat officer but in a manner the benefits all water consumers	2.30	2.40	1.46	1.66	N/A	1.77	2.02	.333
	Decisions followed to provide water are made by members of top management only but in a manner beneficial to all water consumers	3.55	3.50	3.51	3.70	N/A	3.58	1.69	.464
	Total	2.37	2.33	2.39	2.03	2.34	2.32	2.18	.330

Note: N/A means that the item was not applicable to the respondent category.

Compliance with Accountable Systems by Bureaucrats and Provision of Water Services

This objective was aimed at ascertaining the level of using at which accountable systems were used in the provision of water services in Kampala district. It was approached using the same method applied to meet the first objective of the paper. Findings are summarized in Table 3.

Table 3: Level of Accountable Systems in the Provision of Water Services in KCCA

Indicators of played politics	Mean response on nature of applied politics per respondent category							
Type Specific indicators	MWE (n = 170)	NW&SC (n = 197)	KCCA (n = 137)	Private providers (n = 198)	Consumers (n = 384)	Total Mean Response	χ^2_{obs}	Sig.
Employees work collaboratively for the purpose of ensuring that responsibilities assigned to each of them are accomplished as planned	2.36	2.46	3.66	4.06	N/A	2.96	34.69	.000
Employees watch over each other to ensure that allocated resources are used authentically	2.01	2.19	3.95	4.56	N/A	3.35	24.28	.000
All employees are held collectively responsible for implementing water service provision decisions	2.22	2.02	2.09	2.07	N/A	2.03	2.00	.303
Employees encourage each other to stay focused on carrying out assigned ned responsibilities without wavering	1.64	1.99	2.01	3.72	N/A	2.43	29.02	.000
Cost incurred to prepare water is low when compared to all the water provided to consumers	2.03	2.22	2.32	3.69	N/A	3.30	13.07	.000
The cost incurred to distribute prepared water to final consumers is low when compared to the number of supplied consumers	2.33	2.23	2.02	3.76	N/A	3.36	17.03	.000
Water supply is consistent every day	1.67	1.33	1.73	3.98	1.04	2.37	40.09	.000
Supplied water is enough to meet the water needs of all household consumers in KCCA	3.60	3.55	3.75	3.79	1.09	2.48	30.07	.000
Supplied water is not contaminated in any way	2.34	2.44	2.42	3.68	1.45	2.46	24.20	.000
Irrespective of where they live, all members of households in KCCA can access the supplied water without any obstacle	1.07	1.30	1.63	2.38	1.64	1.37	1.19	.500
Total 2.34	2.33	2.42	3.56	1.41	2.36	12.02	.000	

The findings in Table 3 indicate that on average, while MWE (mean = 2.34), NW&SC (mean = 2.33), KCCA (mean = 2.42) and consumers (mean = 1.41) disagreed, private providers agreed (mean = 3.56) according to the various indicators of using accountable water supply systems in the delivery of water services. There was therefore a significant difference in the perception of using these systems across the respondent categories (F = 12.02, Sig. = .000 < .01). This difference implies that while the systems were used by the private water service providers and at a generally low level, they were not used in MWE, NW&SC and KCCA. It is important to note that although public and private service providers indicated that they used the systems in cases like ensuring that supplied water was enough to meet consumers' water needs, the consumers felt otherwise.

Effect of Politics on Policy Management Structures and Accountable Systems

This objective was intended to analyse the effect of politics played in the management of water resources on the level at which accountable systems were used to provide water services in Kampala district. The effect was established using the multivariate regression method of the SPSS after applying factor analysis not only to establish the significant measures of the played politics and of the level of using accountable systems, but also to build this level as a global component. The findings are summarized in Table 4.

From Table 4, the Adjusted R-Square values, their corresponding F-values and levels of significance indicate that politics played in the management of water resources to promote self-interest affected the level of using accountable systems in KCCA in a significant manner. When politics was played autocratically, the effect was 20 per cent (Adjusted R-Square = .200, F = 5.083, Sig. = .001 < .01). In cases when it was played aristocratically, the effect was 34.9 per cent (Adjusted R-Square = .349, F = 9.555, Sig. = .000 < .01) and when it was played democratically, the effect was 10.9 per cent (Adjusted R-Square = .109, F = 2.085, Sig. = .002 < .01). Therefore, politics caused the most significant effect when it was played aristocratically. The corresponding Beta coefficients indicate that all the politics that was played in this management to promote self-interest had negative effects on the use of accountable systems. The effects were more negative when politics was played aristocratically and the use of the systems was most affected in terms of its efficiency (Beta = -.309) and equity (Beta = -.280).

In contrast, politics affected the level of using accountable systems significantly when it was played to promote public interest autocratically (Adjusted R-Square = .300, F = 9.087, Sig. = .000 < .01) and democratically (Adjusted R-Square = .103, F = 2.089, Sig. = .021 < .05). The effect was

not significant in cases when politics was played to promote public interest aristocratically (Adjusted R-Square = .093, F = 0.165, Sig. = .306 > .05). The Beta coefficients indicate that all the politics that was played to promote public interest had positive effects on the use of accountable systems. The most significant and positive effects were caused by autocratically played politics and the use of the systems was mostly affected in terms of efficiency (Beta = .427) and effectiveness (Beta = .375). It should be noted that although democratically played politics did not translate into a significant effect on the overall use of accountable systems, it had the biggest positive effect on the quality (Beta = .275) that these systems could deliver in the public interest.

Discussion of Findings

The findings in Table 4 indicate that the nature of politics played in the management of water resources affected the level at which accountable systems were used to deliver water services in Kampala district. The findings therefore confirm the observations made by Henrik-Serup (2014) that politics affects everything that happens in the management of public affairs. The findings are particularly consistent with Samra and McLean's (2007) argument that politics permeates even the management of water resources and everything that this management does. Findings in Table 4 indicate that as far as the management of water resources in KCCA was concerned, the effect that played politics had on the use of accountable systems was twofold.

In the first instance, politics that was played to promote self-interest affected the level of using accountable systems negatively, irrespective of whether it was played autocratically, aristocratically or democratically. This effect implies that as long as politics was played to promote self-interest, it significantly constrained the use of accountable systems in the delivery of water services. Constraining the level of using these systems in a significant manner implies that self-interest politics considerably lowers the possibility of delivering water services at a desired level of quality and in an effective, equitable and efficient manner. The findings suggest therefore that when politics is played to promote self-interest, it discourages the use of accountable systems and hence, the realization of quality, effectiveness, equitability and efficiency in the provision of water services. Since accountable systems are adopted in the management of public services with intent to promote public interest, the fact that their use is constrained by politics that promotes self-interest is not surprising. It is in fact expected based on the rationale of the self-interest theory and that of the public choice as discussed by Robert (2005), Munyaradzi (2005), Haseler (2000) and Tegeret-Kiplangat (2012), amongst other scholars. As the rationale of these theories

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Table 4: Effect of Politics on the Management of Water services in KCCA Indicators of politics played in water resource management Staistics predicted on the use of accountable systems and its indicators

Indicators of politics played in water resource management		Constant	Effectiveness Beta	Quality Beta	Equity Beta	Efficiency Beta	R-Square	Adjusted R-Square	F	Sig.
Self interest	Public	1.301	-.117	-.107	-.101	-.201	.201	.200	5.083	.001
	Private	7.661	-.130	-.132	-.280	-.309	.350	.349	9.555	.000
	Public									
	Private	4.053	-.108	-.102	-.208	-.137	.106	.109	2.085	.002
Public interest	Public	8.807	.375	.012	.252	.427	.331	.300	9.087	.000
	Private	1.109	.073	.013	.032	.024	.096	.093	0.165	.306
	Public									
	Private	1.010	.101	.275	.021	.031	.025	.103	2.089	.021

maintains, when the purpose is to promote self-interest, all effort is devoted to self-utility maximization at the exclusion of others. As politicians and bureaucrats seek to satisfy their selfish interests, they do not pay attention to ensuring that services are delivered to the public in an effective, equitable, efficient and satisfactory manner. They do not mind whether the services satisfy public needs or not. All they do is maximize self-interest based on the capitalistic principle as explained by the rational man model.

Findings in Table 4 indicate that politics that constrained the use of accountable systems in the most significant manner was that which was played aristocratically. The same findings further show that this type of politics constrained mostly the equity and efficiency that would be realized through the use of these systems. Since aristocratic politics was defined in this paper as the type of politics played by those in top management positions, these findings imply that it was mostly these individuals who played politics that greatly constrained the efficiency and equity that would have been realized through the use of the systems. Findings in Table 2 indicate that these individuals constrained the systems' efficiency by prioritizing their own interests when budgeting for water supply. They did not even gather information about the water supply needs of the public, implying that they did not pay attention to knowing these needs. In fact, delivering water services without adequate prior knowledge of the water needs explains why the delivered water services did not satisfy water consumers as shown in Table 3. The fact that top bureaucrats and managers in the private sector did not pay much attention to delivering water services in the public interest explains why even the following of decisions that the top management aristocratically made to benefit all water consumers did not translate into a significant effect on the use of accountable systems, its positive nature notwithstanding (Table 4).

Since access to clean and safe water is a fundamental human right in Uganda, including KCCA, politics exercised to promote self-interest in the delivery of such water needs to be averted. Findings suggest that using regulation through the formulation of policies, standards and strategies as discussed by Armstrong and Sappington (2007), Carlton and Picker (2005) and Crew and Kleindorfer (2002) may not help avert this type of politics. As Abdel-Nour (2003) observed, regulation of this type works only when the regulating body does not serve the private interests of the regulators, but the interest of the entire society in which it operates.

This was however not the case. As shown in Table 2, the formulation of policies, standards and strategies was not in the public interest and it did not promote the use of accountable systems (Table 3). Fortunately, the findings indicate that politics that promotes self-interest can be reduced by applying

politics that promotes the rationale of the public interest theory and public value theory using other means. This type of politics is suggested by the findings in Table 4 as revealed by the second form of effect discussed below.

The second form of effect that politics played in the management of water resources had on the use of accountable systems was positive and significant. The findings in Table 4 indicate that the type of politics that caused this form of effect was that played autocratically and democratically in order to promote public interest. The fact that autocratic politics that promoted public interest encouraged the use of accountable systems supports Lindblad's (2010) observation that even though autocratically exercised politics tends to be loathed by subordinates, it can be effective and efficient and can translate into delivery of satisfactory services, especially when the dictatorial decisions are made in the public interest. The findings in Table 2 indicate that this was exactly the case. Respondents strongly agreed, thereby showing that there were decisions made autocratically to provide water in the best interest of targeted water consumers. These were in fact the decisions that contributed much to the positive effect of autocratic politics on the use of accountable systems.

Apart from autocratic politics, the effect of politics that was democratically exercised in the public interest was also positive and significant (Table 4). This effect indicates that if politics is played democratically in the public interest, it encourages significant use of accountable systems in the delivery of water services. From the findings in Table 4, this effect is mainly felt in terms of delivering the desired quality of water. The same findings show however, that the effect of democratically exercised politics was weaker than that of autocratically played politics. This was because democratic politics was applied at a low level and mainly in the form of making decisions to provide water services in line with the promises made to citizens as per the president's manifesto Table 2). Other forms of democratic politics were not applied. For instance, information about water consumer needs was not regularly collected from the public, water consumers were not lobbying for desired water quality, and policies used to deliver water services were not formulated based on information gathered from consumers (Table 2). These findings suggest that there was no public participation or involvement in the management of water resources. This confirms the earlier observation that the delivery of water services was not based on knowledge of consumers' needs. It is therefore not surprising that the delivered water services were not satisfactory, equitable or effective (Table 3). A positive effect suggests however that improving the use of democratic politics in the management of water resources will lead to improved use of accountable systems in the delivery of water services.

Conclusion and Recommendations

Despite the advances in the water service delivery patterns and a range of other services in Uganda's urban areas since the 1990s, results of the study highlighted a rather sluggish pace in improving the scope of services as well as their quality which does not in many respects match the expectations of a significant number of citizens. The evidence for the levels of discontentment have their origins in the country's politics, where results suggest a corrosive effect on the service management structures and patterns of accountable systems that are portrayed as skewed in favour of self-interest and the political system, largely ignoring their mandate to serve the public. Indeed, the levels of compliance to established accountable systems by managers in the provision of water services were found to be too low, suggesting a need for sustained reforms in the sector for strengthening the service management structures while weakening the ministerial control of the service delivery systems.

From a policy perspective, it is clear that a responsive and more publicly accountable system needs to be established and consolidated through sustained reforms that address the legal provisions which politicians exploit to chip away at the capacities of public bureaucracies. In this way, it can be argued that the effect of politics on the management of service structures and accountability systems for efficient delivery of services will be greatly improved. In addition, the aims of democratising public service delivery and bringing about growing inclusive and accountable systems will be realised through a responsive, reliable and efficient system that attempts to insulate policy implementation organs from politics.

Furthermore, the relationship between political considerations in public service delivery systems as well as the current incongruities in the wider natural resource management structures imply that the obstacles in service delivery mechanisms are indeed a result of the adverse effects of politics on policy management structures. For example, the current problems in the management of water services which include pathetic governance and accountability, weak financial management, high numbers of vacancies in critical senior water management positions, high infrastructure backlog for extension of water service coverage, and in some instances, the inability to deliver even a core of basic water services efficiently and effectively, can be understood in this framework.

Quite clearly, the attempts by government and MWE, the political institution responsible for overseeing the performance of NW&SC and potential address of these problems, have yielded only limited success. Part of the challenge has been an attempt by bureaucrats to operate with the political establishment considerations rather than executing their mandate of deliver-

ing responsible, accountable, effective and efficient services to the public. As such there is a need for a coherent policy framework that responds to the varied social, economic, technical and administrative context of established accountable systems so that planning, financing and support in the service structures is tailored to the unique perspective within the requirements of the current public service delivery structures.

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Institutional Design and the Implementation of the African Peace Security Architecture in Eastern Africa

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Abstract

The relationship between, on the one hand, the design of the African Peace Security Architecture (APSA), and implementation of APSA's institutional provisions, on the other, remains less well understood, contrary to scholarly optimism on the future of security cooperation in Africa. For instance, security cooperation in Eastern Africa portrays interlocked but dissimilar institutional features that impact APSA's implementation: some features apply only to the EAC; others encompass non-East African Community (EAC) states under the Eastern Africa Standby Force; still others interlock the Great Lakes Region with Inter-Governmental Authority on Development (IGAD) and beyond. Drawing upon field work on security cooperation in the EAC, existing studies and documents on APSA, this article analyses how institutional design affects APSA's implementation in Eastern Africa. Three design aspects are considered decision-making rules; the bindingness of security commitments; and implementation mechanisms. The findings indicate that states' overlapping memberships in both Regional Economic Communities (RECs) and Regional Brigades stretching beyond these RECs breeds decision-making overlaps, conflicting obligations, and parallel conventions with different levels of force in terms of how binding to states these instruments are. Overlapping membership also engenders implementation challenges when member States are overstretched. APSA's future, The article argues, lies in reconstituting and tailoring Regional Brigades along RECs, and enhancing RECs' politico-security cooperation in order to reduce conflicting decisions, enhance intra-REC coordination and commitment, and augment confidence-building measures among REC member-States.

Key Words: APSA; Eastern Africa; Security Institutions; Security Cooperation; Institutional Design.

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Résumé

La relation entre la conception de l'Architecture africaine de paix et de sécurité (APSA) et la mise en œuvre de ses dispositions institutionnelles n'est pas bien comprise, contrairement à l'optimisme savant sur l'avenir de la coopération en matière de sécurité en Afrique. Par exemple, la coopération en matière de sécurité en Afrique de l'Est présente des caractéristiques institutionnelles interdépendantes mais dissemblables qui ont une incidence sur la mise en œuvre de l'APSA: certaines caractéristiques demeurent au sein de la Communauté de l'Afrique de l'Est (CAE); d'autres englobent des États non membres de la CAE dans le cadre de la Force de réserve de l'Afrique de l'Est; d'autres encore imbriquent la région des Grands Lacs dans l'Autorité intergouvernementale pour le développement (IGAD) en Afrique de l'Est et au-delà. L'effet que la conception institutionnelle a sur la mise en œuvre de lAPSA en Afrique de l'Est est analysé en s'appuyant sur les travaux de terrain sur la coopération en matière de sécurité au sein de la CAE, les études et documents existants sur l'APSA. Trois aspects conceptionnels sont identifiés: les règles de prise de décision ; le caractère contraignant des conventions/décisions de sécurité ; et les mécanismes de mise en œuvre. Les résultats montrent que le fait que des États soient à la fois membres des Communautés économiques régionales (CER) et des Brigades régionales qui s'étendent au-delà de ces CER entraine des chevauchements de décisions, des obligations contradictoires et des conventions parallèles avec différents niveaux d'engagement des États dans ces instruments. Ce chevauchement des membres engendre également des difficultés de mise en œuvre lorsque les États membres sont débordés. L'avenir de l'APSA réside donc dans la reconstitution et l'adaptation des brigades régionales aux CER, et dans le renforcement de la coopération politico-sécuritaire entre les CER pour la réduction les décisions contradictoires, l'amélioration de la coordination et de l'engagement au sein des CER ainsi que des mesures de confiance entre les États membres des CER.

Mots clés : APSA ; Afrique de l'Est ; Institutions sécuritaires ; Coopération sécuritaire ; Conception institutionnelle.

Introduction

The African Peace and Security Architecture (APSA) is applauded as a significant development in Africa's post-Cold War arrangements on security cooperation. This applause is informed by APSA's continental nature, scope, and structural-institutional promise. Under the architecture the African Union (AU) has adopted significant doctrinal, legal-institutional, and structural changes. Analysts of this embryonic architecture, who examine post-Cold War Africa's dynamics of regional and international conflicts and security, are not inattentive to the 'evolving regional arrangements, particularly the AU's attempts to resolve current conflicts in Africa' (Hailu 2009:63) through these changes. APSA is presented as an instrumental response to prevailing conflicts and insecurity in Africa. Other researchers trace APSA from the nonchalance of foreign powers to resolve Africa's post-Cold War insecurity, suspicions of western intensions in peacekeeping operations in Africa, and pan-African desire to use 'African solutions to African problems'. These

factors, they argue, have informed this institutional and structural change, by creating incentives for African states to attempt to construct intra-Africa security arrangements for solving Africa's insecurity (Touray 2005). These measures, undertaken under the AU, followed rounds of interstate bargains which culminated in APSA in 2002 (AU 2002b; Franke 2009; Vines 2013). Post-2002 analyses of African security institutions, therefore, underline APSA's evolution and progress (Franke 2010; Van Nieuwkerk 2011). Not enough scholarly attention, however, has been paid to the relationship between the design of this architecture and its implementation at regional level.

