

## Introduction

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This paper focuses on new communities and conceptions of citizenship and civic action promoted by two globally connected Cape Town-based NGOs and CBOs involved in struggles over access to land, housing and Aids treatment. The organisations discussed in the paper include the Treatment Action Campaign (TAC), an Aids activist group, and the South African Homeless People's Federation (SAHPF), a low-income housing association connected to networks of Slum Dwellers International (SDI), a globally connected organisation based in 14 countries and including cities such as Bombay, Calcutta, Nairobi, Bangkok, Karachi and Bogota. The TAC is connected to groups such as *Medicins Sans Frontieres* (Doctors Without Borders – MSF), Oxfam, Ralph Nader's Consumer Technology Project, and a range of other international activist organisations. Like the TAC, the SAHPF is a mostly women's organisation that is involved in a wide range of activities including savings clubs, income generation projects, community policing, Aids intervention and so on. The Mumbai-based women's savings collectives and the SAHPF are part of SDI's global network of homeless people's organisations that is connected through Federation members visiting each other's cities. This form of 'horizontal exchange' assists poor people exchange ideas through direct learning about savings schemes, housing, income generation projects and so on. This phenomenon, increasingly described as 'grassroots globalisation' or 'globalisation from below', is recognised as playing a crucial role in the creation of an international civil society representing the needs of the poorer 80% of the population of the world (now totalling 6 billion people).

This paper attempts to understand the politics of participation



underlying new organisational forms of the poor in post-apartheid South Africa. In particular, the paper is interested in examining the following question: under what conditions does participation contribute towards the development of a democratic politics? One of the aims is to look beyond the “myths” of participation and to pay more attention to “what is actually going on in invited spaces and what kinds of outcomes they actually produce” (Cornwall 2002a: 50). The spaces examined in this paper are not invited spaces. They are spaces created by poor people themselves. The paper deals with the vicissitudes of democracy and participation in post-apartheid South Africa, a setting in which civic institutions and civil society organisations exist alongside strong social and economic inequalities, where the state has changed its structure and redefined its functions and where fragmentation and social division remain key obstacles for effective citizenship. In this paper we intend to show how participatory practices are embedded in a series of ambiguous assumptions about ‘entitlement’ and ‘rights’. While both the organisations discussed are examples of social movements that have constructed their own arenas of action in opposition to the state, it is not clear in what sense they have created sites for alternative democratic institutions, norms and practices. The TAC has pressed for inclusion in new deliberative institutions charged with statutory responsibilities.<sup>1</sup> Its organisational practice has included pressing for legislative reform, coupled with activism. In part it has enabled citizens to more effectively demand their entitlements and press for accountability. However, in mobilising support it has also come up against historical and cultural constructions of ‘entitlement’ that have limited its impact as an organisation pressing for a politics of rights.

The SAHPF is an example of an organisation that provides an alternative for large numbers of poor people disillusioned with the limits of national liberation. While it offers survival strategies by simultaneously enlisting the poor as global citizens and as citizens of nation-states, it raises the question of the degree to which locally embedded, but globally connected organisations are capable of creating new democratic practices and solidarities. This paper, and the cases it studies, argues that while participation in local and global spaces and practices might be spreading among the poor in South Africa, this does not mean that democracy is thriving. While the kind of spaces for participation of the poor are multiplying, ranging



from regularised institutions which serve as an interface between people and the state, to spaces in which citizens act without and on the state, it is by no means clear what the democratic potential of these new interventions is.

## **New theories, old assumptions: Citizenship and participation**

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Recent literature on citizenship and participation is critical of constitutional approaches to citizenship and is underpinned by the assumption that non-legal forms of ‘participation’ best facilitate a democratic politics. New forms of citizenship, so the argument goes, challenge the conventional idea that the most effective way to institutionalise citizen participation and social rights is through constitutional means. The argument is that broader approaches are needed, which recognise the diversity of local actors and the ways in which they are pre-empted from claiming rights by forces of social and economic exclusion. Recent approaches to citizenship – and these include core members of the Development Research Centre project – argue for new spaces for dialogue and a more strategic approach which embraces a wider perspective of rights and citizenship and aims to challenge existing social relations and rules of the game over the longer term. Cornwall, for instance, argues for the need to “document resistance from below to participation initiated from above”, and to document “constructions of more autonomous spaces which are based on the recognition of identities of local communities” (Cornwall 2002a: 51). Cornwall argues that more attention must be paid to instances of participation as “situated practices”, on how they actually work in practice, and on who takes part, on what basis and with what resources, whether in terms of knowledge, material assets or social and political connections. Treating participation as situated practice calls for approaches that locate spaces for participation in the places in which they occur, framing their possibilities with reference to actual political, social, cultural and historical particularities, rather than idealised notions of democratic practice.

This paper argues that this widening up of the possibilities for participation has much in its favour. For one, it allows for an extension of the liberal framework on citizenship away from its narrow



individualistic emphasis to a conception of citizenship that recognises “how rights and citizenship are shaped by differing social and political cultural contexts” (Gaventa 2002: 9). Furthermore, it highlights how universal conceptions of citizenship and rights are themselves mediated by relations of power, social hierarchy and often competing identities, which serve simultaneously as a force for the inclusion of certain voices and identities and the exclusion of others. It also recognises the important role non-state agents play in realising a democratic politics of rights. In addition, it affirms the idea that participatory spaces do not automatically mean democracy. As Cornwall (2002a: 52) points out:

*Just as government can use community-based institutions to shunt provisioning burdens onto local people, for legitimisation or for political capital, so too can dominant interests within communities use them to reinforce existing power relations. Where local planning or service user committees spring up overnight through donor whim or local government fiat, those who fill the space may be gatekeepers of power in their communities and reproduce exiting power relations of exclusion. Representation of community interests all too easily muffle dissent and inequities within communities. Cases exist where devolving control to the community has undermined existing rights of more marginal actors.*

The importance of these new approaches for issues of ‘citizenship’ and ‘participation’ lies in their focus on the *politics* of participation. They point to the need for a more radical reconfiguration of relationships and responsibilities of citizens, extending beyond state-citizen interactions, to encompass an expanded vision of the public arena in which all actors become increasingly potent and visible. They challenge fundamentally the liberal paradigm by insisting that the body politic is not necessarily neatly divisible between state and society. They understand the importance of expanding entry points into the body politic in order to accommodate political actors whose identity is fragile.

However, while these new conceptions of citizenship rightly challenge the liberal fixing of social relations through the division between state and society, and rightly point in the direction of the idea that the politico-cultural space is continuously renegotiated by different political actors, this paper argues that they fail to spell out the conditions under which these new ‘multi-tiered’ practices contribute



to democracy. While it is important to defend the widening of political practices associated with citizenship, it is also worth remembering that citizenship as a form of political identification presupposes an allegiance to the political principles of modern democracy. And the conditions necessary for an active citizenship have as their underlying premise the principles of liberty and equality. Modern democracy, far from being based on a completely relativist conception of the world, as it is sometimes argued, is articulated around a certain set of values, which, like equality and liberty, constitute political principles. Recent approaches to citizenship largely avoid the question of the non-procedural aspects of democracy and fail to ask under what conditions democracy's normative and political aspects become actualised. This is due, at least in part, to the fact that these new approaches themselves are underpinned by at least one central, conventional aspect of liberal democratic theory, namely the idea that effective citizenship and democratic participation take place within the confines of a contract between citizens and their wider political environment. They rely heavily on the unstated idea of the 'contractual' and 'contracted' citizen, i.e. an image of the citizen as one who is in command of a politics of entitlement. Such citizens are able to effectively demand their entitlements and press for accountability. They operate in contexts in which it is assumed that sufficient political space has been cleared to make demands. Underlying the idea of a contract is a series of assumptions about the normative and political conditions of a democratic public sphere. One of these assumptions is that rights are themselves understood in democratic terms and that they are linked, despite being mediated through historical and cultural factors, to democratic values such as justice, fairness, equality and liberty. Our research shows that the framing of the politics of rights in post-apartheid South Africa often excludes the idea of a contract, and with it, overarching liberal values.

Thus, while the new theories of citizenship and participation recognise that rights-based approaches are not automatically proper, and that we need to treat 'participation as situated practice', they take insufficient account of the conditions under which local participatory practices become embedded in a politics of entitlement. 'Entitlement' speaks to the idea that politics is about the fulfilment of a contract. However, as our work shows, a historically es-



established culture of the 'social contract' – or what Charles Taylor (2002) refers to as the social imaginary of Western modernity's moral order, based on shared conceptions of mutuality and equality – cannot be assumed in post-apartheid South Africa. In classical liberal political philosophy social relations are fixed by a social contract between citizens and the state. For John Locke individuals are constituted as citizens first in civil society, which afterwards delegates specific, limited powers to the state. The contract between the state and its citizens is expressed on an everyday level through basic public institutions and the self-management of civil society. The idea of the contract goes hand in hand with a series of correspondences embedded in a politics of rights: these include the linking of rights and justice, and entitlement and responsibility. The idea that societal agreement on wider social values is often overarching and involves a wider political consensus is also included.

However, the descent into the conditions of poverty and insecurity in societies like South Africa severely affects the principle of citizenship developed in Western contexts. Everyday life in the poor areas of post-apartheid South Africa is a world of homelessness, joblessness and violence. According to Western liberal approaches individual actors are the constitutive elements and effective political actors of a democratic regime. The foundation of democratic political life resides in the autonomy of the individual. By contrast, the destructive impact of economic crisis and downward social mobility in post-apartheid South Africa shifts people towards the strengthening of communal ties and communitarian identities, which are often insulated from wider societal political practices. Societal agreements on emancipatory objectives such as 'rights' and 'justice' are often episodic and by no means overarching. The contract between the citizen and the rest of society cannot be assumed. This is why in contrast to the liberal fixing of social relations through a contract in other societies, the politico-cultural space in post-apartheid is continuously renegotiated by different political and cultural actors with different approaches to key elements of the contract. As a result, the democratic space is fragile, and cannot be assumed in any way. Its consolidation involves distinct political practices, which need to be identified and named if we are to understand the connections between participation and democratic politics.

Citizenship is meant to erode local hierarchies, statuses and privi-



leges in favour of national jurisdictions and contractual relations based in principle on equality of rights and the individual right bearing citizen (Holsten, 1999). In other words, the liberal individualist conception of citizenship implies a 'self-interested', 'autonomous' citizen, a construct "critiqued by communitarians who argue that an individual's sense of identity is produced only *through* relations with others in the community of which she or he is a part" (Gaventa 2002: 4). The communitarian conception of citizenship is that of the socially embedded citizen. Civil republican models of citizenship place more stress on people's political identities as active citizens, apart from their identities in localised communities (Gaventa 2002: 4). This model emphasises individual obligations to participate in communal affairs through deliberative forms of democracy, in contrast to the liberal stress on representative democracy. As Gaventa notes:

*Recent work in contemporary citizenship theory attempts to find ways of uniting the liberal emphasis on individual rights, equality and due process of law, with the communitarian focus on belonging and the civic republican focus on processes of deliberation, collective action and responsibility. In so doing, it aims to bridge the gap between citizen and state by recasting citizenship as practices rather than given* (Gaventa, 2002: 4).

These debates on citizenship are particularly useful in the South African context. It would appear that the ongoing struggles over the role of traditional leaders in local government structures and land ownership and administration, as well as other forms of non-liberal communitarian politics such as anti-crime vigilante violence, are likely to continue to characterise contemporary political life in South Africa. It also seems that the democratic vision of a 'non-racial' post-apartheid society that coalesced under the banner of the United Democratic Front (UDF) during the 1980s is being challenged by the retreat of citizens into race, class and ethnic laagers and communitarian solidarities. The difficulties the South African state has encountered in terms of providing jobs, health care (for example, Aids treatment) and social and economic security to the poor could also end up undermining any possibility of stabilising the liberal democratic project, for instance by cementing the 'social contract' between citizens and 'the state'. Instead of creating a liberal democratic moral order based on the mutual benefit of equal par-



ticipants – an image of mutuality and equality elaborated in theories of ‘natural law’ and contract by 17<sup>th</sup> century legal theorists Locke and Grotius (see Taylor 2002) – the failure of the state to meet its obligations to its citizens often reinforces and consolidates hierarchical and patriarchal structures and client-patron relations of subordination. Such processes tend to reproduce the contradictory logics of liberal and non-liberal political cultures that currently characterise the South African political landscape.

Alongside these localised political processes, new globally connected community-based organisations are emerging that appear to counter parochial tendencies and ‘ethnic’ communitarianism. For NGO activists, academics, donors and policy-makers this emergence of a burgeoning ‘global civil society’ is seen to offer the prospect of a renewal and deepening of the liberal democratic project (see Appadurai 2002a; 2002b). But is all this talk of ‘grassroots globalisation’ and ‘globalisation from below’ really about the democratisation of citizenship practices? Do these new forms of grassroots participation really represent accountable and democratic practices or do they not often simply reinforce localised power asymmetries? While the rallying cry ‘think globally, act locally’ has been part of the activist’s lexicon for at least two decades, the notion of ‘thinking locally’ about the impacts of global institutions and global forces, *and* ‘acting globally’ upon them, is perhaps a relatively new development (Clark, in Gaventa 2002). But what does it actually mean to ‘act globally’ and what are the implications of this for liberal democratic ideas and practices?

## **Case study 1: The Treatment Action Campaign**

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### *Aids, citizenship and the making of a social movement*

The TAC was established on 10 December 1998, International Human Rights Day, when a group of about 15 people protested on the steps of St. Georges Cathedral in Cape Town, to demand medical treatment for people living with the virus that causes Aids. By the end of the day the protestors had collected over 1000 signatures calling on the government to develop a treatment plan for all people living with HIV. At that stage, it was generally assumed that anti-Aids drugs were beyond the reach of all developing countries, con-



demning 90% of the world's HIV-positive population to a painful and inevitable death. By 2001, an estimated 19 million people had died of Aids and more than 36 million were infected with HIV (TAC, 2002: 2). Ninety percent of those with HIV and Aids live in the Third World, of whom 70%, an estimated 27 million people, are African (Shoepf 2001: 335). Without access to anti-retroviral therapies, the majority will die within the next five years. Another 16 million Africans are believed to have already died of Aids. Nearly 4 million people in sub-Saharan Africa are estimated to have been infected with HIV in the year 2000 (UNAIDS 2000, cited in Shoepf 2001: 335).