Institutionally, APSA is operationalised through 'Regional Brigades', which constitute the African Standby Force (ASF) as provided for in the protocol establishing the peace and security council (AU 2002b, Art. 2). These regional multidimensional forces or Brigades, consist of military, police and civilian components. They include: East African Standby Force (EASF); ECOWAS Standby Force (ESF); North African Regional Capability (NARC); SADC Standby Force (SSF); and Economic Community of Central African States Standby Force (FOMAC) (AU 2002a). The brigades were designed at a time Africa's Regional Economic Communities (RECs) embodied regionalism in Africa. Many RECs, which constitute the AU's regional-level tiers, have also embraced security cooperation. Yet these regional brigades hardly reflect, nor are they tailored along, this pre-existing regional-institutional landscape. The brigade were not fused with antedating regional organisations. This disjointedness raises serious questions regarding implementation because the way international institutions are designed influences the realisation of set goals through complex processes of operationalisation.

We need to understand whether variation in APSA's institutional design leads to variation in the nature of cooperation that follows, including the efficacy of regional institutions for resolving regional cooperation problems APSA is designed to solve. The starting point, then is to investigate how the architecture's design affects its regional-level implementation, especially in terms of regional brigades' ability to realise APSA's goals of regionalised implementation. This goes beyond the dominant scholarship which focuses on western institutional forms, relegating non-western institutional designs to anecdotes. Fortunately, recent analyses call for attention to non-western institutions to reveal how their design affects non-western international cooperation (Acharya 2009; Franke 2009; Vines 2013). This attempt to underscore non-western institutional forms engages with the 'Rational Design of International Institutions' (RDII) Project which takes institutions as dependent variables (International Organisation 2001). But studying outcomes of institutional design is not identical to studying institutions as outcomes. This necessitates analyses that address the design-implementation relationship in institutional theory.

Some researchers address institutions' impact on cooperation, but not how the design of these institutions affects the implementation of institutional provisions. Keohane, for instance, argues that institutions require hegemonic commitment to found. Powerful states use institutions to regulate theirs and weaker states' behaviours. Once founded, however, institutions can sustain cooperation even after hegemony wanes. While informed by selfish state interests, institutions do acquire independent influence on post-hegemonic cooperation (Keohane 1984): hence, powerful state interests determine the design, goals, and operations of institutions, but institutional operations in turn engender post-hegemonic institutional resilience. Ikenberry argues that post-war victors desiring transformative post-conflict stability – instead of resorting to domination and abandonment – build stable, cooperative relations. Victors make and abide by institutional commitments lest less powerful states resist the victors' institutional constructions and render it difficult for the victor to reap the benefits of institutions (Ikenberry 2001). Oran Young reveals the interplay between structural, entrepreneurial, and intellectual leadership in founding institutions, though he stresses the role of individual leaders in the process of regime formation (Young 1991). Once formed, the resulting institutions and norms, it is averred, help states to stabilise international consequences of state choices and actions, and thereby play a significant role in managing a broad array of regional and global changes in today's state system (Ruggie 1992:561). This institutional functionality thesis refutes analyses that doubt institutions' influence on state power and interests (Mearsheimer 1994/5) despite limited attention to the relationship between institutional design and institutional effectiveness.

I examine APSA's implementation challenges drawing lessons from the East African Community (EAC) whose partner states belong to the EASF but have within-EAC measures replicating the EASF. I argue that Institutional Design – the crafting of key features of a formal international security institution that codify and specify security cooperation practices – affects the implementation of specific institutional provisions. 'Design' includes decision-making rules, the extent to which security instruments and decisions are binding to states, and implementation arrangements. 'Implementation' entails actions and processes that are specified in APSA's founding documents in relation to its design elements: real decisions, respect for cooperation instruments and related decisions, and observable cooperation practices. *Decisional rules* affect actual decisions by specifying, empowering, and constraining decision makers. *Binding-ness* of security instruments limits, prescribes, and proscribes state actions and processes. *Implementation arrangements* affect cooperation practices through the mechanism of agency: converting international-security

instruments and decisions into actions requires actors with responsibilities, and specification of whether implemen-tation is centralised to states' authority structures or delegated to intergo-vernmental agencies like the EASF.

Between August 2012 and November 2014, I conducted interviews with EAC officials and key informants from partner states relevant ministries and departments; reviewed documents on the EAC's security institutions, regional security frameworks to which EAC states are signatory; and analysed studies and reports on APSA's evolution since 2002. Part of the aim was to examine the regional dimension of the AU's evolving security-cooperation practices.The findings reveal that overlapping and/or multiple memberships in the EAC and EASF, which stretches beyond the EAC, create decision-making overlays, conflicting obligations upon states, and parallel security-cooperation agreements with different binding impacts. This entanglement of decisions and responsibilities creates decisional delays, commitment problems, and strains states. Implementation challenges arise as states juggle between different security commitments. I argue for reconstituting APSA by: (a) re-forming and tailoring Regional Brigades along RECs, and (b) enhancing RECs' politico-security cooperation capabilities to reduce conflicting decisions and to improve and augment intra-REC coordination, commitment, and confidence-building measures.

The rest of the article is organised as follows: the following sub-section specifies my conceptual and methodological approach. An overview of the literature on institutional design, together with ananalysis of Africa's security institutions and East Africa's context, follows. The third section outlines APSA's founding documents, their principles, and implementation mechanisms specified therein. The final section tests theoretical ideas against existing evidence. It focuses on APSA's decision-making aspects; the binding-ness of conventions; and implementation mechanisms. I then relate this design to APSA's general execution in relation to the EAC, before concluding with suggestions on APSA's future.

Conceptual and Methodological Issues

Keohane complains that 'institutions are often discussed without being defined at all, or after having been defined casually' (Koehane 1988:382). Limitations in existing definitions include measurement difficulties and the tendency to conflate institutions with 'regimes', 'organisations', norms and customs (Duffield 2007). Duffield prescribes a conception of international institutions 'as relatively stable sets of related constitutive, regulative, and procedural norms and rules that pertain to the international system, the actors in the system… and their activities' (2007:2-8). This definition encompasses institutions' functions, features, and landscape: for 'any particular international

institution need not contain all of these elements'. So Duffield just amalgamates, synthesises 'existing conceptions of international institutions' (ibid, p.8), only integrating ontological and functional aspects in Keohane's (1988) and Young's (1983 earlier definitions. Today's research progress on institutions does not imply definitional consensus on the concept but reflects scholar-specific conceptual operationalisation. This disagreement arises from many epistemological and ontological difficulties (Duffield 2007). I do not overcome these challenges. My concept of international institutions is biased toward, and narrows them to, formal rules and procedures, and the proscriptions and authorisations they give to specified role players. This allows me to focus on how institutions' 'design' affects operational realities in structures/organisations they engender. Institutions may produce organisations, which in turn can lead to institutional change or new institutions.

In my usage, an *International Security Institution* entails states' formal expression of commitment to operate in a specified interdependent manner in response to a given security problem or sets of security problems. 'Inter-dependence' here implies cooperation, both coordination and collaboration, but in no way assumes that non-cooperation among states reflects absence of institutions. My conceptualisation: (a) narrows institutions to explicit, negotiated, arrangements between States, without delving deeply into the role of individual leadership in this process (Young 1991); (b) sidesteps inter-subjective and constitutive factors that are stressed in constructivist theorising; (c) views institutions as negotiated –not imposed –outcomes of political bargaining such that if there be imposition or coercive bargain when establi-shing institutions, state agency and choice in institution-building would be lost; (d) views institutions as non-self-generating and non-spontaneous, but as consciously constructed in response to a given situation, to address a given problem, and/or in anticipation of a given outcome; and (e) has agent-centric bias in notions of 'negotiated arrangements' and 'conscious constructions'.

I exclude informal aspects of institutional evolution and functioning, partly in order to avoid measurement difficulties and partly because 'design' can be discerned from formal institutions. I stress rational interests because the institutions under study were deliberately constructed to address historically demonstrable insecurity: regimes are founded to solve problems, and their effectiveness is a function of 'the extent to which these arrangements succeed in solving the problems that lead to their formation' (Young 1999:109). Though Young had placed emphasis on the role of leaders (1991), he later (1999:113) considered design elements like problem structure, regime attributes, social practices, institutional linkages, and the regime's broader setting. Regime design matters because 'it serves to channel the behaviour of formal members of the regime and the wider spectrum of actors operating under the regime-member's auspices (ibid: 119).

Institutional Design here implies the features of an institutional arrangement. These features reflect the way in which interstate cooperation is [supposed to be] conducted. In security affairs, design implies codification of international security cooperation in terms of decision-making rules; whether or not security-cooperation instruments are binding; and organisational logics embodying these institutions and providing operational frameworks within which actors' behaviours are regulated and regularised. Decision-making rules specify *who* decides and *how*. Decisions may be made by Heads of States, ministerial councils, or organisational officials. The procedure may be consensus/'sovereign equality', majoritarian, or weighted voting (Steinberg 2002). Instruments like agreements and protocols make provisions on these issues. Instruments themselves are not synonymous: some are binding, others are not. More binding instruments theoretically engender greater implemen-tation obligations for actors than less binding ones. Non-binding instruments create laxity at state and organisational levels even as they provide for state or intergovernmental actors occupying certain roles with the mandate to do (or not do) certain things. Thus, actors are made by and operate according to institutional rules. The notion of 'organisational arrangements' distinguishes institutions from organisations. It implies that though some institutions are not organised, organisations–role structures, their activities, and environment in which actors operate–embody institutions (Young 1999).

I propose that provisions on the above-specified aspects affect implemen-tation of an international security framework: they inform actual decision-making and implementation. I distinguish decision-making rules from decision-making practice. Decisional rules inform decisional practice, but this rules-practice relationship is not necessarily straightforward. Decisional rules may lead to unintended decisional practices when they demand certain actors and procedures. Decisional rules affect decision-making practice by allowing/limiting discretion, affecting contingent decisions in related institutions (Young's 'institutional linkages' and the broader environment), and/or encouraging decisional avoidance (non-decisions) when states sense commitment problems arising from multiple, sometimes conflicting, institutional obligations. Provisions on actors' responsibilities show to what extent institutional authority is centralised (state-level only) or delegated (passed on to interstate agency). Organisation shows actors' responsibilities in line with institutional rules, but differs with *real* actors in that some provisions on how to organise an institution may lead to the creation – eventually activities – of new agencies with new roles and role-holders.

I trace elements of *institutional design* from APSA's founding instruments. I examine how these provisions affect implementation; that is, actual organisational decisions, the level of respect for cooperation instruments,

distinctions between issue areas, arguing that cooperation is more difficult in security than in non-security (e.g. environmental, migration, socioeconomic) affairs (Jervis 1982; Lipson 1984). The rational design thesis, especially the RDII Project (IO 55, [4]) aimed to explain international institutions, that is, 'to offer a systematic account of the wide range of design features that characterize international institutions'. It considers factors like nature and/or severity of cooperation problems; actors' number, symmetry, and behaviour; uncertainty about the world and others' preferences. These factors are believed to influence design features like membership restrictiveness, scope of cooperation, level of centralisation of authority, flexibility of institutions, and control over them (Koremenos, Lipson & Snidal 2001). Duffield (2003) critiques the RDII Project over omitted variables, limitations of empirical evaluation, and scope. He blames writers for limiting conceptualisation to formal institutions and negotiated arrangements; finds limitations in case selection, operationalisation of variables, and lack of empirical support for hypothesised relations between key variables. Duffield argues that several useful independent variables, like obligation, precision, specificity, are obscured by overgeneralisation. But Duffield does not specify any theoretical, say constructivist, solutions to these problems.

This study considers how institutional design, once achieved, influences institutional operations. This is not about institutional path-dependence that would still inform institutional design (Cooper et al. 2008). It is about how certain elements of design affect institutional implementation. While one can determine how various *design features* affect *implementation* of security cooperation commitments between states, I focus on APSA's specific design elements that affect practical implementation in Eastern Africa.

The AU Peace and Security Council (PSC) is Africa's most important security institution, the main forum for promoting peace, security, and stability. However, one of the PSC's structural-design challenges is that 'overlapping security institutions at the sub-regional and continental levels', while avoiding the temptation to place 'all the continent's eggs in one institutional basket' can raise 'issues of *coordination* and *priorities* when the *memberships* of sub-regional arrangements *overlap'*, (Williams 2007:1037). The simultaneity of both continental and regional institutions originates from the 1960s when the Organisation of African Unity (OAU; now AU) resolved the continentalism-regionalism debate by creating RECs (interchangeable with ROs) under the OAU in 1964 (Povolny 1966; Wild 1971). The RECs that resulted from this debate embody regional security institutions in Africa's sub-regions (see Hentz 2014:197-229; Adibe 2003). While East Africa's regionalism predates 'the new wave of regionalism' (Vayraynen 2003), security regionalism under study is a post-World War II phenomenon. I distinguish RECs/ROs from the 'AU',

a continental international organisation (IO). Though there are issue-specific, ad hoc organisations like the ICGLR, RECs in Africa are the AU's cardinal blocs. They evolved as socio-economic organisations but have been addressing security issues since the 1990s.

Studies on security regionalism in Africa take two strands: those that emphasize pan-Africanist incentives and the AU's central role; and those that stress regional specificity. According to the former, regionalism was a Pan-African struggle. Strategic considerations regarding African marginality in the global space and the need to emancipate Africa through integration drove African regionalism. This struggle bred both 'radical' and 'moderate' pan-Africanists. Radicals, like Ghana's Kwame Nkrumah, believed continental unity would constitute a strong Africa capable of securing a niche in a competitive world, and defend her dignity from potential future domination. Africa's security measures have evolved since Nkrumah proposed 'a common defence system with a single military high command' (Touray 2005:637). This arrangement would uphold the UN's principle of non-intervention and peaceful interstate relations while cushioning Africa against potential intrusions. Nkrumah's proposal sowed seeds of today's AU-level security measures.

Recently, African states adopted a Peace and Security Charter that reflected vital conceptual and operational breaks from the past. The main game changer has been the new doctrine allowing the AU to intervene in member states' affairs (Jones, Forman & Gowan 2010:18) under certain conditions. These changes are operationalised in APSA, and have encouraged scholarly optimism on security cooperation in Africa (Kent and Malan 2003; Franke 2009; Bah 2010). APSA, whose implementation is decentralised at regional level, that is, delegated to sub-regional institutions below the AU (Touray 2005:636) is seen as a major shift in governing Africa's security space. Regional Brigades can set up standby military, police, intelligence, and civilian brigades for ready deployment where needed.

Regional Brigades echo the regional specificity thesis that opposed Nkrumah's envisioned full-blown continental unity. It resonates with the views of Tanzania's Julius Nyerere and other pro-regionalism reasoners, Wild calls them 'moderates', who argued for the creation of ROs within Africa's geopolitically contiguous regions. ROs, they reasoned, would be easier to form, and would work as building blocks for continental unity. A compromise resolution of this debate led to the creation of ROs in Africa's different regions – AMU, EAC, ECCAS, IGAD and SADC – as regional governance structures under the AU (Wild 1971; Agyeman 1975; Nye Jr. 1965). ROs/RECs in Africa were originally intended to handle socioeconomic development issues, trans-formation in Africa, but recently adopted political and security affairs out of practical necessity. Today, security-cooperation decisions may be made at

AU level but implementation occurs at regional level where [supposedly] closely-knit states operate in a smaller intergovernmental framework.

In 2002, AU member states agreed to establish an APSA that would subsume regional security measures. It was believed that critical to a secure Africa is the AU's success in collaborating effectively with RECs, international partners, and building up better sub-regional and continental institutions that can ensure peace, security, and prosperity for Africa (Vines 2013:109). Under this arrangement, decisions made by the AU's PSC, whether or not they are funded by international partners, are implemented at regional level. RECs have the additional mandate to make and implement region-specific decisions. This design presents the ASF's Regional Brigades as operational and rapid responses with mandate and potential to address Africa's security concerns at regional level (AU, Security Council 2010). Prior understanding of APSA is crucial for critiquing these arrangements.

The AU Peace and Security Architecture

APSA signifies African states' commitment to cooperate through continental institutions and regional organisations. Scholars assume that international organisations provide conditions that are conducive to greater cooperation and interdependence among states. Organised institutions establish common organisational ties which set in motion [visible and invisible] forces that produce 'cooperative interstate behaviour' (McCormick 1980:86) APSA, which is formed as a collaboration between RECs and the AU, reflects expectations of cooperative interstate behaviour. But there are significant differences, argues McCormick, in cooperation between IOs like the AU and ROs like the EAC. ROs, he argues, are characterised by *high politics*, in the form of stronger competitive relations and power struggles between member-states, unlike more inclusive IOs. *Low politics* in IOs engenders greater cooperation; high politics in ROs inhibits cooperation. The result is the different levels of cooperation on different isues and levels of interstate engagement 'technical, noncontroversial issues (issues usually discussed in low politics organisations) are more likely to result in cooperative responses among the participants' (ibid: 86). McCormick finds that states' national attributes have limited influence on levels of cooperation, and that ROs display low cooperation levels for they handle high politics issues (ibid: 91-2) like intrastate and transnational insecurity. Thus, we expect easier cooperation at the AU than EAC level; APSA being easier to design at AU level but difficult for RECs to implement due to region-level *high politics*.

Founding Instruments and Principles

APSA's key instruments include the Constitutive Act of the AU; Protocol establishing the AU's PSC; and the MoU between the AU and ROs on peace and security cooperation (AU 2000a & b; AU 2008). States are conscious about the scourge of conflicts in Africa that impedes the continent's socio-economic development (AU 2000a), and are, at least on paper, concerned about the persistence of armed conflicts that force millions of Africans into an undignified life. The search for cooperative solutions as reflected in the Preamble of the Protocol which establishes the AU Peace and Security Council comes as no surprise (AU 2002). These founding instruments provide for a Panel of the Wise; continental Early Warning System (EWS) (Franke 2009); the ASF; and a Common Defence Policy (Vines 2013; AU 2002b, Art. 11-13), with the peace and security department coordinating their activities. The EASF's coordination mechanism and the NARC are not managed by RECs. Instead, they are stand-alone structures spanning ROs (AU 2008, Art. 1). Primarily, these instruments stress sovereign equality, independence, states' decisional autonomy, and promotion of peace and security. The Constitutive Act outlines these principles (Art. 4). I categorise these principles into three.