The statistics on Aids in Africa produce a terrifyingly numbing effect, making it difficult to fully comprehend the scale of this human tragedy.<sup>2</sup> The statistics on Aids in South Africa, like other southern African countries, are devastating: it is estimated that more than 1.5 million South Africans will have died of Aids-related causes between 2000 and 2005; over 130 000 children will have contracted HIV from their parents each year, and by 2010 two million South African children will become orphans because their parents will have died of Aids illnesses (TAC, 2002: 2). The 2002 UNAIDS report revealed that overall HIV/Aids rates in South Africa were 20.1%; that 64.3% of South African men treated for sexually transmitted diseases tested HIV-positive; that the predicted number of deaths among 15 to 34 year-old South Africans was 17 times higher than it would have been without the disease; that one South African in nine – five million people – were already infected or ill with HIV/Aids; and that 24.8% of pregnant women tested HIV-positive at government facilities in 2001 (*Cape Times* 2002). This devastating scenario continues to haunt health professionals, Aids activists, government officials and millions of South African citizens.

Aids is a global disease, a primarily sexually transmitted disease of modernity and global population movement that has devastated communities struggling under the burdens of poverty, inequality, economic crisis and war (Shoepf 2001: 336). Aids is also “an epidemic of signification” (Treichler 1999) and responses to it have been unrelentingly moralising and stigmatising. In Africa, this “geography of blame” (Farmer 1992) has contributed towards racist representations of African sexualities as diseased, dangerous, promiscuous and uncontrollable. This in turn has triggered defensive reactions that draw on dissident Aids science, conspiracy theories



and Aids denial among African politicians, officials, intellectuals and journalists.<sup>3</sup> Such representational politics have plagued Aids debates and interventions in South Africa. This has had a profound impact upon the ways in which government and civil society have responded to the pandemic. The following section briefly discusses the cultural politics of Aids in South Africa and the TAC's response to this. It also examines the implications of these developments in terms of the TAC's mobilisation strategies and the spaces available for citizen participation in relation to Aids issues.

Sensitivities towards othering and pathologising discourses on black African sexualities – especially racist narratives of the sexually promiscuous and uncontrollable black African man – fuelled President Mbeki's defensive responses to Aids and explains the relatively widespread support in South Africa for 'dissident' ideas on Aids.<sup>4</sup> These responses have taken the form of stridently African nationalist arguments.<sup>5</sup> As Partha Chaterjee (1993) has argued, nationalists tend to accept the 'western culture of the state', while simultaneously carving out sovereignty in the domain of culture, women and the family. However, in the case of contemporary Africa, Aids threatens the integrity this domain of sovereignty by appearing to morally condemn African male sexualities, as well as declaring the failure of 'the African family' to live up to the 'western' nuclear family ideal. It is resistance to this perceived moral and cultural onslaught that animates the African nationalist response to Aids. The dissident view blames Aids on African poverty and disease reproduced through western racism, colonial conquest, capitalism and underdevelopment. It challenges attempts to attribute the African Aids pandemic to dysfunctional and pathological sexualities and family structures.

For unemployed and working class black mothers, however, this nationalist imaginary does not necessarily reflect their experiences of the fear of losing children to HIV infection, a tragedy that they have come to believe can be avoided through mother-to-child-transmission (MTCT) prevention programmes. The unemployed black mothers who have swelled the ranks of the Treatment Action Campaign (TAC), by contrast, were not motivated by dissident science or nationalist politics; they simply wanted access to the anti-retroviral drug, Nevirapine, in order to save the lives of their babies. Their participation in the TAC came from their everyday experiences of



losing babies to the killer disease. Nationalist ideology did not resonate with their experiences. Instead, the latter became part of a multi-class and multi-racial social movement comprising black and white middle class professionals, medical scientists and researchers, health workers, trade unions, students, media professionals, NGO activists and so on. Their personal experiences also propelled these women into participating in a globally connected social movement that deployed the media to lobby pharmaceutical companies, governments, international donors and financial institutions agencies to provide affordable Aids treatment to developing countries.<sup>6</sup>

The following account based on an interview with a TAC volunteer illustrates how the trauma of rape and HIV infection encouraged 'V' to join TAC.

'V' is an unemployed Xhosa-speaking woman in her early twenties. At the age of 14, V was raped by her uncle and she told us that he had infected her with HIV. Shortly thereafter he committed suicide. Upon being diagnosed as HIV-positive, she was told that as there was no treatment for Aids she had better go home and prepare to die. She then discovered the TAC and found a "caring family": "Mandla and Zackie (Achmat) are like my brother and father..."

This traumatic experiential dimension of Aids draws attention to the limits of ideological mobilisation in terms of shaping peoples' understanding of their identities and their place in the world. Charles Taylor (2002) distinguishes the 'social imaginary' from both explicit doctrine (ideology and theory) and habitus-based embodied understanding, i.e., embodied practices that operate beyond the level of consciousness. Unlike theory, which only a small minority of citizens comprehend, the social imaginary is shared by large groups of people, if not the whole society. It is expressed through images, stories, legends and modes of address – it occupies a fluid middle ground between embodied practices and explicit doctrines.<sup>7</sup> While nationalism is a particularly powerful social imaginary, it cannot mobilise 'the masses' if it does not resonate with and reflect their everyday realities. Similarly, imagined communities cannot be conjured in the absence of habitus-based understandings and experiential realities. How, then, was the TAC able to mobilise its constituency?



While the TAC's main objective has been to lobby and pressurise government to provide Aids treatment, it has been forced to address a wide range of issues including the cultural politics of Aids, race and identity. The TAC has clearly taken on issues that go well beyond the conventional parameters of public health and the biomedical paradigm. For instance, the TAC tackled the global pharmaceutical industry in the media, the courts and the streets; fought discrimination against HIV-positive people in schools, hospitals and at the workplace; challenged Aids dissident science; and took the government to court for refusing to provide MTCT prevention programmes in public health facilities. In addition to these high profile activities, the TAC has also launched Aids literacy campaigns in black townships throughout South Africa, challenging Aids myths and misinformation while simultaneously contesting racist representations of Aids as a 'black disease'. The following sections of this paper show how these diverse TAC activities and interventions have contributed towards creating the political space for the articulation of new forms of 'health citizenship' that make it possible to think about creating the conditions for the 'democratisation of science' in post-apartheid South Africa. Soon after its establishment in 1998, the TAC, together with the South African government, became embroiled in a lengthy legal battle with international pharmaceutical companies over Aids drug patents and the importation of generics to treat millions of HIV-positive poor people in developing countries. As a result of highly successful global and national media campaigns, the TAC managed to convince international public opinion, and the Pharmaceutical Manufacturers Association (PMA), that their cause was undeniably right and just. In the face of massive public pressure, the PMA withdrew their case, having calculated the damage of the adverse publicity they were receiving as a result of the TAC's stinging accusation that corporate greed was responsible for millions of deaths in Africa. Although the global dimensions of the PMA court case cannot be overestimated, most of the TAC's struggles focused on South African issues, for instance attempts to hold the Minister of Health accountable and to protect the independence of institutions such as the Medical Research Council (MRC) and the Medicines Control Council (MCC).