The first category, which I call 'Sovereignty-Preserving Principles', stress the sovereignty, independence, and decisional autonomy, of member States. They proscribe violation of state sovereignty, stress sovereign equality and interdependence; preserve colonial-demarcated borders; and demand non-interference in States' internal affairs (AU 2008, Art. 4). The second category I call 'Intervention-Threshold Principles. These principles give AU institutions some limited mandate to encroach upon internal sovereignty – under very limited circumstances. The AU may intervene in a member state pursuant to a *decision of the Assembly in respect of 'grave circumstances'*, namely war crimes, genocide, and crimes against humanity. States may also request AU intervention to restore domestic order. The AU proscribes unconstitutional changes of governments, including coups d'état; stresses respect for the sanctity of human life; rejects impunity and political assassinations; acts of terrorism, and subversive activities (ibid; Art. 9; Le Sage in Okumu 2007). These principles are limiting since their application requires two preconditions: prior authorisation by a non-technical Assembly even in 'grave circum-stances'; and States' request for, or acceptance of, intervention. This may allow shame-faced states to delay or stymie intervention in affairs where they are complicit of parties.

The third category, the 'Conventional-Security Principles', define interstate defence relations and envision a common African defence policy and peaceful resolution of *interstate* conflicts, through appropriate means decided by the AU Assembly. Echoing Nkrumah's collective security ideals, these provisions

prohibit the use or threat of use of force among states, stress peaceful co-existence; and encourage self-reliance within the AU framework (Touray 2005; AU 2000b, 2002b). These principles may stifle cooperation, in contexts of state complicity, on intrastate insecurity even when cooperation might promote respect for sanctity of human life, condemn and reject impunity, and promote peace (AU 2002b). In case of complicity, States may stymie AU intervention by evoking sovereignty-preserving principles in Articles 4 of the Constitutive Act, and PSC Protocol, thereby creating decision-making and implementation difficulties. This perhaps explains why some AU missions rarely acquire States' full cooperation to restore order in conflict-affected countries. Ironically, the AU stresses pacific relations, rather than transnational and intrastate insecurity in which state complicity may stymie implementation under the guise of sovereignty (ICG 2012a & b). Hence, sovereignty-preserving principles dominate over others.

Implementation Mechanisms

APSA's implementation mechanism includes continental, regional, and national structures. The Panel of the Wise, Continental EWS, ASF, Military Staff Committee, and a Special Fund are key establishments that are central to the implementation of the architecture. The PSC is a standing decision-making organ. It has a wide range of decision-making powers and functions (AU 2002b, Art. 2; 2000b/Constitute Act, Art. 5[2]). According to Williams (2007), the PSC remains Africa's main forum for promoting peace, security, and stability; for preventing, managing, and resolving conflicts; and for ensuring a collective security and early-warning arrangement which can facilitate timely, efficient, crisis responses. The PSC was intended to help the AU in creating a common defence policy; promoting peace, security, and stability; protect/preserve life and property; and anticipate, prevent, manage/resolve conflicts through peace-making, peace-building, and post-conflict reconstruction; and facilitate the fight against international threats, like terrorism. The PSC can recommend action to the Assembly regarding intervention in grave circumstances. It would implement the AU defence policy; harmonise regional peace and security mechanisms; promote AU-UN partnerships; and make follow-ups on APSA's implementation while ensuring that external peace and security initiatives take place within the framework of the objectives and priorities of the AU (AU 2002b, Art. 3-5; Williams & Boutellis 2014).

While Williams sees the PSC as a decision-making organ, as the Protocol states, Touray (2005) understands it to be an implementation mechanism for the CADSP, a collective security policy adopted in Sirte, Libya, in 1999. The CADSP was inspired by structural changes in the international community

that forced Africans to design *African Solutions to African Problems*, a kind of ideational conviction that Africans are best suited to solve their problems through commitment, ownership, shared values (Rwengabo 2016).. Williams and Boutellis (2014:254-5) reveal that great power politics of the Cold War and the post-Cold War international normative context have influenced approaches to peace support operations in Africa, but also reveal organisational, bureaucratic, and resource constraints that stifle effective decision-making at AU and UN levels. While their study does not contradict Touray's structural explanations for Africa's changing security institutions, they do underline legitimacy struggles between the UN and AU, UN relationship with RECs, Africa's lack of united voice in New York, and APSA's design limitations that may have serious implications for implementation

Institutional Design and APSA's Implementation in Eastern Africa

This section stresses overlaps between the EAC and other security features that intersect under the EASF to unravel implementation challenges afflicting APSA. After outlining the Eastern Africa context, I focus on: decision-making; how binding security conventions/decisions are; and implementation mechanisms. I argue that overlapping memberships in both RECs and Regional Brigades create decision-making overlaps and conflicting obligations, hence overstretching member States.

The East African Context: Insecurity and Security-Cooperation Measures

Three situations typify Eastern Africa's politico-security landscape: transnational armed rebellions with regional security implications; political instabilities resulting from political violence; and failure of extra-Africa efforts to address these issues due to foreigners' complicity, interests, and motives in these security issues; limited grasp of their causal and transformative dimensions of these conflicts; and thes conflicts' sheer complexity. Non-traditional threats, like proliferation of SALWs, terrorism, and human/drugs trafficking worsen the situation. Though these issues are intricately linked, terrorism remains the greatest threat. Equally significant, transnational armed rebellions in geopolitically contiguous regions facilitate SALW proliferation and market-channel these arms; transform to international terrorism via networks with terrorist groups, or using terrorist tactics (Findley & Young 2012; Boas & Dunn 2014); weaken states; and create refugee problems. Save for Tanzania, most countries in Eastern Africa have experienced rebel conflicts (Reyntjens 2009; Prunier 2004; Gersony 1997). Some rebel groups have safe havens, training grounds, operational bases, and recruitment sources

in neighbouring states' mountainous regions and forested terrains. Others echo transnational ethnic conflicts, and fuel security tensions between neighbouring states, thus transforming into transnational ethno-political conflicts and proxy wars (Prunier 2004; Rwengabo 2014).

Another dimension of insecurity – political instabilities – results from and also facilitates armed conflicts. Rwanda-Burundi, Somalia, and post-Amin Uganda experienced political instability, creating endless spirals of political ² occurred against Kenya in 1981. A combination of proximity to Somalia and Sudan; apparent globalisation of, and involvement in, the complex regional security politics of Northwest Asia (aka the Middle East) through close ties with Israel; disgruntled religio-cultural groups in the region; civil conflicts in the Uganda-Sudan-Ethiopia axis; state failures in Zaire/DRC; and underdevelopment, have made East Africa a 'soft target' and victim of global and regional terrorism (Okumu 2007; Rwengabo 2014). Therefore, sub-regional secu rity arran gements have joined glob al an d con tinen tal counterterrorism measures.

Previous international efforts to address these security problems have failed: in 1993 the US withdrew from Somalia, forcing the Somali state to collapse despite an active international community (Rwengabo 2016). The world failed to prevent/stop Rwanda's 1994 genocide despite cries from Kigali for the same (Melvern 2000). South Sudan's conflict was prolonged and left the southern region devastated despite the recent cessations (Le Riche & Arnold 2012). There is a general failure to muster solutions to Africa's insecurity which has forced the UN to work with African organisations (Boulden 2003). These failures forced African states to find regional solutions, through ad hoc *tripartite arrangements* (Vinci 2009; Atkinson 2009 that also are not devoid of states' interests which limit these missions (Donnelly 2012;; Fisher 2012). With the sheer enormity and persistence of insecurity; threats to foreign interests in the region; straining state/national resources; degeneration of some security issues into grave circumstances; retardation of socioeconomic development; the realisation that cooperation is a judicious, rational response, led to APSA. APSA includes parallel conventions/agreements, some more binding than others. To clarify these overlaps, I present Eastern African states' connexions to different regional-security arrangements (Table 1) before addressing design elements.

Table 1: Sub-Regional Security-Cooperation Arrangements in Eastern Africa[2]

Country	Membership to the APSA/EASF	Membership to Sub-Regional Security-Cooperation Arrangement					
		EAC	ICGLR NREC	NP NREC	IGAD	SADC*	ECCAS*
Burundi	✓	✓	✓	✓			
CAR**			✓				✓
Comoros	✓			✓			✓
Congo Rep.**			✓				✓
DRC**			✓	✓		✓	✓
Ethiopia	✓			✓	✓		
Djibouti	✓			✓	✓		
Eritrea				✓	✓?		
Kenya	✓	✓		✓	✓		
Rwanda	✓	✓		✓			
Seychelles	✓			✓		✓	
Somalia	✓			✓	✓		
South-Sudan			✓	✓	✓		
Sudan	✓		✓	✓	✓		
Tanzania		✓		✓		✓	
Uganda	✓	✓		✓	✓		
Zambia**			✓			✓	

Key: ** Indicates RECs outside Eastern Africa, but whose member states share security arrangements with Eastern African states.*

Key:** *indicates non-EAC Partner States sharing same security institutions with EAC Partner States and other Eastern African states. NREC: indicates that the organisation is not a REC/RO, but is an issue-specific intergovernmental organisation.*

From Table 1, states in Eastern Africa and the Horn belong to different, overlapping RECs, and other ad hoc sub-regional security cooperation arrangements with different levels of legal and institutional demands. Of vital interest, provisions overlap since the same states concurrently belong to different institutions. States are therefore strained to meet their obligations in each security framework. Maintaining commitment in such a manner requires financial, human resource, and time expenditure, which drains states. It creates decision-making and implementation difficulties. Williams and Boutellis (2014:262) underline membership overlaps that typify APSA's institutional design: 'Notable are the different but sometimes overlapping memberships of the eight RECs, the five regional standby forces, and the five regions.' This becomes clear when we examine key elements of this institutional design: decision-making; the binding-ness of security instruments; and implications for implementation (Table 2).

Table 2: Relating Design Elements and Regional Security Arrangements

APSA's Design Elements	Regional and Sub-regional Cooperation Arrangements		
	EASF	**EAC**	**Others** (ICGLR, (IGAD, Nairobi Process)
Decision Making	AU decisions: Assembly; Council with advice from Panel of the Wise. Consensus and/or majority decisions	Ministerial Council Sectoral Councils only (Summit Policy Guidance)	Ministerial Councils & Assemblies; Technical officials' input Majority decisions
Bindingness ness of Instruments & Decisions	Dependent on state acceptance; not binding	Binding once ratified. Must be implemented domestically	Dependent on state acceptance;not binding
Implications for Implementation	State willingness State contributions No institutional pressure to ignite political will Institutional incoherence	Both regional and national mechanisms Part of national policy High-level obligation Legislative pressure to enhance political will	Ad hoc mechanisms Limited interactions & regional institutions to ignite political will Low-level obligation

From Table 2, different regional security arrangements have different decision-making rules. These rules impose different obligations upon member states. Compared to EAC protocols, security instruments in Eastern Africa are not binding to signatory states. There is no institutional pressure to mobilise the necessary political goodwill to implement these agreements as is mounted by the EAC's Legislative Assembly (EALA). While the EALA may not compel Council and/or Partner States to act, it is recognised as an EAC organ with mandate to liaise with national legislatures, approve Community budgets, and pass bills which, once assented to by all states, become legally-binding Acts of the Community (EAC Treaty, ch. 9). Therefore, unlike other regional arrangements based on non-binding instruments, EAC provisions on decision-making and responsibility result in legally-binding decisions and obligations that provide opportunities for at least minimum institutional pressure, within and beyond the EAC, for implementation.

Decision-making Procedures and Responsibility

APSA's sovereignty-preserving principles, revealing the state system's desire to preserve its constituent part, the sovereign State, show that states co-preserve their monopoly power to decide what issues belong to the realm of coercion that states arrogate to themselves, and which issues belong to other realms that are delegable to IOs/ROs. This self-preservation imperative inheres in the UN's non-intervention norm, and AU proscriptions on interference in states' internal affairs. Transnational security issues may naysay these principles, but cannot erase them (Thomson 1995; Rwengabo 2014b).

Two key issues relate to decision-making procedures and responsibility: *who* decides; and *how*. In East Africa, political leaders make decisions through consensus.[3] The AU Assembly and Executive Council make most decisions through consensus. Where consensual decisions remain elusive a two-thirds majority of AU member-States decides for the organisation. There may be procedural matters, including whether a matter is one of procedure or not, that are decided by a simple majority. But consensual decisions are favoured to ensure unanimity because the Assembly's or Council's quorum requires two-thirds of the total AU membership (AU 2000b, Art. 7, 11). Consensus decision-making negates status in East Africa, equalising voting power and representation. Unanimity enhances decisions' ownership (Steinberg 2002:339). Though consensus need not result in soft law, as Steinberg argues, it allows East African states to eschew difficult commitments. Under APSA, Heads of States and foreign ministers from PSC members can make peace and security decisions in closed meetings from which member states that are party to the conflict are excluded after presenting their cases (AU 2002b, Art. 8[9]). The PSC, again, uses consensus or majoritarian decisions as appropriate (Art. 8[13].

Apart from the foregoing, structural and operational challenges affect APSA's implementation. It informs decision making through its advisory role to the PSC. It is composed of five highly respected African personalities (AU 2002b, Art. 11) selected by the Commission chairperson in consultation with the PSC's 15-Member States. It advises the Council, Commission chairperson, and member States, on security matters. It can take necessary action to support the Council and Commission in preventing conflicts, promoting, and maintaining peace and security. These personalities can act as mediators, advisors, adjudicators in conflict situations (ibid) through consultations.

Implications for Implementation

As McCormick would argue, consensus is difficult in East Africa. It can potentially stifle decisions on contentious issues as negotiations on the EAC Mutual Defence Pact showed.[4] Decision makers are shielded from alternative, non-council, institutional pressure, making decision-making bodies unaccountable. Such bodies are also obliged by multiple security arrangements, a situation which forces them to avoid conflicting decisions as happened when the EAC failed to send a joint peacekeeping force to Somalia.[5] Within the EAC, critical decisions are sometimes stifled. States tend to insist on self-reliance, evoking the non-intervention principle. For example: when the EALA demanded regional solutions to Uganda's Lord's Resistance Army (LRA) rebellion, James Wapakhabulo, then Uganda's foreign minister, told the Assembly that '*the question of the conflict in northern Uganda… has not been articulated in East Africa because it always remained a Ugandan problem*, and a northern Ugandan problem' (EALA Debates, 200 May 2003:45). The Assembly's efforts became futile because EALA had no mandate to compel Council or Summit to act even where Uganda had failed to end the LRA rebellion (EALA Debates 2003; 2004; 2008; Atkinson 2009).

Once states monopolise decision-making power without provisions for – at least conditional – compulsion, states may avoid or stifle some cooperation decisions. The EAC could not hark back to the EALA pressure. Were EALA an autonomous institution with the mandate to assess the gravity of insecurity and decide whether and how to intervene, its LRA-related decision might have been made and implemented. The AU Assembly, under APSA, cannot make legally binding decisions. Under EASF, decision-making rules are unclear. If the EASF was an EAC institution, the EAC ministerial Council would make binding decisions through EAC decision-making procedures. Findings from East Africa indicate that States' emphasis on self-sufficiency in the security realm; suspicions about potential intervening States; and in case of intra-state insecurity, the costs of dependence on the RO for states'

domestic self-control, all constrain cooperative security decisions (Field Interviews, East Africa 2012). Another example: international pressure was mounted against a then-uncooperative Sudan before the UNAMID. But the international community failed to recognise Sudan's Darfur crisis as 'genocide', hence denying itself the moral-legal high ground for contravening Sudan's sovereignty (Donnelly 2012:271-3). IGAD stood almost aloof, failing in Somali conflicts. Non-binding and contradictory conventions and decisions, such as who/how to determine the seriousness of 'grave circumstances', are difficult to implement when actors are required to respect sovereignty.

How Binding are Security Conventions?

'Intervention-Threshold Principles' give the AU institutions some limited mandate to intervene, to encroach upon States' domestic sovereignty under very limited circumstances. Seemingly promising in some contexts, the requirement of state acceptance undermines this ideal. States will hardly admit they require intervention in their internal security affairs unless at the verge of collapse, already collapsed, or are intervened against as Uganda-Rwanda-Burundi did against the DRC during the 1990s. This, again, echoes Uganda's resistance to EALA pressure over the LRA. Since the AU protocol and MoU operationalise the Constitutive Act, their intent is consistent with addressing 'the continued prevalence of armed conflicts in Africa' that have 'forced millions of our people' into deplorable conditions (AU 2002b). But none of them is binding; neither are their overlapping regional instruments. Coordinating and harmonising Africa's 14 RECs; having at least two of these RECs in each of Africa's sub-regions; and fusion of mandates and functions between RECS,' implies membership to more than one REC. these multiple, overlapping, memberships constitute a "spaghetti bowl", a lumping up of things which hinders regional integration. This is done by creating "a complex entanglement of political commitments and institutional requirements", which, subsequently, increase costs of conducting political and security bargains, decisions, and implementation (Drappa, Halleson & Alves 2007:1). Most African States cannot allow, if manage or even afford, multiple legally-binding commitments.

It is ironical, therefore, that many governments have made commitments with conflicting agendas in multiple organisations. This renders questionable their commitment to rules-based governance, and member-states' appreciation of whether these institutions are actually rules-based dispensations (Hartzenberg 2011:18). Overlapping instruments can be binding but to different degrees. Though respect for agreements is a function of many factors[6], the binding-ness of APSA instruments to signatory states differs from that of RECs' instruments. This becomes clear when we compare APSA and EAC's

security-cooperation instruments: Tanzania is not a signatory to the EASF's MoU, but is to the SADC protocol. Other signatories to the EASF MoU are not EAC partner states. Of the 11 signatory states, only four are EAC partner states. The EAC has developed parallel, more binding (though not inviolable) security protocols, one on defence cooperation upgrading the 1998/2001 MoU; another on peace and security cooperation (EAC 2012), with similar provisions to EASF instruments. EAC protocols are binding for they are appendages to the EAC Treaty. Once ratified, they are domesticated in national laws (EAC, 1999, Treaty Art. 62-3; Ch. 23). This replication shows that security measures that are parallel to the EAC are nonbinding to EAC partner states, and have no legal effect on the strategic direction of the EAC and its partner states. This breeds differences in levels of commitment.

Kenya and Uganda are also members of IGAD. But 'IGAD does not have an equivalent of the PSC that is distinct from its overall political organs: the Assembly of Heads of State and Government, and the Council of Ministers, *and there are no plans to constitute one in the near future…* It does not have the equivalent of the MSC [military staff committee], but an ad hoc panel of Chiefs of Defence Staff has been convened to provide advice on military issues such as its planned peace operation for Somalia which never materialized' (AU 2010: 24). Therefore, these states have less security commitment in IGAD than Tanzania has in SADC. And none of these states has legally-binding obligations in EASF or SADC like they all have under the EAC, indicating different levels of obligation and commitment. No SADC protocol is as binding as EAC protocols. Accordingly, only EAC instruments are binding to partner states, and accordingly, states are more likely to respect EAC instruments than IGAD, ICGLR, SADC, or EASF instruments.