A key issue that preoccupied the TAC and health professionals was the 'Aids dissident debate' sparked by President Thabo Mbeki's



controversial views on Aids science. South African and international Aids dissidents were invited by President Mbeki to join mainstream Aids scientists on the President's Aids Advisory Panel, provoking considerable opposition from Aids activists, the health sector, the media and political opposition parties. It also became quite clear by the end of the 1990s that President Mbeki's Health Minister was initially unwilling to accept the findings of reports and scientific studies that demonstrated the impact and incidence of HIV/Aids on the South African population, or that concluded that it made both economic and medical sense to provide Nevirapine to HIV-positive mothers as part of a national MTCT prevention programme.<sup>8</sup> Economists also produced findings that demonstrated that a national Aids treatment programme would be more cost effective than simply treating opportunistic infections and thereby increasing the burden on an already seriously over-strained public health system). Drawing on such studies, the TAC became highly visible in its challenge to government's perceived opposition to Aids treatment. This public visibility created the conditions for a growth in the TAC's grassroots support base as well as the organisation's development into a multi-class and multi-racial social movement in the making. In fact, it could be argued that the TAC's activities created the discursive space for the expression of a new form of 'health citizenship' that was previously absent in South African society.

Apart from constantly responding to government statements, the TAC also had to convince ordinary South Africans that HIV causes Aids, and that prevention and treatment are two sides of the same coin, in sharp contrast to the government's approach, which focuses primarily on prevention (Jack Lewis, personal communication). In addition to these Aids interventions within the public domain, the TAC and its supporters in the health sector and medical research institutes also devoted an enormous amount of time and energy into disseminating reports, scientific studies, website documents and media briefs that refuted repeated government claims that anti-retroviral treatment was dangerously toxic, ineffective, too costly, and could not be implemented due to infrastructure and logistical problems including lack of management structures, trained staff and so on. The TAC also came out in strong support of doctors, hospital superintendents, medical researchers and the MRC, who, by virtue of report findings or through providing anti-retroviral treatment to rape



victims and others, found themselves on the wrong side of government.

In 2002 the MRC found itself subject to high-level government interference and intimidation. Following the 'leak' to the press of the MRC's 2002 report on the impact of HIV/Aids on adult mortality in South Africa, the Department of Health, which was widely perceived to be withholding the release of the report, launched an investigation into which MRC employees were responsible for the leak. MRC President, Dr. Malegapuru Makgoba, who was directly affected by state interference and intimidation because of his refusal to 'cooperate' with the Health Ministry, claimed that the long-term effects of political interference posed "the greatest threat to the MRC and health research in particular" (*MRC News* 2002: 6). This interference, Makgoba stated, also threatened "the whole national system of innovation in general". He reminded readers of *MRC News* of the very real dangers of the "Sovietisation of science" and drew attention to Stalin's direct role in ensuring that Lysenko's scientific views dominated Soviet science in the early decades of the last century. In what appeared to be a direct reference to the political interference of President Mbeki and the Minister of Health in the Aids debate in South Africa, Dr. Makgoba noted:

*Let us also remember what collusion between scientists and the State did for the Nazis, and apartheid South Africa. Finally, let us also remember what happened to science in post-colonial Africa – it has been decimated by uninformed and foolish political decisions and choices. African political leadership should be ashamed of itself in this regard (MRC News 2002:6).*

Along with the media, health professionals and civil society organisations, TAC activists and the media also highlighted what was widely perceived to be direct government interference and manipulation of the workings of the MCC, the body responsible for the registration of drugs.<sup>9</sup> By drawing attention to these threats to attempts to democratise medical science in South Africa, the TAC was also simultaneously creating the political space for the emergence of new claims and expressions of health citizenship. In fact, it could be argued that the TAC's success story contributed towards creating the possibility of a global health citizenship.



South Africa's devastating HIV/Aids statistics, President Mbeki's controversial support for the dissident position and the TAC's widely publicised court victory over the multinational pharmaceutical industry, together thrust the South African Aids pandemic onto the global stage. The TAC's mode of activism could be described as 'grassroots globalisation' or 'globalisation from below' (see Appadurai, 2002a; Robins, 2002b). Following the precedent of the divestment campaigns of the anti-apartheid struggle, Aids activism straddled local, national and global spaces in its struggles for access to cheaper Aids drugs. This was done through the courts, the Internet, the media and by networking with South African and international civil society organisations. Widely publicised acts of 'civil disobedience', for instance the Christopher Moraka Defiance Campaign Against Patient Abuse and Profiteering in the Pharmaceutical Industry, also played a central role in providing the TAC with visibility within a globally connected post-apartheid public sphere.

The Moraka Defiance Campaign was perhaps a defining moment in the TAC's history. It began in July 2000, after HIV-positive TAC volunteer Christopher Moraka died, suffering from severe thrush. The TAC's spokespersons claimed that the drug fluconazole could have eased his pain and prolonged his life, but the drug was not available on the public health system because it was too expensive. In October 2000, in response to Moraka's death, the TAC's Zackie Achmat visited Thailand where he bought 5 000 capsules of a generic version of fluconazole, with the trade name Biozele, for R1.78 each. When the TAC announced Achmat's mission in a press conference on 18 October the international public outcry against the international pharmaceutical giant Pfizer intensified as it became clear how much medicine prices were inflated in comparison with generics. In the face of international moral pressure, Pfizer backed off from its initial intention to take legal against the TAC for violating its patent rights. Such action was deemed to be 'bad for business'. Although police investigated laying criminal charges against Achmat for smuggling medicines into South Africa, nothing came of this and the MCC approved permission to prescribe the drugs to patients.

It became clear that the global public sphere was a key site in the struggle for Aids treatment in South Africa. As a result of sustained public pressure in South Africa and abroad, Pfizer made its anti-Aids drugs available free of charge to state clinics in March



2001. The Moraka Defiance Campaign culminated in the international PMA deciding to withdraw its legal challenge to the implementation of the 1997 Medicines and Related Substances Act, which legislation allowed the South African government to reduce the prices of essential medicines. Following targeted protests in the US during 1999, Aids activists there also managed to 'persuade' their government to withdraw its opposition to the Medicines Act. This David and Goliath narrative of the TAC's successful challenge to the global pharmaceutical giants captured the imagination of the international community and catapulted the TAC into the global arena. Preparation for the court case had also consolidated the TAC's ties with international organisations such as Oxfam, MSF, the European Coalition of Positive People, Health Gap and Ralph Nader's Consumer Technology Project in the US.

Despite all this international media attention, acclaim and recognition, TAC activists stressed that grassroots mobilisation was the key to the TAC's success. This locally based work involved Aids awareness and prevention programmes and treatment literacy campaigns in schools, factories, community centres, churches, *shebeens* (drinking places), and through door-to-door visits in the black African townships. It became clear quite early on that by far the majority of the TAC volunteers were poor and unemployed black African women, many of whom were HIV-positive mothers desperate to access life-saving drugs for themselves and their children. As a TAC organiser notes, it was these unemployed women who had the most time on their hands and were therefore available for recruitment into TAC's campaigns. The TAC's everyday practices of mobilisation and 'outreach' draw attention to new citizenship practices and shifting relations between citizens and science. What are the limits and opportunities of the TAC's rights-based approach to lobbying for Aids treatment? What the implications of this for the democratisation of science after apartheid?

Through the mobilisation of unemployed and poor black mothers, the trade unions, black and white middle class business professionals, health professionals, scientists, the media, and ordinary South African citizens, the TAC was able to create the space for the articulation of a new democratic discourses of *health citizenship* that seemed to clash with what was widely perceived to be state attempts to centralise control over scientific institutions such as the



MRC and MCC. Geoff Budlender, the TAC's lawyer, noted that during the course of the TAC's mobilisation around the court cases against the PMA and government, the boundaries between the courtroom and 'the streets' became very porous indeed. Constitutional Court judges could not but be influenced by public opinion in support of TAC as well as the daily press articles and positive television coverage of TAC demonstrations, press conferences and acts of civil disobedience. The TAC was able to achieve extraordinary media visibility and shape public opinion through highly creative networking and media imaging; the organisation was able to produce passion and add political content to the cold letter of the Constitution through extremely effective civic action that transcended race, class, educational and occupational divides.

***From the courts to the streets: The making of a new social movement***

In December 2001, the legal representatives of the TAC argued in the High Court of South Africa that the State had a positive obligation, in terms section 27(2) of the Constitution, to promote access to health care, and that this constitutionally bound obligation could be extended to Aids drug treatment.<sup>10</sup> While the thrust of the TAC's argument before the High Court focused on socio-economic rights, and specifically citizens' rights to health care, the TAC's lawyers raised broader issues relating to questions of scientific authority and expertise. The court was obliged to address the ongoing contestation over the scientific 'truth' on Aids that raged between the TAC, the trade unions, and health professionals, on one side, and government and the ANC, on the other.

The grassroots public visibility of the TAC, along with moral pressure exerted in South Africa and internationally through the media, influenced the High Court and Constitutional Court<sup>11</sup> decisions in the TAC's favour. Marches, demonstrations, press conferences, petitions, defiance campaigns and the like shaped courtroom outcomes in profound ways. These developments raise important questions concerning the limits and possibilities of liberal constitutional democracy. They also draw attention to the permeable boundary between the courts, the streets and the global public sphere. Other important questions raised relate to the political style and citizenship practices of the TAC, and the implications this has had in terms



of creating a new post-apartheid politics of strategic engagement, partnership and negotiation.

During the anti-apartheid struggle a political culture of resistance emerged that was captured in the revolutionary slogan, 'the spirit of no compromise'. There was no room for negotiation with the apartheid state, and those that did risked being labelled 'collaborators' and *impimpis* (informers). However, this polarised political environment did not prevent the trade union movement from engaging with the state and private capital through wage negotiation processes, which were usually highly confrontational and antagonistic. Political leaders who participated in apartheid institutions such as the ethnic homelands (Bantustans) and the Tricameral Parliament were seen to be 'enemies of the people'. Battle lines were clearly defined and there was little room for manoeuvre. Despite this binary political logic, the United Democratic Front (UDF) was able to develop a highly innovative and dynamic multi-class and 'multi-racial' social movement that was, to a significant extent, able to accommodate social and cultural diversity.

The post-apartheid landscape has introduced new political logics, alliances and fault lines. Nowadays the former homelands leaders, old National Party politicians and former Members of the Tricameral Parliament sit comfortably on the ANC bench in Parliament. The dominant political logic of today can perhaps be best captured by the slogan: 'the spirit of compromise, negotiation and cooptation'. This post-apartheid political culture has also been shaped by state-driven attempts to demobilise and depoliticise 'civil society', and promote bureaucratic discourses that seek, often unsuccessfully, to re-present questions of power and inequality as neutral, technical problems of development and delivery.

The TAC's political style can best be described as *strategic engagement* with 'the state': at one point the TAC sided with the government in litigation against 'profiteering' international pharmaceutical companies, but it then challenged government in the courts for dragging its feet on implementing MTCT prevention programmes, and more recently it offered its full support to the government in terms of the implementation of such programmes. This pragmatism is similar in certain respects to the politics of patience, negotiation and consensus building that has become the trademark of the Indian and South African homeless peoples' federations (see below;



also see Appadurai 2002b). Like the latter organisations, the TAC focuses on the consolidation of its grassroots support base while simultaneously developing networks within international NGOs as well as with government officials at local, provincial and national levels. The pragmatic political style has meant that the TAC has not signed up with Left groups seeking to enlist the TAC to support their ideological opposition to WTO-led globalisation and the government's neoliberal macro-economic policies. Although the TAC has steered clear of 'ultra-Leftist' politics, it has nonetheless entered into a partnership with Cosatu<sup>12</sup> on the issue of Aids treatment and it supported the trade unions' Universal Basic Income Grant Initiative.

Despite conscious efforts to avoid being seen to be 'anti-government', the TAC's criticism of President Mbeki's support for Aids dissidents created dilemmas and difficulties in terms of the TAC's grassroots mobilisation programmes. By opposing the President's views on Aids, TAC activists were publicly accused by government officials of being 'unpatriotic', 'anti-African' and salespersons of the international pharmaceutical industry.<sup>13</sup> This *locally situated* politics of race was addressed through a variety of strategies, including workshops, treatment literacy programmes and public meetings. Despite attempts by certain government officials to label the TAC an anti-government NGO with anti-ANC and 'unpatriotic' agendas, the TAC developed ways of combating what it perceived to be smear campaigns and attacks on its political credibility orchestrated by government spokespersons. It also managed the difficult feat of straddling the grey zones between cooperation and opposition to government policies. As will become clear, the TAC's legal and political strategies reveal a clear understanding of the politics of contingencies, rather than an inflexible politics of antagonistic binaries of 'us' and 'them'.

The TAC avoided being slotted into 'the conservative white camp' through the creative re-appropriation of locally embedded political symbols, songs and styles of the anti-apartheid struggle. For example, the Christopher Moraka Defiance Campaign resonates with the historic anti-*dompas* (pass law) defiance campaigns of the apartheid era. Similarly, the self-conscious association of the larger-than-life anti-apartheid figure of Hector Peterson, and the courageous role of youth during the 1976 uprising, with the heroic Aids activism of Gugu Dlamini and Nkosi Johnson, is an example of the symbolic



tactics of this savvy post-apartheid activist culture. By mobilising township residents, especially working class and unemployed black women, the TAC created a grassroots support base that challenged attempts by certain government officials to whitewash the organisation as 'anti-black'. By bringing the trade union movement on board, it also challenged accusations that it was a front for 'white liberals', the drug companies, and other 'unpatriotic forces'. The presence of large numbers of *toyitoying* black TAC supporters wearing 'HIV-positive' T-shirts at demonstrations, marches and the funerals of members who have died of Aids, has enhanced the TAC's public visibility and credibility in the townships and beyond. By positioning themselves as supporters of the ANC, SACP and Cosatu Tripartite Alliance, TAC activists have managed to create a new space for *critical engagement* with the ANC government.

The TAC has also recognised that race is likely to continue to have a central place in public discourses on Aids in South Africa. This is perhaps predictable given that South Africa has only recently emerged from apartheid, a political system characterised by extreme forms of social and economic inequalities and ideological domination that systematically denigrated and dehumanised black people. Given this history, as well as colonial legacies of deep distrust of 'western' scientific knowledge and expertise and modernisation policies, it should have been anticipated that Aids would be interpreted through a profoundly racialised lens, which saw African sexualities as dysfunctional, and Africans as being to blame for their morally irresponsible and destructive sexual behaviour. It is not surprising that President Mbeki felt compelled to challenge these racist readings of black bodies and sexualities. It should therefore come as no surprise that Aids myths and conspiracy theories would emerge to challenge the scientific and medical establishment view of the causal link between HIV and Aids. Nor should it be surprising that some black nationalists would blame the CIA, 'western' scientists and international drug companies for the origin and spread of the disease. This profound distrust of 'western science' and technological development is to be expected given the historical legacies of scientific racism and colonial discourses on race and biology.