Implications for Implementation

Why implement nonbinding instruments? For reputation's sake, national interests, or sheer ideology? Why not make them binding if reputation, ideology, national interests, strategic and tactical considerations are important? One need not answer these questions any more than reveal contradictions resulting from the design of these institutions. APSA's institutional design contradicts security cooperation in the EAC on grounds of state commitment. Overlapping memberships in eastern Africa create conflicting obligations on the same security issues. Under the design, EAC instruments conflict with SADC instruments. Signatories to the SADC Mutual Defence Pact declared 'that none of the international agreements between them and any Third Party is in conflict with the spirit and provisions of this Pact', and that 'where an existing agreement is inconsistent with this Pact, State parties concerned shall take steps to amend the agreement accordingly' (SADC

2003, Art. 16). Tanzania faces commitment problems since EAC security protocols may contradict SADCs. This explains Tanzania's hesitation during negotiations for the EAC Defence Pact. This forced Kenya, Uganda, and Rwanda to sign a trilateral Pact (Field findings; Masereka 2014). The trilateral Pact is not an EAC instrument as it lacks EAC-level consensus. If it were consensual, again, it would be more binding than the SADC Pact. It might also contradict the Dar es Salaam Declaration and other ICGLR instruments (ICGLR 2004). The EASF's framework does not correct these overlaps.

Equally nonbinding are 'Nairobi Process' instruments. This 'process' regionalises the Bamako Declaration on SALWs (AU 2000a). It followed Africa's protracted engagement of the broader international community after Mali's President Alpha Oumar Konare requested the UN Secretary-General, Boutros Boutros-Ghali, for support to collect SALWs then circulating in post-civil war northern Mali (Donowaki 2004). Under the coordinated Agenda for Action and the Nairobi Protocol, states agreed to cooperate in controlling the circulation of SALWs in the region (RECSA 2000). Five signatories to the protocol, that isDjibouti, DRC, Eritrea, Sudan, Ethiopia and Seychelle, are not EAC partner states. Simultaneously, the EAC's peace and security protocol provides for cooperation on SALWs within the 5-member EAC.[7]

From APSA's design, Regional Brigades are implementation mechanisms for the ASF (Vines 2013; Franke 2009). But in East Africa implementation is difficult because EASF member-states have obligations under the EAC, IGAD, SADC, ICGLR, and the Nairobi Process. These obligations should have been streamlined under APSA. The EASF is based on a non-binding MoU. Always a 'gentleman's agreement'[8], the MoU relies on states' goodwill about a regional agency to monitor compliance or restrain noncompliance. By their nature, MoUs need not have enforcement and monitoring mechanisms like the EAC's nascent peace and security directorate. These missing elements constrain security cooperation because: first, states are not pressured to honour commitments beyond difficult-to-harmonise unilateral interests; second, regional brigades may not acquire the critical resources needed to implement APSA in case of States' reluctance; and third, states may relax out of apathy or sheer exhaustion.

General APSA Implementation Challenges

Apart from the foregoing, structural and operational challenges affect APSA's implementation. The AU's EWS was intended to create a *Situation Room* at the conflict management directorate, collect and analyse data based on an appropriate early warning indicators module but remains on paper. This is partly because of resource limitations but mainly due to states' desire to retain authoritative control of some aspects of the security realm. Franke

(2010: 85) observes a strong 'Westphalian state in Africa', which is averse to external interference and ensures that security cooperation is not inimical to state sovereignty (ibid: 85-6). If APSA's implementation requires regional EWSs, and the EAC alone is constructing an Arusha-based EWS (Interview: GIZ officials, 2012), it remains questionable whether the EAC's EWs would serve all EASF signatories. Remaining to be fully constituted are the EASF's supposed standby multidisciplinary contingents, civilian and military components based in their countries of origin and ready for rapid deployment at appropriate notice.[9] A meeting of Eastern Africa Chief of Defence Staff (CDS), held 16-17 February 2004 at Jinja, Uganda, discussed the policy framework for the establishment of East African Standby Brigade (EASBRIG) as one of Africa's regional standby forces (AU 2010:40). An MoU was signed on 11 April 2005 and came into force on 11 May 2005 (IGAD 2005; AU 2010:39-42). But it remains to be implemented as the EASF's Development Plan, 2010-15, remains to be fully implemented (AU 2010:39-42). EASF structures were, until recently, not yet fully established.

A skeletal structure was scattered across Nairobi and Addis Ababa. The EASBRIG's logistical base and headquarter in Addis-Ababa is still operationally weak, and had only three professional staff. The resulting limited coordination stifled the Brigade's day-to-day operations and delayed implementation of some agreed activities. Other constraints to the operationalisation of the Brigade include: increasing internal tensions within the region; internal tensions and conflicts in the member States; persistence of piracy and terrorism in Somalia; inadequate funding to support all EASF activities; limitations in regional contribution to forces due to inability or unwillingness of member States to commit forces to the EASF; and difficulties in coordinating the various structures constituting the EASF. There were also difficulties in regulating partnerships; limited technical and financial support for strategic planning; *limited communication with ROs (mainly the EAC and IGAD)*; absence of binding security-cooperation instruments; and *constraints in political, diplomatic, and military regional cohesion* that would provide the glue that holds these actors together(AU 2010:42). None of these challenges has been exhaustively addressed since 2010.

Equally, the Peace Fund suffers limitations. Intended to provide necessary financial resources for peace support missions, operational activities, and day-to-day running of the council' from within Africa (AU, 2002b, Art. 21), the Peace Fund raises concerns regarding the funding of peace operations. It remains small. Only 6 per cent of the Council's regular budget is allocated to the Peace Fund. Assessed contributions from member states were not done timely, the agreed reimbursement within six months of states contributing contingents to peace support operations, as provided for in the

Protocol, is not always honoured (AU 2010:59). In the EASF's geopolitical space, the AU Mission in Sudan (AMIS) and AMISOM demonstrated the AU's reliance on external funding to finance peace operations (Williams & Boutellis 2014:271-4). States had done little to show national and collective commitment that would take destiny of the region and the continent in Africa's own hands by providing sufficient resources for peace operations. Instead, African missions still rely on external support in form of funds, logistics, training and equipment. The AU itself finds difficulties regarding mandates of its missions (Williams, 2014: 71). These funding constraints also afflict the UN, whose peacekeeping budget alone is estimated at around $5 billion yet its total budget be around $3 billion, much less than its peacekeeping component alone requires.

Like the EASF, the SADC regional brigade suffers tensions between member States, resource constraints, intrastate governance issues, and limited interstate coordination as SADC's Secretariat is powerless vide policy implementation (ICG 2012a). Nathan observes states' reluctance to surrender sovereignty to regionalsecurity regimes with binding rules and decision-making (Nathan 2006:605) as reflecting lack of political goodwill, and not structural and resource capacity. This is so because states would like to preserve their right to manage internal political processes, hence the lack of commitment to harmonise national policies at the regional level (ICG 2012a:26). In Central Africa, sovereignty concerns and organisational weaknesses afflict the FOMAC. Decisions that need to be made on in-house issues are highly centralised. The decisions have to be made by consensus among member States; instead of generating cohesion among regional actors, states avoid sensitive issues on which they differ (ICG 2012b:i). Consensus, it is argued, can be intended to protect state sovereignty, and to reign in organisational autonomy for consensual processes ensure that no obligation can be imposed without each state's agreeing to it the duty (Haftel and Thomson 2006:256). ECCAS member-States, therefore,lack thedesire for an assertive political and security cooperation arrangement for such would raise questions about their opportunism, could prompt national desires for regional leadership in solving domestic security problems, and possible render the legitimacy of ruling regimes questionable (ICG 2012b:i). These fears are at the root of an improper institutional design, leading to overlapping institutions like EAC, ICGLR, and the Nairobi Process.

From the foregoing, limited national political commitment; non-binding instruments; and contradicting states' obligations hinder APSA's implementation. Political goodwill is vital because it reduces the self-interest of nation-States, which, it has been argued, continues to constrain APSA's success (Vines 2013:109). Addressing self-interest requires integrated

institutions. Yet APSA's design cannot circumvent self-interest. In East Africa, for instance, when the AU requested states to contribute forces for AMISOM, only Burundi and Uganda, within the EASF, did so. A reluctant Kenya first unilaterally invaded Somalia, later joined AMISOM.[10] To date the ESF, whose standby brigade was expected to be operational by 2010, is not fully functional as the process of *establishment* remains ongoing. If self-interest drove states' intervention in Somalia (Fisher 2012), institutional coherence would have fused states' interests to a degree that APSA's imple-mentation in East Africa is rendered easier. Therefore, APSA's future depends on a more coherent institutional and organisational design.

Conclusion: REC-compatible Regional Brigades and APSA's Future

APSA's future lies in reconstituting and tailoring Regional Brigades along RECs, and enhancing RECs' politico-security cooperation capabilities. This has three implications: (a) reducing conflicting decisions and overlapping decisional obligations; (b) enhancing REC member-States' commitment and coordination, erasing conflicting obligations, and relieving overstretched states; and (c) augmenting confidence-building measures within RECs. There are three steps for creating a REC-compatible APSA. First, restructuring the institutional and organisational dimension of Africa's regional security cooperation ensures structural coherence. The ROs/RECs should be reconstituted such that 'the five regions that are used as the basis of membership' to the PSC (Williams and Boutellis 2014:262) under 'the principle of equitable regional representation and rotation' (AU 2002b, Art. 5[2]), constitute both RECs and Regional Brigades. This may necessate pressuring states to improve their governance credentials in order to qualify for admission in the reconstituted ROs, consistent with the Constitute Act of the AU, the PSC Protocol, and other good governance conventions (AU 2000b; AU 2002b). It also requires merging some RECs altogether, with *new states joining as is* to avoid costs of renegotiating existing cooperation instruments. Existing decision-making rules, procedures, and responsibilities in the RECs, like multi-level consensus in the EAC (EAC 2001), should be maintained, and protected against intra-organisational coalitions and fractures.

Second, encouraging states to cease multiple memberships in differents organisations would ensure coherence and cohesion, avoid inter-RO conflicts, and enhance intra-RO confidence building. For instance, there was an already-established tradition of undertaking joint manoeuvres and military exercises between Kenya, Tanzania, and Uganda (AU 2005:29). EAC Partner States built upon this tradition to undertake defence confidence-building efforts, which involve joint exercises, training, technical cooperation, and intelligence

sharing (Onyonyi 2014; Rwengabo 2014b). It seems easier for security forces from the EAC to operate together, to share command and control structures, than between them and forces from ICGLR, Nairobi Process, and IGAD signatory states. Once states reduce overlapping memberships, they will reduce conflicting obligations and commitment problems. Tanzania, for instance, faces commitment problems if it accedes to the EAC Defence Pact yet EAC partner states, mainly Rwanda and Uganda, had security interests in the DRC, a signatory to the SADC Pact.[11] It is not geopolitically easy for the EAC to harmonise its Mutual Defence Pact with SADC's Pact or to leave Tanzania to decide, under the principles of respect for state sovereignty and decisional autonomy, which Pact to accede to. As an EAC founding state, Tanzania matters strongly and cannot stand aloof to the EAC's evolving security cooperation. Therefore, by avoiding multiple memberships, states eschew conflicting decisions and obligations; promote intraregional cohesion and coherence necessary to strengthen Regional Brigades; and enhance intra-regional unity.

Finally, strengthening these reconstituted and restructured RECs' security-cooperation capabilities is important for regional-level realization of APSA's objectives. This can be achieved in three ways: (i) establishing and strengthening regional agencies whose mandates are not duplicated at national level; (ii) widening, deepening, and regularising security cooperation practices in order to build regional cohesion; and (iii) AU-level coordination and monitoring of RO/REC operations with the view to providing continental lessons from best practices. Regional agencies, such as the EAC's peace and security directorate, can 'set in motion forces that produce cooperative interstate behaviour' (McCormick 1980:86) by making and implementing technical decisions on behalf of states. Consider the EASF's Coordination Mechanism; RECSA's Nairobi-based secretariat; the EAC's evolving peace and security directorate; and ICGLR's Bujumbura-based Secretariat. These organisations scatter state efforts and resources yet they handle the same issues. The same political and security officials, from the same states, attend meetings, make decisions, and bear responsibilities in all these agencies.

Were these organisations merged into a single regional agency, officials would be less burdened, interact more regularly, make and implement decisions faster, and build a cooperation culture and networks owing to regular interactions. These organisations would be based on the same instruments. Giving regional agencies the force of law within signatory states, like EAC instruments are, allows organisations to make and implement binding decisions, thereby easing security cooperation practice. These practices of information sharing, joint trainings and exercises, joint operations, jointly seeking international support can enhance interactions and reduce interstate

suspicions. Finally, once cooperation practices are consistent and coherent, their coordination through continental institutions becomes easy for the AU's PSC, the AU Commission, and ASF coordinating office. This will ultimately reduce conflicting decisions, enhance RO member-states' commitment, improve coordination within ROs and between ROs and the AU, and augment confidence-building measures that are needed to retain intra-RO and inter-regional cooperation and harmony. This is consistent with the unfamiliar view that states need to yield minimum sovereignty to regional institutions in order for such institutions to operate effectively (Cooper *et al.* 2008).

Notes

1. Martin Ogango, Interview, Arusha, August 2012.
2. See founding instruments on the tabulated organisations.
3. Field interviews, Nairobi, Arusha, and Bujumbura, August 2012.
4. Field findings, August-December 2012.
5. Ibid.
6. These may include: states' historical experiences, external pressures, the nature/extent of shared interests, availability and legitimacy of hegemonic sanctioning mechanisms, level of socio-cultural integration, ideological similarities, institutional path-dependence, and length of time states take to construct cooperative institutions.
7. The EAC's membership was recently increased from five (05) with the admission of South Sudan
8. Expression used to describe the EAC's MoU in Defence Cooperation: Wilbert T.K. Kaahwa, Interview, Arusha, 21 Sept. 2012; Javerson Kamugisha, Interview, Kampala, 5 Oct. 2012
9. See e.g. http://www.easfcom.org/index.php/news/latest-news/52-eacds-rwanda1; and Daily Monitor, 2014, 'Uganda to provide 700 UPDF officers towards regional force', Kampala: Daily monitor (http://www.monitor.co.ug/News/National/Uganda-to-provide-700-UPDF-officers-towards-regional-force/-/688334/2363662/-/qy18h0z/-/index.html, (all accessed 11 July 2014)
10. Interview with Amb. Gen (Rtd). Narthan K. Mugisha, Kampala, October 2012.
11. Confidential interview, East Africa, 21 September 2012.

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Conflict between National Interest and Human Rights: Britain's Policy towards African Immigrants, 1960 – 2013

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Abstract

Since time immemorial, national interest has been the plank of inter-group and inter-State relations. In the modern contemporary international system, national interest has become the cornerstone of foreign policy formulation and actions of sovereign states. However, in pursuing and advancing national goals and objectives, each state is expected and required to conform to certain norms and standards of behaviour. One such is the respect for and observance of fundamental human rights, including freedom of movement, association, and other socio-economic self expressions. Experience has shown that the pursuit of national interest and preservation of fundamental human rights concurrently can be a daunting task for the state due to political, security, economic and social considerations. This article is a historical analysis of the conflicting postures of Britain's African policy which in one breath, advocates and affirms commitment to human rights including those of free movement and association, but in another, undermines these same rights through certain immigration policies and practices. Pointedly, the article seeks to interrogate the basis, manifestations and implications of British immigration policy towards African immigrants between 1960 and 2013.

Keywords: National Interest, Human Rights, British Policy, African Immigrants.

Résumé

Depuis bien longtemps, l'intérêt national reste fondamental dans les relations intergroupes et interétatiques. Dans le système international moderne contemporain, l'intérêt national est devenu la pierre angulaire de la formulation de la politique étrangère et des actions des États souverains. Toutefois, dans la poursuite des objectifs nationaux, chaque État est sensé se conformer à certaines normes et standards de comportement. L'un d'eux est le respect des droits humains fondamentaux, notamment la liberté de mouvement, d'association et d'autres

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expressions socio-économiques. L'expérience a montré que la défense de l'intérêt national tout en préservant les droits humains fondamentaux peut constituer une tâche ardue pour l'État en raison de considérations politiques, sécuritaires, économiques et sociales. Le présent article est une analyse historique des postures conflictuelles de la politique africaine britannique qui, d'une part, défend et affirme un engagement en faveur des droits de l'homme, notamment la liberté de mouvement et d'association, mais d'autre part, sape ces mêmes droits à travers certaines politiques et pratiques d'immigration. L'article cherche à interroger la base, les manifestations et les implications de la politique d'immigration britannique sur les immigrants africains entre 1960 et 2013.

Mots clés : Intérêt national, droits de l'homme, politique britannique, immigrants africains.

Introduction and Background

The Second World War of 1939-1945 marked a watershed in the history of migration of peoples from other parts of the world to Europe. The upheavals unleashed by the war coupled with the long post-war European economic boom, which was facilitated by the United States-inspired reconstruction and recovery programme, ultimately led to the emergence of substantial immigrant communities in most Western European countries. With respect to Britain, military mobilization, expansion of the Merchant Navy and the deployment of industry and agriculture towards the war efforts brought about a severe shortage of labour. Due to the inadequacy of the women, young people and Irish workers that were engaged to fill the vacuum, the British government had to resort to the recruitment of colonial workers to Britain, while some others came of their own volition. In addition, the number of colonial passengers and stowaways to Britain increased substantially after 1941. These comprised mainly of people from West Africa and the West Indies. In 1942, it became easier for colonial subjects to enter Britain due to the government's removal of restrictions on landing without documentary evidence of British nationality; this was following representations from colonial governments on the grounds that since all British subjects were part of the war efforts there should not be restrictions on some groups (Henry 1985; Solomos 1993). However, a modern era immigration control policy emerged in Britain in 1962 via the Commonwealth Immigrants Act which was trailed by another one under the same name in 1968. The name of these laws indicates that their prime objective was to restrict immigrants from newly independent ex-British colonies in Africa, Asia and the Caribbean Islands, as opposed to Irish and/or other white immigrants. The fact was underscored in a public speech by the former Labour Immigration Minister, Barbara Roche, that 'Limiting Immigration by non-white Commonwealth citizens was the principal aim of both the 1962 and 1968 Commonwealth Immigrants Acts…' (Rahman 2013). It must be stated that this new British attitude towards

immigration was largely fuelled by the popular hostility to coloured immigration epitomized by a political campaign for control, as well as racial discrimination and occasional violence. As an illustration, the race riots in Notting Hill and Nottingham in 1958 served to reinforce arguments by anti-black and minority immigration for even more stringent immigration legislations because the increasing black migrant population was viewed as a growing British predicament (Henry 1985; SRPE 2014). As later events proved, the 1962 and 1968 immigration laws were signposts of increasingly stricter immigration restrictions that would emerge in subsequent decades. Against this background, this paper seeks to investigate the basis, manifestations and implications of the discriminatory British immigration policy on Africa and people of African descent from 1960, when most African states attained national independence, up to 2013.

Conceptual Consideration

National interest and human rights are the dominant concepts involved in this study. National interest is the fulcrum of the foreign policy principles and actions of modern states. National interest is a very broad term such that it is very difficult to define. The global community of scholars has been unable to create a generally accepted definition of the concept of national interest, thus the perception and understanding of the meaning and significance of national interest in inter-state relations varies among the many users of the term. The Italian thinker, Niccolo Machiavelli, pioneered the advocacy of the primacy of the national interest in state affairs. During the Thirty Years War (1618-1648) the French Chief Minister Richlieu argued that national interest (concept of reason of state) is 'a mean between what conscience permits and affairs require' (Church 1973). Shortly afterwards, the notion of national interest became the dominant force in European politics and diplomacy that became fiercely competitive in the subsequent centuries. National interest is a form of reason 'born of the calculation and the ruse of men' and makes of the state 'a knowing machine, a work of reason'; the state ceases to be derived from the divine order and is henceforth subject to its own particular necessities (Thuau 1966; Wikipedia the free encyclopedia).

The Merriam-Webster Dictionary defines national interest as 'the interest of a nation as a whole held to be an independent entity separate from the interests of subordinate areas or groups and also of other nations or supranational groups' (Merriam-Webster 2013). National interest has also been defined as 'any action that gives advantage to the state' (Isakuwa 2013). In another sense, national interest connotes the 'vital interest' of a state, a phrase that sometimes accommodates nearly everything in the world. A good illustration of this perception of national interest is the widespread

view that the United States of America (USA) must provide leadership in virtually every crisis and conflict on account of the numerous interests the country supposedly has in the surrounding region that the conflict threatens. We may go on and on with an endless rendition of the different shades of definition of the concept, but the bottom line is that today, each government has its own definition of the national interest. Quite often, this definition is premised upon the notion of political realism which discourages 'idealistic' policies that seek to infuse morality into foreign policy or advance solutions that rely on multilateral institutions which may erode the independence of the state. That definition may be correct or not, it however determines the kind of foreign policy the country operates. Above all, the interest of a nation is to satisfy national needs, and therefore national interests are objective, and there are as many national interests as national needs (Larison 2013; Kaplan 1961; Nuechhterlein 1976). This indeed provides the breeding ground for conflict of interests over diverse issues between and amongst nation states within the international political system.

The term human rights, though commonplace, is also mired in controversy regarding definition. The 'common' perception of human rights is from the standpoint of freedom from specific abuses or restrictions that are under proscription (forbidden). As an illustration, the United States Bill of Rights precludes (except in extreme cases) the government from breaching the individual rights of Americans to practice their religion or express free speech, and from committing a number of other violations. In addition, 'proscriptive rights' also cover certain things which the government is not allowed to do to groups, such as discrimination on account of race, sex, ethnicity, etc. It must be noted that private individuals and entities are also under obligation to abide by many of these rights. As an example, employers in the United States are not allowed to decide to employ only white males (Rourke 2007).

On the other hand, a large cross-section of observers opine that beyond proscriptive rights, human beings are entitled to another category of rights tagged 'prescriptive rights', which essentially are the basic necessities a government is prescribed (arguably) or obligated to provide in order to ensure a certain standard of qualitative life for all inhabitants of the community. Prescriptive rights required that everyone has the right to existence in tolerable conditions, at least. These cover rights to adequate education, shelter, feeding, healthcare, sanitation, dignity, security and individual productivity (Rourke 2007).

In Obaseki's own view,

> Human rights – (are) the rights of man of fundamental freedoms. They are claimed
> and asserted as those which should be or sometimes stated to be those which are
> legally recognized and protected to secure for each individual the fullest and freest
> development of personality and spiritual, moral and other independence. They are

> conceived as rights inherent in individuals as rational free willing creatures, not conferred by some positive law nor capable of being abridged or abrogated by positive law (Obaseki 1992).

In other words, human rights are inalienable rights of man by virtue of his humanity and therefore should be guaranteed to everyone (Enemuo 1999).

For Galtung, the most appropriate way to conceptualize human rights is from the perspective of 'serving basic human needs'. This is the notion that ultimately, human rights are supposed to serve basic human needs. Such needs, which generate corresponding rights, include survival needs (the need to avoid danger and the right to freedom from individual or collective violence); identity needs (the need to avoid alienation and the right to self-expression, realization of individual potential, association and preservation of cultural heritage, etc.). Others include freedom needs (the need to avoid repression and the right to receive and express opinions, to assemble with others, and to choose in such matters as spouses, jobs, lifestyle and place of residence); well-being needs (the need to avoid misery and the right to biological wants like food, water, movement, sleep and sex, as well as the right to protection against diseases and negative climatic and environmental effects (Galtung 1994). Whichever conceptual perspective one adopts, what remains true is that human rights are 'generally' desirable basic human freedoms, some of which can be undermined by excessive immigration regulation by the state.

Article 1 of the United Nations (UN) charter, a document that was adopted by Britain and 49 other countries in San Francisco in 1945, states that one of the goals of the UN is to achieve international cooperation in 'promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion' (Flowers 1998). To achieve this objective, the Commission on Human Rights was created to draft an International Bill of Human Rights. The resultant bill comprises the Universal Declaration of Human Rights (UDHR), International Covenant on Civil and Political Rights with its optional Protocol, and the International Covenant on Economic, Social and Cultural Rights. In 1948, the UN General Assembly adopted the UDHR, which essentially defines the basic human rights and freedoms that all persons are entitled to. The rights encapsulated in the UDHR were subsequently codified into two covenants (conventions), namely in the International Covenant on Civil and Political Rights (ICCPR) which expresses the specific liberty-oriented rights that a state may not deny its citizens and inhabitants such as freedom of movement, freedom of expression, etc., and in the International Covenant on Economic, Social and Cultural Rights (ICESCR) which deals with those articles in the UDHR that define an individual's rights to basic necessities, like food, housing and health services, which a state should provide (Flowers 1998). With the adoption of

both covenants by the UN in 1966, their provisions became binding on all the signatories, including Britain. It is within this context that we shall now proceed to examine Britain's immigration policy with respect to African immigrants between 1960 and 2013, with a view to determining the extent to which the country has adhered to the spirit and letters of International Human Rights norms and standards as enunciated in the above covenants.

British Immigration Policy on Africa: An Overview

The 1968 Act subsisted for about three years before the Immigration Act of 1971 was instituted by the Heath administration. The core motive of this legislation was to ensure tight control of the number of immigrants to Britain, and enforce proven patriality as a requirement for admission to Britain. In addition, the law required immigrants without British patriality to possess a work permit subject to annual review. In effect, the 1971 Act eventually stripped black Commonwealth immigrants of the rights to settle, and this set the stage for the institutionalization of racist immigration controls. In fact, by 1971 the bedrock guarantee of British citizenship once promised to the citizens of all Commonwealth countries had paled into insignificance (SRPE 2014; Solomos 1993).

It must be said that the 1971 Immigration Act laid the foundation of contemporary British Immigration controls because since its inception various governments, Conservative and Labour alike, have adopted the restrictive principles created by the legislation through the introduction of a legion of primary and secondary laws on entry and exit enforced according to the discretion of successive secretaries of State for the Home Department (Rahman 2013; MPI 2009). After Heath's government, the subsequent Labour administration stepped up the tempo of deportations and even went as far as imposing virginity tests on Asian women (Seymour 2010). Margaret Thatcher's government's British Nationality Act of 1981 put paid to the centuries-old common-law tradition by denying persons born on British soil the right to automatic citizenship, for example (MPI 2009). It is interesting to note that Thatcher had earlier asserted in 1978 that:

> People are really rather afraid that this country might be swamped by people with a different culture and you know, the British character has done so much for democracy, for law, and so much throughout the world that if there is any fear that it might be swamped people are going to react and be rather hostile to those coming in (Thatcher 1978).

In addition, Thatcher had declared during her electioneering campaign in 1979 that blacks constituted a threat to British cultural and social values (SRPE 2014).

This mindset reflected in the 1981 Act, which defined British citizenship in a narrow, post-imperial sense, and emphasized the imposition of visa regimes and carrier sanctions in a bid to curtail the influx of asylum-seeking migrants (Hampshire 2009). The collapse of the defunct Soviet Union, as well as conflicts in the former Yugoslav federation in the early 1990s and the attendant humanitarian flows to Britain and other European states reinforced the resolve of policy makers to strengthen legislation against asylum-seeking migration. As an illustration, the Asylum and Immigration Appeals Act of 1993 was particularly restrictive in character. It created new rapid dispatch procedures for asylum applications, giving room for detention of asylum seekers awaiting the outcome of their applications and cutting down access to social security and legal assistance for claimants. The Immigration and Asylum Act of 1996 followed the same path and even introduced new measures and concepts meant to limit access to employment, public services and general welfare benefits (MPI 2009; Seymour 2010).

The emergence of the Tony Blair-led Labour government in 1997 marked another watershed in the history of British immigration policy. During this period, the government's immigration policy had a twin focus, namely, commitment to economic immigration on one hand, and a tough security and control framework on the other. The security perspective, in particular, which intensified in the aftermath of the September 11, 2001 terrorist attacks in the USA is anchored upon increased efforts to fight illegal immigration and prune back asylum seeking via various means, especially new visa controls. To actualize this new policy direction, the government enacted six key legislations on immigration and asylum between 1997 and 2009 (MPI 2009). As from 2001, government began to expand economic migration, and for the first time, introduced visas for highly skilled economic immigrants to enter Britain without a job offer, but on the mere basis of their individual skills, under the newly created Highly Skilled Migrant Programme (HSMP). Government also embarked upon a conscious expansion of the existing work permit system by lowering the criterion required for a permit. In addition, low-skilled migration was promoted through the Seasonal Agricultural Workers Scheme (SAWS) and the newly established Sector Based System (SBS). These policy changes, no doubt, recorded noticeable effects on economic migrations to Britain. To elucidate, the number of migrants through the HSMP increased so rapidly that it reached 17,631 in 2005, while the number of immigrations with approved work permit, dependants inclusive, rose from 62,975 in 1997 to 137,035 in 2005. Furthermore, the SAWS attracted 15,455 immigrants in 2005, while the SBS which was specifically devoted to the hotel and food-processing sectors, drew 7,401 migrants (Hampshire 2009;

MPI 2009). These were indeed landmark policy changes, however, it must be stated that their effect on migration from Africa/Caribbean to Britain was weak in relation to the effect of the government's opening up of the British labour market to citizens of the A8 member states in the wake of the 2004 European Union (EU) enlargement.

By 2008, it became apparent to the government and dominant political parties in Britain that aside from skilled workers like scientists, engineers, computer specialists, doctors, teachers and nurses, the country also needs low-skilled persons to fill vacancies in places such as the agricultural, hospitality and building industries which cannot be filled from the internal labour force. Thus, the Labour government initiated the Points-Based System (PBS) to control inward primary immigration from countries outside the EU (Rahman 2013). The PBS enunciated five layers of primary immigration routes to Britain depending on the type of immigrants; namely: 1. High-skilled workers, 2. Sponsored skill workers, 3. Low-skilled workers, 4. International students and 5. Various categories of temporary workers. Under this system, applicants seeking entry clearance via any of the above categories are required to garner a certain number of points which are awarded on the basis of different criteria within each category. In effect, the PBS resulted in the stratification of immigrant workforce into entrepreneurs, workers, students and others, with a varied degree of rights and privileges. This, in turn, has created a highly complex system that is difficult for both the public and workers themselves to comprehend. The migrant workers are particularly disturbed about their limited immigration and social rights within British society. They are also worried that the entire scheme is lopsided in favour of employers thereby making the immigration status of immigrants temporary in nature and prone to exploitation (Hampshire 2009; Rahman 2013).

Labour government policy expanded economic immigration to Britain, but was more restrictive to other categories of immigrants, particularly those seeking asylum. The government reinforced the above immigration policy framework with a number of institutional changes. These include initiatives to discourage baseless asylum claims, reduce the claim-processing time, and expel more failed asylum seekers. Aside from pruning asylum seekers' benefits, the government also stepped up its use of controversial punitive measures, such as the use of detention centers and deportation, to remove unsuccessful asylum seekers. Tougher border controls were also introduced. In order to curtail asylum claims and tackle unauthorized border-crossings, the administration expanded surveillance at ports of entry, imposed carrier sanctions, and extended the visa regime. A key component of this initiative was the establishment of an enlarged arms-length border surveillance outfit, the UK Border Agency (UKBA) in 2008, with greater powers and functions

than its predecessors, the Immigration and Nationality Directorate (IND) and the Borders and Immigration Agency (BIA). The UKBA has operational autonomy from the Home Office, covers visa responsibilities from the Foreign Office and detection responsibilities from Customs. In addition, government created the e-Borders programme which has adopted biometric and information system technologies to strengthen border security (MPI 2009; Hampshire 2009).

The incumbent coalition government led by Conservative David Cameron sustained the British 'tradition' of restrictive immigration policy with its introduction of the draconian Family Reunion Rules presented to Parliament on 9 July 2012. By this policy, the government seeks to implement harsher and more restrictive measures, such as a far higher income level requirement for sponsor spouses, civil partners and family members who are not EU citizens. By the provisions of this legislation, a British citizen or a person settled in Britain is bound to demonstrate evidence of a minimum annual income of 20,000 British pounds in order to obtain authorization to sponsor a single spouse or a civil partner, while families with children are required to earn at least 39,000 pounds, depending on the number of children. Such a couple will also have to pass a strict 'Britishness' test to ascertain their common genuine loyalty to Britain alone, and will be placed on a five-year probation as against the current two. These new rules are meant primarily to address claims that non-British citizens are marrying British citizens in order to exploit the generous social welfare system of Britain. The proposals are targeted towards a reduction of immigration, currently 250,000 annually, by 25,000. Justifying this fresh clampdown on non-EU immigrants, British Home Secretary, Theresa May during a television show declared: 'I think it is important that if people are bringing people into the UK to create a family here in the UK that we say that you should be able to support yourselves and not be reliant on the state' (Walters and Bond 2013; Rahman 2013; Immigration Act 2014). In addition, Mrs. May warned judges that their powers to prevent the deportation of foreign criminals on human rights grounds must be streamlined in spite of the provision of the European Convention on Human Rights with regards to such cases (Walters and Bond 2012). Given its potential for instigating family break-ups, this new clampdown is a renewed assault on the rights of Africans, Caribbeans and Asians etc. to family life without molestation.

The net outcome of increasingly restrictive British immigration control regimes is a legion of challenges and adversities for immigrants, especially of African-Caribbean and Asian origins. First, these set of immigrants find it very difficult to get employment as it is much easier for whites to secure

jobs in Britain. Available evidence shows that unemployment rate among Africans is 27 per cent, while among the white population it is a mere 10% (Mitton & Aspinall 2010; Vasilenkov 2013). Second, African immigrants are confronted by the greatest obstacles in the procurement of housing and education loans. Indeed, it is commonplace for black immigrants to reside in cheap sections of big cities, while their children attend schools of very poor quality of education. Third, ethnic minorities, especially black youths, are currently subjected to haphazard, brutal and traumatizing security checks by British services as if the former are less than human. A few examples would suffice. In July 1993, 40-year old Joy Gardner was murdered by the British police in her house in the full glare of her children because her visa was no longer valid for stay in the country. The police operatives had restrained her with a body-belt and 13ft of tape around her head so as to enforce her ejection from Britain, thereby making her suffer a coma leading to her eventual death. In 2011, Mark Duggan was killed by the police in Tottenham in another show of brutality inflicted on the everyday lives of black peoples. In July 2013, an inquest jury established that Jimmy Mubenga, a father of five children ordered to leave his family and return to his home country Angola (after serving time in prison) for his involvement in a nightclub fight, was killed unlawfully by British security escorts on his deportation flight. The inquest indeed revealed that some of the G45 Deportation Custody Officers contracted to eject Mubenga from Britain had racist text messages saved on their phones and widely distributed among UKBA personnel (Qasim 2013; Vasilenkov 2013). These and many other violations of the human rights of African peoples in Britain are principally products of the British government's resolve to maintain national socio-political and economic order regardless of the dictates of international human rights conventions to which she is signatory.

Conclusion: National Interest vs Human Rights

The key point arising from the preceding analysis is that there exists an apparent conflict between Britain's national interest and her human rights policy with respect to immigration from Africa and the Caribbean. Although since the 1960s there has appeared to be a conscious effort by British authorities to balance restrictive immigration policy with the need for good race relations and integration, the overriding consideration behind Britain's policy towards African immigrants is the determination to safeguard her citizens' socio-economic well-being and national cultural identity against what many Britons perceive as the predatory and corrosive influx of foreigners. Unlike during the Second World War years when all British Commonwealth subjects, including Africans, enjoyed British citizenship

rights due to their important role in Britain's war effort, today citizens of ex-British African colonies are largely seen as undesirable elements in Britain. It is therefore not surprising that current British immigration policy makes it far easier for highly skilled Africans to enter Britain, than for their low-skilled and unskilled counterparts to do so.

This article has demonstrated the dilemma that confronts nation states in their quest to sustain national prosperity and stability vis-a-vis their obligation under international law and agreements. The discourse further indicated that whenever there is conflict between national interest and human rights, national interest takes precedence. British immigration policy changed because of changes in British national interest over time. Thus, the attitude of British policy makers became that of 'Britain first, anything else afterwards'. This is why Britain's immigration policies increasingly assault the fundamental rights of African peoples in utter disregard for the spirit and letters of international agreements such as the 1951 Geneva Convention, International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), International Convention on the Elimination of All Forms of Racial Discrimination (1966), Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984), Convention on the Rights of the Child (1989), and Convention on the Rights of Migrants Workers and Members of their Families (1990). While we concede that it is legitimate for Britain, like any other sovereign state to advance and promote its national interest, it is equally important for her to respect and honour her international commitments on the protection of the fundamental human rights of all peoples regardless of race or origin. It is unacceptable for Britain to pay mere lip service to human rights of all peoples while in reality she continues to violate the rights of Africans with impunity under the guise of immigration control in the national interest.