Aids has become a Rorschach, an ideological screen upon which a range of fears and fantasies have been projected. In the case of sub-Saharan Africa, it is the socially irresponsible, excessive and



immoral sexual practices of Africans that are deemed to be the root cause of the spread of the disease: the victim is to blame. Although Aids is prevalent in white, middle heterosexual communities throughout the world, the stigma of its early associations with homosexuals, bisexuals, blacks, sex workers and drug users has continued to stick. This troubling genealogy of the disease continues to shape the Aids debate in South Africa. It explains the intense sense of shame associated with Aids among many South Africans. It also explains the attraction of dissident Aids science and nationalist views, especially among young, educated black South African males. A TAC activist noted that there is significant support for Mbeki's dissident views among intellectuals and educated township youth, while in the black rural areas of the former homelands there are extreme forms of denial and myths, including the belief that raping a virgin can cure one of Aids. It would seem that while the TAC may have won the Nevirapine battle, and in the process mobilised thousands of black mothers seeking to ensure the survival of their babies, it has not yet won the war against misinformation, fear, denial, silence and shame.

The TAC's locally situated understanding of the cultural politics of race is largely a result of the experiences of the TAC leadership, who cut their activist teeth during the 1980s. The TAC's grassroots mobilisation has been through songs at marches, demonstrations and funerals, regular press releases and conferences, website information dissemination, television documentaries and national and international networking. This new politics is a sophisticated refashioning of 1980s modes of political activism and uses the courts, the media, local and transnational advocacy networks, along with grassroots mobilisation and skilful negotiations with the state. It bears more than a family resemblance to the pragmatic political style of the labour movement and UDF during the heady 1980s.

While the TAC is prepared to engage in adversarial politics in relation to the state, for example through civil disobedience campaigns, its leadership persistently emphasises that the organisation is willing to work with the ANC government, for example, on the implementation of a national MTCT prevention programme. It is precisely this complex straddling of a contingent and fluid politics of opposition, cooption and collaboration, and simultaneous engagement in local, provincial, national and global arenas, that has made the TAC such an effective and innovative civil society organi-



sation. The TAC's success can also be attributed to its ability to adapt the multi-class, multi-racial politics of the UDF to contemporary post-apartheid realities. This political style of coalition building has allowed the TAC to recruit unemployed and working class black women and youth, middle class professionals, religious leaders and congregations, teachers, trade unionists and NGO and CBO activists. It has also managed to capitalise, both in South Africa and internationally, on what is widely perceived to be the moral truth of its demand that the pharmaceutical companies and the state make Aids treatment accessible to poor HIV-positive pregnant women.

Perhaps the most important reason for the successes of TAC's grassroots mobilisation has been its capacity to provide poor and unemployed black HIV-positive mothers with a lifeline, often in contexts where they experience hostility and rejection from their communities, friends and families. 'V', whose story is outlined above, found her way to the TAC following the trauma of being raped by her uncle and discovering that he was HIV-positive. There she found a caring community. The TAC has become a home for many young women like 'V', who were rejected by their families once it was discovered that they were HIV-positive. Others found their way to TAC through very different routes.

***TAC stories and local realities: The making of health citizenship after apartheid***

The following snapshot biographies reveal the diversity within the TAC's membership. For instance, leadership figures include: Zackie Achmat, about 40 years old, a former anti-apartheid and gay activist, a law graduate, Muslim, and HIV-positive – he refuses to take anti-retroviral therapy (ART) until it is available in the public health sector; Nathan Geffin, a thirty-something Jewish computer scientist who is now a full-time TAC activist; and Edwin Cameron, a forty-something Supreme Court Judge – he is white, gay, and HIV-positive. Other TAC leadership figures include young African men and women, some of whom are HIV-positive and who joined the TAC as volunteers and moved into leadership positions over time.

The story of 'V' illustrates how this young black women was diagnosed with Aids, hospitalised and told that she must 'wait for my day of death'. 'V' eventually joined the TAC and received ART treatment. The TAC literally saved her life, and the organisation be-



came the family that she lost when she was diagnosed HIV-positive: 'Mandla and Zackie are like my brother and father'.

I am 19 years old. HIV, I get it from my uncle. I was 14 years in 1996 and he raped me. So he run away and he came back after two months, and then he wrote a letter asking for forgiveness and saying, 'I am not going to live long life because I have this disease, I am HIV-positive'. Then he killed himself. He burnt himself. He had already raped me. And he ran away. After he wrote a letter he killed himself and I realised that I was sick. But I feel sorry for him. If he was still alive, I will forgive him. I was in hospital in Port Elizabeth and I get test. My mother died in 1998. Then in 1999 I get the test, and I was staying with my aunt. I tried to tell my aunt, but she didn't listen. She said I am lying and I got this disease from my boyfriend. Then I go and I stayed in hospital, in Groote Schuur and she said I must go to the Sisters of Mercy and wait for my day of death. Then I go to the Sisters of Mercy in Khayelitsha and I wished that day would come. Until now. Now, I started the medicine [ART] and I am happy now because my immune system is picking up. So I tell the youngsters they must wake up and fight HIV. Because now I can stay alive for a long time. I have my whole life. All my life. TAC has helped me a lot. Before I was scared to go on TV or newspaper, but now I am not, because they give me a lot of support...Mandla and Zackie are like my brother and my father. They are always here talking with people about HIV. They are not the big guys – they are down coming to us...

Not all volunteers made their way to TAC as a result of the kinds of traumatic experiences narrated by 'V'. Some joined the TAC because they had community activist backgrounds and leadership skills that could find expression in a dynamic organisation that was able to capture the imagination of aspiring youth activists. The following account by 'NK' draws attention to these reasons for joining the TAC.



'NK': I joined TAC last year, 2001, between March and April...With my [political] background, I had a few skills in leadership and was able to chair the meetings...I was in political organisations [and] a member of the debating society when I was doing my matric at high school. It was from there I got some skills on facilitating meetings...So I became the chairperson of the [TAC] branch from last year. From then we started up with marches in that area so people could notice the TAC. We did this by wearing the HIV-positive T-shirts, and this sparked debate around the community. Because people see you wearing an HIV-positive T-shirt some of them say, 'This is the time I am meeting an HIV-positive person'. A person asks 'Are you HIV-positive?' From some of those debates that are sparked by the HIV-positive T-shirt, we managed to get members for the branches. So we were able to sustain the TAC branch to the extent that we wanted to get more involved in establishing a TAC office...

Young black African mothers from the urban townships make up about 90% of the TAC's membership. 'N', a TAC office-bearer, acknowledged that there are serious obstacles to making inroads in rural areas and the poorer provinces such as the North-West, the Northern Cape, and the Eastern Cape. It was in these rural areas that the TAC volunteers and treatment literacy coordinators encountered the most intense forms of stigma, fear, denial and lack of information. One of the strategies deployed by the TAC has been to network with traditional leaders, for example by having regular teleconferences to set up Aids awareness workshops and so on. Nonetheless, 'N' was quite frank about the limited progress TAC was making in these rural areas:

'N': In North West Province, as much as we have advocated for the implementation of the MTCT programme, people in the communities know nothing about it. So it is useless for the hospitals to say there is an MTCT but then people don't know what the hell MTCT is, so what other things that I recommended from the MTCT committee was that we send people to North West Province so that we raise the profile of



the program, so we get people to know about the program, and at the end of the day, it increases the success of the program in the province. In other provinces like the Eastern Cape, [which] is largely rural, people do not want to have anything to do with HIV/Aids and related topics. So we need to start there, educating people about HIV and then move on to MTCT and after that talk about treatment of opportunistic infections and HIV in general.