In all these, the vital lesson for African states is that there is a crucial and urgent need for self-admonition that would culminate in positive transformations of their national fortunes. African leaders, policy makers and citizens must collectively, at both national and continental levels, begin to tackle seriously the historical challenges of chronic corruption, bad governance, acute unemployment, abysmal poverty, underdevelopment and political instability in order to stem the current frenetic rush to live abroad in search of greener pasture almost at any cost. If the overall African image improves substantially in the eyes of the outside world, this would compel countries like Britain to be more humane and receptive to the continent's peoples.

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Hidden Processes of Reconciliation in Mozambique: The Entangled Histories of Truth-seeking Commissions held between 1975 and 1982[1]

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Abstract

The southern Africa region has witnessed, over the last 50 years, several episodes of violent conflicts, and Mozambique is no exception. The dominant perspective of the Global North on transition to democracy insists on reinforcing a eurocentric version of modernity, symbolized by a linear transition towards a single legal system and nationhood. This dominant international model of justice reproduces violence in the form of epistemicide and privatization of violence. If courts cannot end civil wars, what are the alternatives? This article, which is focused upon Mozambique and based upon interviews and archival data, aims to explore the extent to which the multiple, almost invisible and silenced processes of national reconciliation can find expression within methodologies of national reconciliation processes. Specific emphasis is placed upon the analysis of initiatives (in the 1970s and 1980s) to deal with 'traitors of the revolution' in open organized meetings that produced little-known practices of national reconciliation. It is in such a context where the limits of the discourse about 'universal jurisdiction' and criminalization of perpetrators of violence are arguably best understood, and where alternatives can find their strongest manifestations and most radical expressions.

Résumé

Au cours des 50 dernières années, la région de l'Afrique australe a connu plusieurs épisodes de conflits violents, et le Mozambique ne fait pas exception. La perspective dominante du Nord global sur la transition vers la démocratie insiste sur le renforcement d'une version eurocentrique de la modernité, symbolisée par une transition linéaire vers un système juridique unique et l'identité nationale. Ce dominant modèle international de justice reproduit la violence sous forme d'épistémicide, et la privatisation de la violence. Si les tribunaux ne peuvent pas mettre fin aux guerres civiles, quelles sont les alternatives ? Le but de cet article,

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qui se focalise sur le Mozambique et se fonde sur des entretiens et des données d'archives, est de déterminer dans quelle mesure divers processus de réconciliation nationale, qui sont presque invisibles et silencieux, peuvent trouver leur expression dans les approches de réconciliation nationale. Une attention particulière est mise sur l'analyse des initiatives menées (dans les années 1970 et 1980) pour s'occuper des « traîtres de la révolution » à travers l'organisation de rencontres publiques qui ont produit des pratiques de réconciliation nationale alors peu connues. Dans un tel contexte les limites du discours sur la « juridiction universelle » et des sanctions pénales contre les auteurs de violences sont sans doute mieux comprises et les alternatives peuvent se manifester plus fortement et s'exprimer de façon plus radicale.

Introduction

The history of many of the modern states that endured the violence of colonialism is crossed by many political conflicts of belonging and recognition, as well as by the moral and material implications of such conflicts. Mozambique is no exception. Over the last few years, a persistent demand has been made by various people and associations that acts of aggression committed in the near past in Mozambique must be recognized and acknowledged as historical wrongs, and that the aggressors offer an apology for the offences.

With independence in 1975 and in the context of single-party rule, FRELIMO, the leading political force in the country,[2] constructed itself as the single source of authority in the production of law and in the dissemination of knowledge about the country's past. This alliance between politics and history generated an official history narrative about the nationalist struggle, a narrative that became an instrument to legitimize the party's hegemonic authority, rendering it unquestionable (Coelho 2014:21). At the core of this narrative lies FRELIMO's victory over Portuguese colonialism, but by emphasizing the role of this nationalist movement, this strategy has promoted the silencing of other narratives about struggles for independence. These other narratives are the product of a complex interface between colonizers and colonized, concealing a variety of tensions and antagonisms that permeated (and still permeate) Mozambican society. Indeed, from the point of view of historiography, it is impossible to capture the diversity of perspectives about a single event; therefore, one has to be sensitive to the fact that during the processing of an historical event there is always something that escapes the record (Trouillot 1995:49). Therefore, any event is filled with constitutive absences, an integrative part of the construction process of the historical event itself. Ominously however, in these power games, is the reduction of huge pieces of history to silence, to invisibility.

The right to history emerged as a core claim in the emancipatory movements that blew over the continent, with Africans claiming the right to

decide about their own destiny (sovereignty) and to belong to themselves (autonomy). In Mozambique, 40 years after the declaration of independence, inquisitive questionings about the politics of history and memory are growing. They have been fueled by the recent publications of (auto)biographies and accounts of memory produced by the protagonists of contemporary Mozambican history, among which stand out former political prisoners, FRELIMO government officials, opposition leaders, among others. These memories give glimpses of mechanisms for coping with political violence, mechanisms that were put into place with independence, to deal with '*comprometidos'* (collaborators), a sizeable group of people accused of having worked very closely with colonial institutions during the nationalist armed struggle that for over 10 years (1963-1974) opposed Mozambicans and Portuguese colonial forces.

Following the methodological proposal – the *sociology of absences* – advanced by Santos (2004a:3), aiming to make visible facts and actors that, although central to the understanding of the country's recent past, have been actively produced as non-existent by dominant historical approaches, this paper examines three episodes of 'truth-seeking commissions' held in Mozambique in the late 1970s and early 1980s.

Since the introduction of multiparty elections and the 1992 peace agreement aimed at bringing an end to the civil war, Mozambique is often described as a country that has been on a successful journey towards reconciliation and peace. However, recent episodes of violence show that many of the conflicts of the past are enmeshed in contemporary practices and structures. In order to solve them, several political activists and members of various political parties have called for truth commissions. Can these com-missions solve the conflicts that continue to wreck Mozambique's social tissue?

Over the last 50 years, the southern Africa region has witnessed several episodes of violent conflicts, showing that Mozambique, unfortunately, is no exception. Seeking a way out of these cycles of violence, Thabo Mbeki and Mahmood Mamdani averted in an article published in 2014 that '*courts can't end civil wars.*[3] Later on, an article by Mamdani (2015) accentuated that episodes of mass violence have to be dealt with as political processes. In Mamdani's words, one has to move away from a narrow, but dominant, meaning of criminal justice: from one that individualizes the notion of justice in neoliberal fashion (2015:61, 67), towards political justice, involving groups, and aiming towards radical changes of the political landscape. Indeed, the dominant perspective of the Global North on transition to democracy insists in reinforcing a Eurocentric version of modernity (Santos and Avritzer 2007), symbolized by a linear transition towards a single legal system and nationhood (understood as an expression of universal jurisdiction). As several international

documents state, the goal is to restore the functions of the (modern) State, and promote the rule of law in accordance with international human rights norms. This is the case in Mozambique, where the project of national reconciliation (in the aftermath of national liberation and civil wars) rests upon a double articulation of 'let's change the page to let the past go', together with the reinforcement of a western-centric form of regulation. This dominant international model of justice in dealing with past/present episodes of extreme violence, based upon the criminalization of the perpetrators, reproduces violence in the form of epistemicide and privatization of violence (Santos 1998:103). For Mbeki and Mamdani, to tackle the reasons that drive mass violence should be a political process '*where all citizens – yesterday's victims, perpetrators and bystanders – may face one another as today's survivors*'.[4]

Following this line of argument, in this article I analyze a less frequently studied process of processes of 'truth' production and re-education in non-formal judicial instances: the 'truth-seeking commissions' held in Mozambique to deal politically with people considered to have 'betrayed' the nationalist struggles, by opting to side with the colonial Portuguese project. The study is based on archival research carried out both in Mozambique, Portugal, South Africa and USA archives, and by analysis of media. Another fundamental source of information were the interviews carried out with several people that in Mozambique were suspected of having betrayed the nationalist struggle; this large group would be part of several 'truth-seeking commissions' organized between 1975 and 1982.[5] Mozambique, led by FRELIMO, in the aftermath of an episode of mass violence – colonialism and a ravaging colonial war -, had a choice: to ignore the fact that people were deprived of their dignity and that Mozambique, as a whole, had been the object of an aggressive war, or to address it, to radically challenge the roots of the violence. The 'truth-seeking' meetings/commissions of inquiry[6] set in Mozambique were the form adopted locally to deal with the traumas of the recent colonial past.

This article exposes a denser and more intricate interpretation of the political history and social memories of a lesser known period of Mozambique – the end of colonialism and the first years of independence. This analysis requires a clearer and in-depth study of these conflicts, whose roots are to be found in colonial times. This article, ciliation' and specific notion of 'temporality' associated with it, aims to contrast the single, global model of transition justice with the experiences Mozambique went through, as a means to explore the extent to which the multiple, almost invisible processes of local reconciliation can find an expression within methodologies of national reconciliation processes. Specific emphasis will be placed upon the analysis of FRELIMO party-state initiatives (in the 1970s and 1980s) to deal with

'collaborators' in open organized meetings, not to produce a victor's justice, but to produce little-known practices of reconciliation towards a new political community – Mozambicans. It is in such a context where the limits of the discourse about 'universal jurisdiction' and criminalization of the perpetrators of violence are arguably best understood, and where alternatives can find their strongest manifestations and most radical expressions (such as the case of reinforcing experiences of protection and self-determination).

Mozambique and the Crimes Against Humanity

Colonialism is a crime against humanity. In Mozambique, as in many other countries, colonialism, while defying the right to self-determination, meant a larger process of subjugation that included the use of death, disappearance, torture, political exclusion, incarceration, and other forms of terror.

In situations of military, political and/or economic transition, the reassessment of the role of law in the transition process becomes a crucial site of a people's or a nation's negotiating the past, present and future. However, allusions to a tabula rasa or to judicial prosecution after traumatic collapses of societal order have turned, in many contexts, into ill-fated attempts to address the challenges of confronting the past when building the future. The law's concern with nations that struggle with transition(s) expresses itself through hybrid concepts, the predominant being transitional or post-conflict justice, restorative justice, or reconciliation.

Transitional justice, a prominent element in the liberal peace-building projects, seeks to promote social and political integration and reconciliation, key elements to enhance the rule of law and to increase trust in state governmentality (Bell 2009). This normative model is mainly based on the figure of the modern nation-state paradigm, and on a monocultural hegemonic version of human rights, proclaiming reconciliation as a core condition for the survival of any modern state.

In contemporary societies, ravaged by conflicts, in order to bring about the process of acknowledgement and reconciliation, several formal mechanisms have been activated,including trials and truth commissions (Quinn 2009). However, as Mamdani defends (2015), truth commissions walk hand-in-hand with Nuremberg-style processes (courts), the distinction being that the truth commissions grant amnesty in exchange for the truth. However, in both cases, these institutions perform in similar ways, with the truth commissions producing a quasi-judicial proceeding.

Transitional justice, quite rapidly, transformed itself into an 'official' legal strategy to deal with the atrocities of the past, imposing its concepts and frames on debates on justice, rights and democratization in the aftermath of authoritarian regimes. This approach, institutionalized and normalized, has

been appropriated by a wide range of academics and policy makers, including the United Nations (UN) and well-known international NGOs (Teitel 2003:69). This paradigm sees transition justice as a set of tools with increasing legal embedment - prosecution and trials, truth commissions, institutional reforms and reparation programs, among others – part of a single model to be used by any society facing a legacy of atrocities. Yet, this global paradigm of transitional justice cannot deal with the diversity of unresolved and contested issues as various authors have pointed out (see, for example, Roth-Arriaza and Mariezcurrena 2006).

In the words of Boaventura de Sousa Santos, this hegemonic perspective on justice stems from two central conceptions that structure modern western legal modernity: firstly, that the understanding of the world by far exceeds the western understanding of the world and, secondly, that the understanding of the world and the way it creates and legitimates social power has a lot to do with the concepts of time and temporality (Santos 2004b:159). The linear concept of time is at the core of modern justice. Societies understand power according to the dominant conceptions of time, as Koselleck (1990) underlines. By problematizing how modern historiography created the non-contemporaneity of the contemporaneous, this author pinpoints the hierarchies that linear temporality has generated. Those who have the power to impose a certain teleological version of the world, define (or rather, aim at) their version of societal structuring and related normativity. The current model of transitional justice clearly shows the presence of such a hierarchical structure: the self-proclaimed democratic societies have the 'right' to impose their version of justice, thus defining as contemporary those that resort to global, modern legal institutions, part of modern-state structure.

Yet justice cannot be achieved without taking into consideration the specific political, economic and social context of each country and region. As Mamdani has highlighted (2015), violence is a constitutive part of contemporary national projects, developed upon the burden of building a collective political memory, supporting and supported by a national history. And any national project is full of silence, forgetfulness, absent actors and elapsed political processes.

In order to understand the cycles of violence that have marked Mozambique history over the last six decades, one has to understand not only the individuals whose bodily integrity was violated, but also the multiple episodes of war that occurred, including the colonial violence that marked the onset of Mozambique, as a colonial project. That is, one has to understand the position of the victims and the political context where the mass violence took place. Aiming to understand this complexity, in recent decades scholars of Mozambique have focused on the importance and uses of individual and collective memory to construct and interpret the past, to reconcile victims

and perpetrators, and to create a contemporary sense of a shared political or social identity through reflecting on past experiences.[7]

The study of memory challenges positivist understandings of history and anthropology – scholarly projects informed by the search for objective historical truths and pristine cultural traditions. Memory is not a static entity, but a process, one in which preservation and change, if in differing degrees, are mutually implicated (Clifford 2004).

The eminently political character of the national project underway in Mozambique is perceived, firstly, in the artificiality of its territorial boundaries and secondly, in the selective use of the past for constructing the propagated vision of the Mozambican nation. The idea of the nation is founded upon the politicization of a particular narrative of the nationalist emancipatory project – one part of a complex past and current struggles -, thus hiding numerous ambiguities. This fact explains how memory and justice get imbricated in situations where history plays itself both the role of liberator or of subjugation. As a result, over recent times, with Mozambique confronting new episodes of violent violations of human dignity and rights, claims of transitional justice and truth commissions have appeared on the agenda, intimately associated to claims to 'open up history'.[8]

But can a subject of knowing become a knowing subject? Following this line of inquiry, two important points have to be addressed: whose voice is present in these depositions and testimonies? As a careful analysis of meetings reveal, most of the victims of these cycles of violence rarely participate in the discourse about them. As Sarah Lucia Hoagland analyzes,when someone speaks from the margins, about a less known or almost forgotten topic, he or she enters a frame of meaning within which the inquiry itself makes sense, and speak to an audience not normally used to hearing or acknowledging the sorts of things they want to say (Hoagland 2009:1).

To exorcise the cycles of violence (colonial exploitation, forced labor, liberation war, mass displacements, and civil war) demands responses both from policy makers as well as from the citizens, the people affected, victims and perpetrators. The answer to the violence that has martyrized Mozambican society requires making these problems and debates audible and visible, as a way of finding collective political solutions. These challenges includes analyzing what marginalized testifiers are required to do to enter the field of meaning within which the testimony is to be given, as well as strategies we/they might use when giving testimony in light of the discourse within which we/they have to make sense (West 2003; Hoagland 2009). As mentioned above, transitional justice became a model to reconcile conflict-torn societies, and the tools used to examine violence and injustice have to be assessed. Yet, to fully understand the political and social implications of a conflict one has

to understand not only the substantive issues involved, but also the knowledge systems applied, the subjectivities is entails, since what gets counted (and how) depends on what can be categorized and evaluated as legitimated knowledge.

It is a prerogative of both courts and truth commissions, while searching for evidence about past abuses, to assemble and interpret information, because they are presumed to be the knowing (official) subjects, working in legitimate institutions and recreating the coloniality of knowledge.[9] As will be addressed below, to be able to denounce the colonial repression against the political prisoners in colonial Mozambique represents resistance against a particular colonial relationship, a particular nationalist process.

In the 'truth-seeking meetings' set up in Mozambique, it became possible to decipher specific voices from the multiple utterances that form hegemonic discourse about the 'victims of colonialism'. The people that gave testimony about colonial violence experienced in jail up to May-June 1974 express their experiences in a context where their voices were not used to being heard; many of them were not even fluent in Portuguese, so one has to consider how what they said was heard and/or used (S/a 1977). In this sense, their testimony adds up to the struggle for a new political community, of Mozambicans, in their diversity.

To insist on a monocultural structure to guarantee reconciliation becomes a form for silencing opposing interlocution. For Maria Lugones (2006:78), communicating requires intercultural translation, travelling between and across cultural universes, where the people that testify are seen not only as subjected but also as a subject. Multiple approaches to peace and reconciliation – core elements of transitional justice – have to be seen in the time and contexts where they took place, and not in opposition to 'modern' ones, the first illegal and the latter legitimate.

Encountering and understanding the conflicts and complementarities of memories and history is a process that claims to be democratized. Seeking to answer this challenge, Coelho defends that '*history could be of great value to the democratic process*', as the past permanently waits to be revisited, discussed and '*shared by all*' (2014:30-31). But, contrary to the ideologization of the Truth and Reconciliation Commission (TRC) in South Africa, the motto in Mozambique seems to have been forgive and forget. Insisting in reclaim the past, as suggested by Frantz Fanon, '*triggers a chance of fundamental importance*' (1963:210) for the subaltern other. Here, the silences of the otherness are not a synonym for the victimization of alterity, but of an increasingly active, and even radical presence of these 'other' historical actors - a condition for transforming the memories and narratives

they produce. This kind of knowledge, or better yet, inter-knowledge, rests upon recognizing the mutuality of differences and similarities, which allows relationships between and within societies to be reconstructed. In this context, to redress the past is a condition for reconciliation in the present.

Colonialism, War and Justice-making Transitions

The 'truth-seeking meetings' set up in Mozambique from 1975 to 1982 reflect a belief in the processes of uncovering evidence and enabling past actions to be brought into the open, to be discussed and those suspected of perpetrating actions of violence and betrayal to be recognized and publicly punished.[10]

The nationalist guerrilla was projected as the icon of the truly Mozambican citizen, the model of the 'new man.' This icon attempted to generate new political identities in the first years of independence. This project of the nation cast Mozambique as being made up of two main groups: those who had fought for independence and the others who made up the mass majority of Mozambican society. But this second group was not homogenous, as it entailed a perceptive differentiation between 'first class citizens', those who were considered full Mozambicans because they had identified fully with the nationalist struggle, and 'second class citizens', recognized by FRELIMO as having been allies and supporters of the Portuguese colonial presence (Meneses 2007, 2012, 2015). This differentiation, which entailed a strong hierarchy legally assumed, derived from the necessity to '*limit the electoral capacity of the citizens who were committed to fascist colonialism*'.[11]

To create a new political community for all the Mozambicans remained a central goal of FRELIMO. Shortly after independence, FRELIMO sought ways to overcome the separation created between those deemed to be 'collaborators' and the 'Mozambicans.' In 1977-78, the first signs of a political strategy seeking to deal with the 'present memory' of these colonial connections emerged. FRELIMO had decided not to opt for truth commissions as a form to deal with past wrongs, a key to building the nation. On the contrary, the multiple meetings and the integration processes for the 'collaborators' sought to elucidate, clarify, and offer knowledge about the complexity of the recent political history of Mozambique.