Another TAC volunteer, 'NK', drew attention to the importance of marches, discussions and the wearing of the 'HIV-Positive' T-shirt for building up a grassroots support base in rural areas such as the Eastern Cape, where people were initially completely unaware of the TAC and uninterested in Aids issues. 'NK', herself originally from the Eastern Cape, drew on local networks there to facilitate TAC meetings and workshops.

'NK': I am from the Eastern Cape. In December [when] I am in the Eastern Cape I wear an HIV-positive printed T-shirt, because I know it will spark debates... We have formed links with the Eastern Cape, with the people whom we grew up with in those areas, so it is much better –TAC is becoming visible in the rural areas. TAC is becoming more visible on ground level where you see people marching. At first people did not understand what TAC was. They used to say: 'oh, those people who normally wear HIV-positive T-shirts – we used to see them on marches'. But now we are [building] at the grassroots level, so when we go to a march you actually find that most people understand what is TAC and why TAC is there and marching.

While transnational activism and forging connections with global civil society organisations no doubt played an important role during the court cases, the consolidation of a grassroots base has required attention to these more 'mundane' matters relating to stigma, fear, shame, denial and so on. In fact, it is not quite clear to what degree the TAC's everyday strategies and practices can be described as 'grassroots globalisation' or 'globalisation from below'. While the TAC has



strong ties with international groups such as ACT UP, Consumer Project on Technology, Oxfam, UK and Health Gap, its everyday practices and strategic priorities are grounded in very local, South African realities rather than global concerns. According to 'N', it is mostly overseas organisations that come to the TAC to find out if they can learn anything from their methods of Aids activism.

'N': First it was us wanting them [overseas organisations] to recognise us, but now it is them wanting to get in touch with TAC in SA to get a grip exactly of how do we do things and how do we actually be able to achieve the things that we have been able to achieve so far...Part of our strategy for 2002 is to go out there and help other countries either copy the same style that we have in advocating for issues around HIV/Aids, or any other socio-economic issues that they want to address.

While the TAC provincial office in Khayelitsha generally addresses local concerns relating to treatment literacy and grassroots mobilisation, the TAC's national office is constantly involved in complicated negotiations with national, provincial and local government health officials and politicians. For example, volunteers at the Khayelitsha office do regular visits to clinics, where they have at times come across what they perceive to be the unprofessional manner in which certain clinic staff treat HIV-positive patients. In certain cases, the TAC has taken up these issues at the local government and provincial levels. At the same time, the TAC head office is involved with national Aids policy issues ranging from MTCT, drug patents, and anti-discrimination legislation to Aids prevention programmes and so on.

Forays into the global arena of transnational activism have largely been confined to networking and mobilising international support for court cases, as well applying moral and political pressure on the state and pharmaceutical companies over access to ART. The TAC has also been successful at orchestrating international media events, such as Aids conferences, and defiance campaigns, such as the 'smuggling' of generic Aids drugs in South Africa from Thailand and Brazil. The TAC's high profile legal challenge to the PMA in a mammoth 2002 court case was a particularly poignant moment in the globalisation of the South African Aids story.



### *Reflections on global citizenship and the politics of 'moral globalisation'*

In a paper addressing the PMA case, Ronen Shamir (2002) draws attention to what he refers to the twin processes of economic and moral globalisation. Whereas the meaning of economic globalisation would be relatively transparent to most readers, the meaning of 'moral globalisation' is not so self-evident. Shamir uses the latter term to refer to transnational institutionalised practices and technologies of intervention that 'speak in the name of individual and social rights and apply expansive notions of the right to life to more and more social domains' (Shamir, 2002: 1). These would include humanitarian practices related to environmental, health and human disasters and emergencies that present a threat to life. Shamir examines the ways in which the TAC, the media and a host of allied NGOs and support organisations, were able to successfully mobilise international public opinion and moral sensibilities in ways that contributed towards the decision by the pharmaceutical companies to withdraw their application against the South African Government.

Shamir's argument about the complex entanglement of economic and moral globalisation draws attention to the contradictions and ambiguities of neo-liberal capitalism in the twenty-first century. On the one hand, the growing hegemony of neo-liberal modes of governance contributes to an economic logic that promotes privatisation and structural adjustment programmes and relieves states of providing a range of social responsibilities. It also gives market players free and open access to global space within which to move labour and capital according to profit considerations alone. On the other hand, these forms of economic liberalisation and deregulation raise troubling questions concerning the reallocation of moral responsibilities. Shamir suggests that this contributes to a situation whereby the triumph of global capitalism 'generates rising expectations that the market – given the retreat of states – [will] display social responsibilities and compensate for diminishing state action, although state action is often needed in order to codify, regulate and enforce such expectations' (Shamir, 2002: 1–2). In other words, there appears to be a widespread expectation that the corporate sector ought to be involved in moral practices of 'corporate citizenship' and social responsibility programmes that were previously the exclusive prerogative and obligation of the welfare state. This represents the emer-



gence of a new relationship between commercial and moral practices, and between capitalism and humanitarianism. In Shamir's words, 'an unabashed capitalist logic now colonises the new ethic of social responsibility. Corporate citizenship is understood as good for business and in fact as essential to business' (Shamir, 2002: 1–2). It was the imperatives of this 'new business ethic', along with considerable public opinion pressure and media coverage, that contributed to the PMA's decision to accept the South African Government's amendments to patent legislation in the Medicines and Related Substances Act of 1997.

Following the PMA's withdrawal of its court application, it became clear to TAC activists that the government was not yet willing to implement drug treatment programmes aimed at preventing MTCT. Even though Nevirapine had been registered in April 2001 by the Medical Control Council (MCC), the government claimed that it could not consider a national programme until it had completed Nevirapine trials at 18 sites throughout the country. Government officials and spokespersons also raised numerous questions concerning treatment costs, the efficacy and alleged toxicity of the drug, and a host of other logistical, managerial, medical, and infrastructure problems that would have to be addressed before a national MTCT treatment programme could be considered. Frustrated by this response, which was perceived to be yet another delaying tactic, the TAC decided to take the government to the High Court. The decision to go to court was no doubt also a response to political interference from President Mbeki, especially the President's intervention on the side of Aids 'dissidents'. The TAC lodged its court application knowing that it had persuasive legal, moral and scientific arguments to support its demand for the provision of Nevirapine to reduce MTCT of HIV. It was also acutely aware of the enormous South African and international public support for its cause. Having won internationally celebrated court battles against the pharmaceutical giants and the South African Government, the TAC remains committed to its grassroots *and* globally connected struggles for universal Aids treatment.

### ***The TAC and the politics of rights***

In many ways the TAC represents an example of the new kind of citizenship outlined above. Starting off as an advocacy project in 1998, it has developed into a social movement which has demanded



and seized space, and which, in four years, has constructed its own arena of action in opposition to the state. Its key demands have been for legislative reforms in the state's approaches to the treatment of HIV/Aids. As a result, many of the TAC's activists see the organisation mainly as a rights-based movement.

*We are raising a profile that people should know they have rights, and these are your rights, and how do you make sure that your rights are actually respected in every aspect of the way (interview with Siphso, TAC regional co-ordinator, June 2002).*

However, in attempting to persuade people to join the organisation, TAC activists often come up against resistance to the idea of entitlement.