The 'collaborators' a significant and extremely heterogeneous group, lumped together all who did not 'fit' into the epic story that fabricated the 'new man', the icon the new Mozambique (Meneses 2007, 2015). They were those who had given in to temptation, having committed themselves to the colonial system. It included former members of the Portuguese political colonial police, the PIDE-DGS; members of ANP,[12] commando units in the Portuguese army; the godmothers of African troops in the Portuguese army,

traditional authorities, politicians belonging to other political associations, members of the lower echelons of the Portuguese administrative apparatus, or still those who '*were not with us'* (i.e. Frelimo).[13] It also integrated former political prisoners upon which there was suspicion of betrayal. Finally, it included those who had been part of other nationalist projects, besides FRELIMO, or that had betrayed this movement. Seen as latent seeds of the colonial ideology, and people who the party state could not immediately trust, re-routing and re-educating memory became an important task during the early transition years.

One of the freedom fighters interviewed clearly stated, reflecting upon FRELIMO's experience during the first years of independence: '*if you can define the terms of the transition, it means you can win the transition and define the conditions of peace, and it means that the other side* [Portuguese colonial administration] *acknowledged that FRELIMO had won the war*'. People may come to terms with, emotionally respond to, and actively remember and discuss the events of the past as a key element for rebuilding of the society. But power relations are always embedded in these encounters.

Portugal's colonial project for Mozambique, in the footsteps of other colonial powers, resulted in the transformation of part of the south-eastern Africa into a settler's colony. The presence of a significant community of settlers required the creation of an administrative and judicial structure to control the diverse population of their domains. Mozambique, as a project of a new country, had limited possibilities for inheriting anything from its colonial metropole, Portugal, besides the state, bureaucratic structure (Mondlane 1967:51). In terms of justice, the existing institutions at the time of independence had engaged mostly Portuguese, whose mental templates rested upon colonial references, and branding Portuguese legislation. State, official justice remained part of the colonial political landscape. The newly arriving power, made up of the liberating forces who had won the nationalist struggle, wanted to carry out a new form of justice. FRELIMO, assuming itself to represent 'the people', claimed a revolutionary, radically new form of justice for all the Mozambicans, beyond the narrow legal scheme inherited from the colonial times. In Machel's words, '*the judicial system has to be reorganized to make justice accessible and understandable to the common citizen* [by breaking] *the barrier erected between the people and justice*'.[14]

Because the new political leadership did not trust the inherited legal system, 'traitors' were forced to open up about their wrong-doing in these 'truth-seeking meetings' set up throughout the country, a key component of coming to terms with the past wrongs[15]. Compelled by the government in power to attend these meetings, the collaborators felt loss, and experienced a lack of self-respect and helplessness. But, as the process of disclosure of suspicions

was opened up[16], and their 'treason accusations' publicly presented, remembering revealed its potential. As several of them have now argued, the initially unpleasant memories '*transformed them into new citizens*', part of a stronger political community.[17]

The Political Dimension of the 'Truth Meetings' – Creating the 'New Citizen'?

In the late 1960s, with the progress of the liberation war in northern Mozambique, and with the emergence of liberated zones, FRELIMO faced a sharpening of internal contradictions – political, military and administrative – which resulted in the killing of several of its leaders, including its president, Eduardo Mondlane. Reflecting on internal differences gave rise to two different political projects (FRELIMO 1982:122), a radicall division visible in the movement especially after the 2nd Congress of FRELIMO, which took place in 1968: hot debates on the strategies to continue the struggle, questions of ethnic identity, who was the enemy (attempts to identify the enemy as the 'whites'), and attempts to limit women's empowerment, were among some of the key issues (Ncomo 2003; Pachinuapa 2011).

To fight the various abuses that occurred during the war in the liberated areas, forms of 'popular justice' were performed by local political structures, in charge of mediating both civil and military cases (Moiane 1984:12-13). However, as Nalyambipano states, cases involving espionage and treason were dealt at a higher level (with popular participation in the hearings), and the punishment included re-education in special centres, public reprehension and even the death penalty (2013:80).

The escalation of the internal contradictions within FRELIMO in the late 1960s led Uria Simango, then Vice-President, to publish a pamphlet[18] where, on the one hand, he criticized the radicalization of the revolutionary project and, on the other, openly exposed some of the conflicts that tainted the movement.[19] This public position of Simango, a position that counted upon the support of an important wing inside FRELIMO, was interpreted by the other wing as if it were the voice of the enemy, serving the interests of the Portuguese colonialism and global imperialism. Simango was accused of treason by the opposing wing, comprising mostly of politicians and military leadership, and expelled from the front, late in 1969. To justify this exclusion of one of its top leaders, FRELIMO publicly accused Simango of opportunism, irresponsibility and corruption, signaling this behavior as a threat to the legitimacy and continuity of the struggle (FRELIMO 1977:140-142). By assuming this political stance, FRELIMO leadership identified itself as the vanguard of all Mozambicans, reassuring its compromise in defending

the interests of the underprivileged, in radical opposition against the 'new explorers', still present in the movement (Bragança 1980:xx).

These problems with leadership mirrored the conflicts that had emerged with and within the liberated areas. A net disagreement opposed those willing to maintain the exploratory economic system enforced by colonial administration, by africanizing it, and those who fought to radicalize the struggle, to free 'the land and the people'. In the latter sense, the liberated zones were perceived as the laboratory of the future independent Mozambique, where the state '*defends the interests of the exploited and oppressed classes of society*' (Machel 1978:144). These new, embryonic spaces of governance embodied the moral project of the nation, a society envisioned free of exploration, of racial discri-mination, of tribalism, and of women's oppression. That is, it was not enough to end the Portuguese colonial presence. As the political pronouncements underlined, the roots of the colonial, exploratory and discriminating system had to be removed, including the 'removal' of people who aligned with politic and economic projects that mimicked the methods and models of the enemy (Peixoto and Meneses 2013). On the external front the enemy came to be seen as imperialism, including the countries whose investments supported the extension of the presence of the colonial regime in Mozambique (Frelimo 1977). Internally, the struggle against those considered to have betrayed the ideals of the liberation war gained room.

Indeed, from the late 1960s up until the early 1970s, the Portuguese administration sought, through various political manoeuvres, to charm a significant (mostly urban) group of Mozambicans under the promise of more integrationist policies. One implication of this process was the consolidation of a small black bourgeoisie in the urban context, especially in Beira and Lourenço Marques (now Maputo). If several of these elements affirmed their nationalist position, they did not adhere to the revolutionary project of FRELIMO. In 1973, in Beira the first legal 'autonomous' political association (GUMO)[20] emerged fighting, on the political front, for the autonomy of Mozambique. Abroad, other nationalist groups, such as COREMO[21] (based in Zambia and Malawi), continued to operate, although with limited political impact, especially after 1972.

On the military side, the Portuguese psychosocial actions resulted in increasing defections from FRELIMO, since the end of war did not seem close. In parallel, the Portuguese army acted provocatively, providing resources to a growing number of 'infiltrators' inside movement (Machel 1977:107). In parallel, the contingent of black troops in the Portuguese colonial army was increasing (Coelho 2003). This process created a large number of well trained and equipped African troops fighting in defense of the colonial regime. It included the Grupos Especiais (GEs), the Grupos

Especiais de Paraquedistas (GEPs), the Commandos units, and Flechas, and the volunteers for civil defense (OPVs), totaling about 40,000 troops; in parallel less specialized militia forces were also active.

The *miltary coup d'état* in Portugal in April 1974 paved the way for the negotiations that ended with a series of agreements with FRELIMO, that ended the colonial war and granted independence to Mozambique in 1975. However, the way to independence knew several less-known, but violent episodes. In the aftermath of the *coup d'état* various political groups were formed, besides GUMO, seeking to challenge the centrality of FRELIMO. But in the agreements signed in September 1974, between Portugal and front, this movement was recognized as 'the sole and legitimate representative of the people of Mozambique'. All the politicians and activists integrating other political groups would soon be denounced as collaborators at the service of colonialism, accused of seeking to undermine the nationalist struggle. The broadening of the enemy's definition included '*puppet troops*' such as GEs, GEPs, Commandos, Flechas and OPVs, '*increasingly involved in repressive actions to mask the foreign aggression and present it as a civil war between Mozambicans*' (Machel 1974:19). The label 'collaborator' was also applied to FRELIMO's dissidents, some of who had formed or joined newly political organizations.

The failed attempted coup by radical white settlers on 7 September 1974 – on the same day the agreements were being signed in Lusaka - boosted FRELIMO's suspicion about who were the truly supporters of the revolutionary project. Thus, demarcating the boundary between loyalty to FRELIMO's political project and treason was a survival strategy applied from the onset of the transitional government in Mozambique (from mid-September 1975 on). The distinction between truly Mozambican and non-citizens became a curial tool in this operation. Those who would support FRELIMO's political ideals for a new society were considered 'true' Mozambicans; the non-citizens were labelled collaborators. Addressing the transitional government[22] during its inauguration, in September 1974, Machel stated: '*The blood of our people was not shed only to free the land from foreign domination, but also to reconquer our Mozambican personality, to bring about the resurgence of our culture and to create a new mentality, a new society*'.[23]

FRELIMO's concern regarding the potential intrusion of their ranks (and the new state) by former colonial collaborators remains central. During the first national committee meeting held six months before independence in northern Mozambique, it decided that membership of all the party and state structures should be revised in order to avoid the intrusion of former collaborators, FRELIMO detractors and counter-revolutionaries[24]: the

extended list included former members of PIDE-DGS, members of the Portuguese fascist party ANPs, GEs, GEPs, Commandos, OPVs, also including members of 'puppet organizations and parties', and people considered to be carrying out anti-social behavior (prostitutes, polygamists, etc.). The final report underscored that all people who would fell into these categories should not be allowed membership of FRELIMO.[25] But because these 'enemies' had to live within Mozambique, side by side with true Mozambicans, they had to be purified from their colonial background and transformed into full citizens.

The first stages in dealing with collaborators included various strategies of 'naming and shaming', including the denouncing of people who had supposedly work together with colonial institutions or had shown 'incorrect' social behavior. Many of them were sent to 're-education centres'[26] (Thomaz 2008, Meneses 2015), in remote areas of the country.

Other action was taken in relation to the group of white settlers that had acted against FRELIMO in the events of September 1974, as well as those who had deserted FRELIMO, who had opposed his proposed policy, both internally and externally. Finally, a third group included those who had challenged the FRELIMO on the military front, as COREMO's members. Together, they were accused of betraying the cause of the people by the victorious FRELIMO. More than 300 people were arrested between October 1974 and March-April of 1975, and sent under arrest to Nachingwea, the main FRELIMO political and military camp in Tanzania. There they were subjected to a 'revolutionary and popular' trial, chaired by President Machel, between March and May 1975. Following these trials, they were recognized as traitors, and sentenced to confinement in 're-education' centres inside Mozambique (Meneses 2015).

The combination of public trials with re-education was the continuation of the 'popular justice' FRELIMO had implemented in the liberated areas. The goal was to rehabilitate people, and to create citizens, and not to destroy them. Samora Machel in a collective interview in March 1975 explained the importance of the popular trials in Nachingwea: '*We arrested them! We do not kill! They are political enemies! Our policy is for clemency. In Mozambique they will grow and learn from the peasants*'.[27] The assumption behind this line of reasoning was that yesterday's traitors and their victims would have to live together, in a single country, through political re-education. The political goal behind the 're-education centres' was to transform the civil and political delinquents - thieves, assassins, military defectors, armed bandits, drug dealer, members of other political groups - into citizens: '*it creates in the delinquent the will and means for him to break up with his past. Gradually all disappear and in his place the worker emerges, the man, the citizen*'. [28]

However, as several former detainees expressed, this experience revealed itself extremely traumatic. There was no judicial system at place, contrary to what later would be present with the TRC in South Africa (Mamdani 2015). The judiciary procedures depended on FRELIMO's decisions; as a result, the length of detention was uncertain, with little possibility of appeal. In many centres political detainees were set side by side with criminals.[29] Many reported that their arrest was unjustified, quite often following personal vendettas. In the re-educating centres, the fate of inmates depended on the military officers in charge, or at the highest level, on the will of FRELIMO's leadership. As the centres were located in remote regions (mostly in the former liberated areas), there was almost no possibility of getting in touch with their families. Also, little ideological and political work was part of the re-education program. Malnourishment, bad weather and diseases were commonly named conditions that the detained endured.[30]

A couple of years later, internal and external persistent allegations of abuse of human rights in these centres led FRELIMO to put aside the re-education program.[31] Yet, if most of the centres were closed down by 1981,[32] the former detainees could not leave the centres' region and return back home. FRELIMO insisted in keeping the former detainees away, even though now their families were allowed to join them.[33] This new option of re-education insisted in keeping potentially suspicious subjects away from heavily populated areas, while work was kept as a tool for re-educating people.

From Political Prisoners into Comrade Freedom Fighters?

In March 1978 FRELIMO leadership held a meeting with former political prisoners. The meeting was called to discuss suspicions of betrayal and collaboration of the political prisoners with PIDE-DGS, the Portuguese political police, in charge of the special penitentiaries (or jail sections) where political prisoners were kept in colonial times. This suspicion dramatically stained the political curriculum of many former political prisoners (Langa 2011:368-369). These meetings inaugurated a new cycle of sessions of 'naming and shaming' in the country, whose roots reflect a significant lack of confidence in '*their own comrades*', as one of the participants in the meeting objected.[34]

During the preparation for FRELIMO's III Congress, held in 1977[35], many people who were ready to join FRELIMO's ranks were identified as collaborators and not allowed to join the party; similar purges occurred in the state apparatus and in several public companies. With the transformation of FRELIMO into a political party, one witnesses a broader campaign aimed at identifying the '*agents of the enemy that had infiltrated the structures of popular power*',[36] as a form to reinforce the purity of the ranks inside the

party. Late in 1978, in the aftermath of the Congress, in a country increasingly confronted with the rise of political and military instability,[37] the FRELIMO leadership issued a violent statement, proclaiming '*the need for vigilance upon all elements that had collaborated with colonial-fascist organizations*'.[38] All collaborators – GEs, GEPs, Commandos, former PIDEs, etc. – had to publicly display their pictures and a short autobiography detailing how they had been trapped' into collaborating with the colonial regime. Many of these collaborators were deprived of many rights. As many of the collaborators interviewed underlined, they could elect but not be elected, it was extremely hard to be promoted, etc.

This new cycle of dealing with the betrayal shows some innovations. In order to overcome the separation created between the collaborators and the 'Mozambican people', the strategy adopted then by FRELIMO combined punishment (a public display of betrayal) with purification processes. For Coelho, the 'purification' happened by the presentation, in writing, of individual biographies containing a reference to the acts committed; it also had to include a demonstration of his/her remorse, key to free the person from potential blackmail regarding his/her problematic past (Coelho 2003:191). In fact, in this new context, people accused of collaboration, in most cases, were not threatened with arrest. But they had to publicly explain their stories and underwent, at their working and living places, supervision by the party and the state. As publicly stated, '*only by knowing, controlling and closely watching the lives of these elements will be able to deliver them from the enemy and commitment to reintegrate them in society* [sic]'.[39]

In parallel, the purifying campaign of FRELIMO ranks knew other developments. Many middle to high rank party cadres had been political prisoners in colonial times, and shadows of betrayal of the 'political cause of the people' were mounting in 1978. As part of its restructuring ideological str ategy, FRELIMO set up a series of meetings that year with former political prisoners in Maputo. Around 350 people participated in the meetings. In the first of the many meetings, opened by President Machel, he clarified the reason behind the gathering:

> We all had children, we had wives, we had our parents, our mothers! But we opted out to dedicate our lives to the struggle [...]. Making war is not the same as going to a banquet, do not you? [...] These meetings, comrades, is to find out how many traitors are in FRELIMO! Military [from FRELIMO] gave themselves up with guns! Entered into agreements with the enemy! Yes, because of material problems. So it would be good that you help me [...] we want to free everything![40]

Later, those present were invited to give their version of their experience as political prisoners.[41] At the end of the meetings, that lasted for a while,

FRELIMO categorized the political prisoners into three groups: the heroes (those who had preferred death to betray the people's cause); the vacillating (who had come to compromise minimally with the colonial administration in exchange for small privileges, but remained faithful to nationalist ideals); and the traitors (those who sold themselves to PIDE-DGS and denounced their comrades).[42]

In the aftermath of these meetings, a couple of elements were pronounced guilty of political treason by FRELIMO leadership and condemned – by a political party - to jail. Some others, for their incapacity to acknowledge their betrayal, were sent to re-education centres.[43] The vast majority, however, was submitted, following FRELIMO's decision, to a 'purifying' process of military and political training at Matalane centre (nearby Maputo), a process that lasted for a couple of months. This last group included well-known politicians and intellectuals, as the group of former political prisoners included names such as José Caveirinha and Rui Nogar, well-known poets; writers such as Albino Magaia and Luis Bernardo Honwana, and the world-known painter Malangatana Valente. It also included Cadmiel Muthemba, Moisés Massinga or Matias Mboa, still active politicians.[44]

According to the testimonies of some former political prisoners who lived through this experience, it came to be perceived as an *'exam, not only in terms of capacity, but also to see to what extent one could trust them'*.[45] As asserted by the multiple political leaders of FRELIMO that participated in the training at Matalane, the goal was to clear out the ideological vices acquired in the long stay in prisons, and elevate the level of political ideology of the participants. In the words of some people interviewed, these meetings came to downsize the contributions of the former political prisoners to the liberation struggle.[46] However, for most of them, this process of mental liberation contributed to clearing the suspicions about them, by clearing their pasts:

> Ultimately, this was a form to redeem the prisoners, to stop thinking that the top leadership of the party was still suspicious of them. It was the way he [Machel] found of bringing people together. […] To know what people though, to see if, in fact, they had changed their mind, if they had not gone over to the enemy, was the goal of the meeting.[47]

In the words of Reinhart Koselleck (1990:103-104), the modern concept of history is marked by the reduction of plural stories into a single, hegemonic narrative. A central feature of modern history is the original violence it entails, resulting from the imposition of a monolithic analytical matrix, an analytical device that annihilates differences, and closes any possibility of dialogue. This one-dimensional reduction is, in itself, a methodological option and a historical fact.

By allowing 'the lion to tell also his side of the story', these meetings opened possibilities for dialogue with other (dominant) political narratives. Transforming a given feature, a given interpretation of a problem into a meta-narrative undermines the analytical process; this approach conveys the risk of turning one particular version of events – naturally partial – into the only possible historical chronicle, occupying the centerpiece of reason, the central theme of history. These meetings ought to turn potential enemies into adversaries or partners in the struggle for a new Mozambique, a new political community.

Becoming Citizens: There are no More Collaborators, Just Mozambicans!

The final episode of reconciliation with the colonial past took place in 1982, acouple of years after a large group of people had been ordered to publicly exhibit their pictures and confessions of collaboration with colonial institutions, as I briefly mentioned above.[48] Meetings between top FRELIMO leadership and exposed collaborators took place throughout the country, in various locations, so that all the people involved could openly expose their own case, and apologize for it. The final meetings – one of which took place in Maputo, headed by President Samora Machel – were called to close the two-year process of self-criticism and public vigilance upon a large group of collaborators. This last group was extremely heterogeneous: it included the last ones that had not 'fitted' in the revolutionary project of Mozambican citizenship, those who, by siding with the colonial system, were considered traitors to the revolutionary project. Among the collaborators were former members of the colonial political police, of the ANP, well-trained troops who had served in the Portuguese army, the godmothers of war, traditional authorities, personnel in the lower echelons of the administrative apparatus, members of other political associations that had contested FRELIMO's hegemony in the early years of transition and independence, among others.

In the interviews carried out for this article, people revealed how apprehensive they had been when they had received the call to attend the meetings. Many of them, aware of the outcomes of previous 'truth-seeking meetings', had said goodbye to their close relatives, sure that a formal conviction was waiting most of them, after an open session of popular justice. For those who had opted to stay in the country, this was a path that the party state led by FRELIMO had chosen to close their processes.

As briefly expressed above, the 'purification' started by the presentation of written, individual biographies of collaboration, demonstration of remorse. This was a humiliating exposition: their now 'inconvenient' past was exposed

to the public. Many of them occupied middle and upper level positions in the government, and were to be scrutinized by their subordinates and employees.[49]

In May 1982, one of the main meetings was held in Maputo. This meeting, known as the 'Meeting with the collaborators', fully restituted the civil and political rights that had been denied to these collaborators. Indeed, at the closing ceremony, President Machel proclaimed *'there are no more collaborators, there are only Mozambicans'*.[50]

This stage of 'naming and shaming' was replete with violent psychological episodes. The meeting was attended by a large public. The collaborators were called to come up front and openly speak out their 'crimes'. Samora Machel was harsh in confronting them. Recognition of the wrongdoing, confrontation of their pasts, was the key to become fully Mozambicans, part of the long process that Machel defined as *'mental decolonization'*.[51] But the collective therapy played an important role in reinforcing support and setting the stage for the gruesome testimonies, replete with violence. Many of them, confronted with their murky past, confessed their fears of being killed by the people they had denounced and to be arrested or killed: *'What would the people of Manjazaze do to you?'*, interrogated Samora Machel one of the former PIDE members. And he recognized publicly: *'If had gone back to Manjacaze, they would had kill me'* [sic].[52]

These episodes, broadcasted by the then experimental television of Mozambique, revealed an exercise of citizenship, where people meet to understand each other. However, the negotiations of full citizenship depended upon the willingness of the 'collaborators', to open up about their past and to recognize that their past behavior was far from the ideal Mozambique citizen that FRELIMO had defined. At the end of their depositions, most of them, including commandos involved in war massacres, begged for forgiveness, in highly moving and convincing ways, from the 'People of Mozambique'.

> I attended the meeting of 1982. I was there, [underlined one of the interviewees.] I had been a commando in the Portuguese army, but I also had supported the liberation struggle. For a while I could not understand why I was questioned and almost proscribed. I felt judged. But how President Samora Machel led this process allowed discern what was the PIDE, which was ANP, which was OPV, which was another kind of involvement with colonial way of thinking and acting. This process taught me how to become a Mozambican.[53]

In fact, just a couple of them refused to acknowledge their 'betrayal' and their past of collaboration and were sent to jail.[54]

The meetings with the collaborators were performed redoing the route of memory, clarifying and making known their historical backgrounds.

Samora Machel, speaking initially in the first day of the meeting, reinforced the role of history:

> Just reviewing the past will be possible to know the present. Just knowing the present will be possible to make the prospect of the future. These are three key elements in society: past, present and future. Pages are marked by history.... We cannot go against them. History is history! [...] You were part of the colonial structure. Your tasks and actions were complementary, competing for the same goal. Which one? Prevent the independence of Mozambique.[...] We decided to expose your pictures in the windows. We asked for your biographies. We did it to expose your collaboration, so that every citizen could identify you. We did it so that people could exercise vigilance over you!
>
> It was an act of justice! ... Revolutionary justice. In other countries would have been dragged to the courts. In other countries where revolution had triumphs, you had been shot. [...] But we also did it to prevent that had a double life, to allow you to break free. By publicly exposing your collaboration with organizations and repressive forces of colonialism, we have destroyed the secret that bounded you to the enemy. You were a reservoir for the enemy to blackmail you anytime. [...] The liberation is right here - narration of the sufferings. [...] Today, we are in an independent Mozambique, you are now citizens of an independent and sovereign country, respected by the international community! We liberated our country so that Mozambicans could always control and decide their fates!"[55]

Accentuating that the past lives with us, Samora Machel, at the end after all the sessions, saluted the people that had had the courage to trust each other and that had dare to expose themselves to the 'People'. They were no longer second-class citizens or enemies. They had become part of the political community, of a new present. Indeed, the final question posed to all of them was – 'compatriots or collaborators?'[56] And the almost unanimous cry became – compatriots. As the large band crossing the room announced by them, '*with the liberation of Mozambique the collaborators has also won a country, a motherland*'.

   In the 'era of the witness' (Wieviorka 2006) that we live in, debates over the adoption of official silence in countries that have known war-torn conflicts have oscillated between two perspectives: pragmatic arguments for, and moral condemnation of this type of strategy. The arguments in favor of state silence have been justified on the grounds that instituting formal mechanisms to achieve accountability for past violence can potentially imperil the fragile peace in deeply divided societies. However, longitudinal analyzes of the dynamics behind official silence demonstrates that silence is neither complete nor does it result in the political death of memory (Ricoeur 2006). The example

of Mozambique and the debates over history and memory highlighted the right to political memory, the urge to deal with 'the ghosts of the past'. Indeed, what these meetings reveals were moments of high intensity discussion on the conditions of a new political community, turning enemies into citizens.

Conclusion

Nation-state building is a violent process in nature. The identification and persecution of the collaborators in Mozambique and the violence that characterized these processes is an integral part of independent Mozambique history. The study of the reconciliation processes promoted by FRELIMO between 1975 and 1982 is in line with Mamdani's claim (2012:7) for more including and deep historical research that contributes towards a broader theorization of African experiences in conflict resolution processes.

The International Criminal Court (ICC) and Truth Commissions (TC) reproduce a model for criminal justice that, by proxy, reproduces the experiences of war courts set up at the end of World War II. However, other models have been in use in Africa to deal with conflict situations, as the case of the truth commissions in Mozambique illustrates. As several situations analyzed show, in truth commissions the goal was to broaden trust and to create conditions for people to regain their dignity, as fully trusted citizens. But these conditions are hard to achieved, as the case of Mozambique demonstrates. In order to understand the contexts and times of transition, to grasp the complexity of tasks of building a nation, it is important to unveil and study the multiple layers in which politics of state-building and governmentality are put in practice across different periods.

The constructions of social groups of 'enemies' – both internal and external – was the approach used by FRELIMO to deal with the collaborators, an integral part of the larger politics and ethics of nation building. The collaborators personified the figure of the traitor/enemy necessary for the edification of the new nation-state, and FRELIMO used them to define the boundaries of national belonging and citizenship in a period fraught with suspicious loyalties and allegiances to the new regime. Tobias Kelly and Sharika Thiranagama maintain that

> accusations of treason have historically played a central role in the attempt to maintain social order and political authority. To make accusations of treason is to make a claim to power, to try to police the boundaries of permissible politics, and to exert authority in the face of constantly shifting affiliations (2009:3).

The three stages of truth seeking analyzed here show how FRELIMO, through 'naming and shaming' the 'close allies' of colonialism struggled to

(re)construct the wrecked social tissue of the 'new' Mozambique. The social engineering applied in different moments to deal with those then perceived as '*close enemies*', and the challenges met to '*decolonize their mentalities*'[57] reflect delicate social processes that contributed to restoring the dignity of the former 'collaborators' as full Mozambicans.

The use of open meetings to publicly expose the past activities (now no longer considered acceptable) of those accused of betrayal, contributed to generate a broader sense of belonging and offered, with all the violence associated with it, a moment for the aggressors to offer an apology for their past actions, strengthening FRELIMO's authority and legitimacy. This top-down process of reconciliation, although it met multiple resistances, opened up the possibility for Mozambicans, in their diversity, to negotiate their way through contradictory ethical and political demands. Indeed, the collaborators and those that confronted them (from FRELIMO political leadership to the common citizen) came to know more about the colonial political processes in Mozambique, fostering a coming-to-terms with the past through various mechanisms including remembering, forgiveness, trust, civic engagement and social cohesion. It should be underlined that the truth-seeking processes were not determined by Mozambique's political elite's rush for spoils and political power; rather, what these processes transmit is the urgency to create and control Mozambican society and to mold the citizens according to particular (temporal and geopolitically speaking) aesthetics and moral ideals (Peterson 2012:284). As such, the state-building project had to manage multiple positions, allegiances and betrayals, as fundamental components of the new nation.

By dissecting the past memories of violence, the processes analyzed in this article illustrate how memory is a crucial part of dealing with past violence a way of claiming the (re)construction of the official historic narrative. By openly exposing the reasons that led to betrayal, the truth meetings set up internally in Mozambique produced other versions of history. In these 'other histories', memory acted as an instrument for social transformations, re-connecting and reconciling people, reconstructing trust after long episodes of violence and helping to heal traumatic events (for both victims and perpetrators).

A relational world is all about a heterogeneous history, combining, in a dialogical way, located, active and specific events and actors. Knowing, seeing, witnessing, attesting and speaking always flows from a particular body, located in a particular time and space, both literally and relationally.

As has been argued elsewhere (Meneses 2011, 2015; Peixoto and Meneses 2013), what is required is a narrative made of interconnected histories,

locally and regionally articulated, challenging conventional wisdom. This theoretical and methodological shift answers to a growing concern to recover silenced histories from various locations, where African experience is theorized both from within its own experiences and in relation to other realities. After all, at the core of modern nations acts of extreme violence can always be found – a fact that is reflected in war memorials, lists of historical monuments, and street names. But the persistent silence about the African contribution to human rights and academic discussions about citizenship evidences the heritage of a broader conflict that disrupted utterly the rights of Africans – the violent colonial encounter – a conflict that remains to be addressed in all its complexity.

Notes

1. This article results from broader research projects. I am thankful to the financial support of the Foundation for Science and Technology (FCT / MEC) Portugal (with national funds and co-funded by FEDER through the Programa Operacional Competitividade e Inovação COMPETE 2020) whose fellowship PTDC / CVI-ANT / 6100/2014 - POCI-01-0145-FEDER-016859 funded part of the research. It also benefited from a European research project funded by ERC and coordinated by Boaventura de Sousa Santos (FP/2007-2013) /ERC Grant Agreement n. [269807]). I am very thankful to all the interviewees who willingly embarked on this project. Needless to say, my gratitude extends to all the institutions (archives and libraries) that granted access to their collections and contributed to the production of this article, especially the Historical Archives of Mozambique. My acknowledgement to the colleagues who listened and commented an initial version of this paper, presented at the CODESRIA 2015 General Assembly.

2. FRELIMO was the main nationalist movement in Mozambique, gaining access to power on independence. It transformed itself into a political party in 1977, (Frelimo party) remaining a dominant political force.

3. 'Courts can't end civil wars', *New York Times*, 5 February 2014.

4. Ibidem.

5. In independent Mozambique, judicial punishment had, as I will address further on, three main goals: to educate, to deter, and also to repress. Sentences became much harsher in the late 1970s and the first half of the 1980s, as FRELIMO was severely strained successively and in combination from Rhodesian attacks, South African destabilization and the MNR-Renamo rebellion (Machava 2011).

6. I try to avoid labelling them 'truth commissions', although these different moments represent, in fact, truth commissions. And in various moments, as I will address further on, Samora Machel, president of Mozambique, present in multiple meetings, would emphasize that their goal was 'to find the truth'

about the reasons for violence and betrayal. Also, as several of the interviewees emphasized, their presence in these meetings was crucial, as it allowed them to 'explain their side of the story, their truth'.

7. See, among other, Geffray 1990; Cabrita 2000; West 2003; Ncomo 2003; Pitcher 2006; Igrejas 2008; Thomaz 2008; Machava 2011 and Coelho 2014.

8. 'Liga dos Direitos Humanos de Moçambique apoia criação de comissão de verdade' (http://noticias.sapo.pt/internacional/artigo/liga-dos-direitos-humanos-de-mocambique-apoia-criacao-de-comissao-de-verdade_18164161.html). 28 August 2014; 'Daviz Simango: 'A nossa história toda é mentira''. (http://www.dw.de/daviz-simango-a-nossa-hist%C3%B3ria-toda-%C3%A9-mentira-entrevista-exclusiva-parte-2/a-6246701). 22 June 2014.

9. This concept is used to refer to a process of translating the diversity of the world - other cultures, other knowledges, other ways of being, onto a monocultural reality, presuming commensurability through Western rationality.

10. On this topic I follow closely Priscilla Hayner' approach (2001:24-31).

11. Interview with a member of the then Mozambique council of ministers. During the 1977 elections for people's assemblies a clear distinction existed, separating those that were involved '*in the colonial structures of the oppresso*r' and the '*Mozambican people*'. The former were banned from political participation: they could vote but not be voted for (Meneses 2012, 2015).

12. *PIDE-DGS*: the repressive police during the dictatorship. *Acção Nacional Popular*: the single political party that ruled Portugal throughout the period of the dictatorship (until April 1974).

13. Interview with an elected deputy of the first mono-party national assembly of Mozambique.

14. Mozambique Historical Archives – Oral Fund. Press Conference in Lusaka, Zambia, 1974, about the Lusaka Agreements, signed on 7 September 1974 - Fund SM0019.

15. Interviews carried out in Mozambique with former collaborators, between 2011–2013 and 2015.

16. With episodes of strong verbal violence by FRELIMO leadership, as the tapes consulted reveal.

17. Reference to the final speech of Samora Machel during the meeting with collaborators in 1982. Mozambique National Archives - Fund SM0006.

18. '*Gloomy situation in FRELIMO*', by Uria Simango, published in Dar es Salaam on 3 September 1969.

19. On this topic, see Ncomo 2003 and Meneses 2015.

20. United Group of Mozambique.

21. Mozambique Revolutionary Committee

22. The transition government was headed by a Portuguese High Commissioner and had Joaquim Chissano, a top FRELIMO leader, as prime minister.

23. Mozambique Historical Archives – Oral Fund. Lusaka Agreements, Zambia – Fund SM0008.

24. '1ª Reunião Nacional dos Comités Distritais, Mocuba, 1975', *Notícias*, 24 May 1975.
25. "Plenário nacional da FRELIMO: 'Como exercer o poder popular'", *Tempo, No.* 230, 23 February 1975.
26. See, for example, 'Denunciados e expulsos quatro infiltrados no Ministério do Trabalho', *Notícias,* 8 January 1978.
27. *Daily News* (Tanzania), of 22 April 1975.
28. 'Unango: Homens reconstruídos', *Tempo,* No. 480, of 23 December 1979.
29. Interviews carried out in Maputo in 2012 and 2016.
30. Interviews carried out in Maputo in 2012 and 2013.
31. Interview carried out in Maputo, in March 2014, with a former member of this process.
32. 'Libertados 684 reeducandos', *Notícias,* 28 September 1981.
33. 'Brevemente: Famílias de ex-reeducandos no Niassa', *Notícias* of 14 August 1980.
34. Interview carried out in Maputo in 2012.
35. During this Congress FRELIMO was transformed into a political party of Marxist-Leninist orientation.
36. Interview with a former political commissar, carried out in Maputo in 2013.
37. Caused by MNR-RENAMO (Mozambique National Resistance), a movement formed and funded in neighboring countries, militarily challenging the socialist project of FRELIMO.
38. 'Afixar até dia 15 a lista dos elementos comprometidos', *Tempo*, No. 427, of 1 December 1978.
39. Ibid.
40. Mozambique Historical Archives – Oral Fund. Meetings with former political prisoners, 1978 – Fund SM0006.
41. See also Machava (2011), 'We don't want to be called anymore ex-pps: notes on the purification of other collaborators in Mozambique'. Paper presented in 2011 in Lisbon.
42. 'Ex-Presos políticos: Três tipos de comportamento', *Tempo,* No. 407 of 23 July 1978.
43. Interviews carried out in Maputo in 2012 and 2014.
44. Several of the former political prisoners who were accused of treason and then submitted to re-education processes, explained during the interviews that they underwent a difficult period of political marginalization after independence (see also Laban 1998 and Mateus 2006).
45. Malangatana's testimony, in Mateus 2006:643.
46. Interviews carried out in Maputo in 2012.
47. Chivite's testimony, in Mateus 2006:625.
48. Mozambique Historical Archives – Oral Fund. Meetings with collaborators, 1982 – Fund SM0006.
49. Interviews carried out in Pemba and Maputo in 2012.
50. 'Já não há Comprometidos, há Moçambicanos', *Notícias,* 8 June 1982.

51. 'Descolonização mental, nosso actual problema', *Notícias*, 11 May 1982.
52. 'Cruz de Cristo servia a tortura de homens', *Notícias*, 12 May 1982.
53. Interview carried out in Maputo in 2012.
54. 'O exemplo de um método', *Notícias,* 20 May 1982.
55. Mozambique Historical Archives – Oral Fund. Meetings with collaborators, 1982 – Fund SM0006.
56. 'Comprometidos ou Compatriotas? – Presidente Samora convida colaboracionistas a optarem', *Notícias*, 11 May 1982.
57. 'Descolonização Mental é o Nosso Porblema', Samora Machel's initial speech at the meeting with the 'comprometidos' held in Maputo. *Noticias*, 11 May 1982.

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