*We get a lot of positive feedback, but also big challenges and obviously our biggest challenge is that we are opposing a particular policy of government, which a lot of people don't conceptualise as a human rights issue – you know, that you want people to have access to medicine – they conceive it as an attack on the government. We come from a history where we fought for this government. And now that we have got this government people think that we should rather focus on helping it to do things. The feeling is that we can excuse some mistakes now and then because it is our government. There is generally that attitude. But I think that has also then resulted in people not feeling a sense of while this is our government that it might also be wrong. And this is what the TAC is trying to say: that the government is wrong on HIV. People cannot seem to understand that you can actually be entitled to think that your government is wrong (interview with Siphso, TAC regional co-ordinator, June 2002).*

Comments like these illustrate a deeper logic at play in the construction of a politics of rights in post-apartheid South Africa. For many people engaging in politics is not primarily about entitlement or about making claims in a contested public space. Instead, *rights are viewed as something the government hands out* (as patronage or largesse). Rights are not immediately viewed as potential bargaining tools through which to win demands. The reason for this lies, at least in part, in the historical construction of rights in post-apartheid South Africa. In post-apartheid South Africa the polity starts off from a split between rights-bearing and non-rights-bearing political agents.



This bifurcation has resulted in disarticulation between rights and democracy. As a result, the politics of rights does not necessarily provide a platform for the emergence of fragile identities, which often become more fragmented as they enter the public sphere. A democratic politics aimed at the incorporation of the 'poor' and the 'marginal' needs to aim to understand the historical and cultural construction of rights and entitlement. Marginalised identities are more likely to agree on a comprehensive conception of substantive issues than on the ethos of rights and entitlement.

As a result, there are numerous cultural and historical factors mediating the democratic space of rights. Basic rights like the right to life (which lies at the heart of the TAC's campaigns for the right to treatment) fail to rise to the surface of the democratic 'architecture' of the public sphere because of the highly fragmented nature of social and political life. There is no visible wider societal agreement on basic rights that is not mediated by non-rights based beliefs. This is best illustrated if we examine the gender divisions in the TAC. The TAC is made up largely of African women. The following comments illustrate the way in which rights are deeply mediated by dominant cultural beliefs. Most people who join the TAC are:

*...poorer people and to a certain extent, more recently, the middle class, like nurses and teachers. But before that it was largely poorer women who were not employed and who should be available for TAC at any given point in time (Cape Town, 2002).*

And:

*You know, men in this age and era tend not to feel that it is as much their responsibility as it is for women. They still have the feeling that it affects women most of the time and not them in most cases.*

*It is more the women who are speaking about the experience of living with HIV / Aids. I think that they are better able to admit and accept the fact that they are living with HIV, and although you would find that phenomenon internationally, but and I think in a country like South Africa it is even worse where denial is reinforced by the highest body.*

*We're trying to attract more men and get them to see that they also have a responsibility, but it is difficult because a lot of men still feel that HIV is women's issue, mainly because it is the women who get tested and then come back to the house to report and the*



*male would say 'it is your disease'* (interview with Siphon, TAC regional co-ordinator, June 2002).

Race also plays a role in limiting the political space open to rights claims (see above). Currently, most of the TAC offices are situated in the urban areas, mainly in the African townships. There are not many volunteers in the 'coloured' communities. The physical location of the TAC's recruitment spaces plays an important role in determining their success. In many ways it is an urban African social movement. The reasons for this are varied and complex. They have as much to do with cultural constructions of gender relations as with the openness of political spaces in urban areas. One activist told us that:

*People in the rural areas have this tendency of thinking that the whole Aids thing comes from the people that are from the big cities like Cape Town, Johannesburg, Durban. It is largely affected by the issue of cultural practices as well. You cannot expect a traditional Zulu man to have one wife, and you can't expect the head of the household to engage in sexual intercourse with his wife using a condom. He will say: 'What the hell is a condom? What exactly are you talking about?' But after we have done a few workshops with people, the focus shifts just a little bit, which means we need to have a constant follow up. But we feel that in order to achieve better results in those areas we need to involve traditional leaders because people look up to them. If they do not talk about HIV issue in the area then it doesn't exist. So we have established a structure of traditional leaders in the provinces, which we usually have teleconferences with, once in every two months so that we can discuss the latest issues relating to HIV/Aids* (interview with Nonkosi, Muizenberg, July 2002).

And:

*They ('coloured' people) only come when we have demonstrations and when we have the big community workshops. Partly as well, as provincial leaders of the TAC we haven't engaged other races in national leadership positions in the country* (interview with Nonkosi, Muizenberg, July 2002).

*The challenges are that the general perception in most communities, including African communities is that HIV is not my problem, and I think it is more so in the coloured communities where people think that HIV is an African issue and are saying to us: 'Why are you coming here? Why do you want to come to us? We don't have HIV'* (Cape Town, 2002).



The TAC's recruiting strategies and modes of organisation are varied. They include targeting individuals, groups and social institutions. TAC activists spend their time accessing individuals and groups through support groups, established community organisations such as youth choirs and schools, and through mass mobilisation tactics such as marches. T-shirts have played an important role in recruiting individuals at marches and at funerals, the latter increasingly turning into important mobilisation spaces. The TAC's national organiser says that funerals also work, largely:

*...in cases where people have been open about their status before they died. Many confide to us only in the office and we are not allowed to publicise the fact that they died of HIV/Aids. Those who have been open about their status in and outside the office would request us to be present at the funeral, and to raise the profile, and to say that so and so dies of Aids and that we should not discriminate. They usually say this before they die, when they are very, very ill – that they would like the TAC to be there at their funeral with their T-shirts.*

The spaces the TAC operates in are not transient. In its attempt to mobilise support it is increasingly struggling for the opening up and democratisation of state institutions such as schools and clinics, as well as state-civil society deliberative spaces such as NEDLAC. In this sense it is engaged in an attempt to disseminate the politics of rights into the institutional fabric of society. The aim is to transform practices in these institutions and to bring them closer to the people. Recently the TAC has started the prevention of MTCT programme. The organisation is now training counsellors and is carrying out audits of clinics and hospitals that have agreed to go ahead with the programme. However, TAC organisers feel that institutions such as hospitals and clinics are 'far from the people' (interview with Mandla, Province Co-ordinator, June 16, 2002).<sup>14</sup>

The TAC's regional offices and local branches work closely with community-based organisations in their area so that they are able to create links. The branches do a lot of door-to-door mobilisation. Campaigns are often based around highly localised issues. For instance, in August 2002 the TAC launched a campaign to have the local clinic in Nyanga, one of the more impoverished sections of Cape Town's townships, open five days a week. At the moment it is only open for two days a week.



*So what the branches would do is draft a petition and they would use that to go around talking to people. They would also organise public activities that would then target people in the community. At the moment we are running a mobile exhibition, the Gideon Mendel [photographic] exhibition, which is being taken from community to community. So we would write an invitation that is then distributed by members in their communities, and then the people would come and ask questions and look at the exhibition and then we would run workshops as part of that. And then obviously we would target people in the community centres (interview with Siphso, TAC regional co-ordinator, June 2002).*

The TAC's political style is a combination of confrontation and negotiation.

*Our policy in this organisation is to say we will support the government if it is doing the right thing. But if it is not doing what we expect the government to do, but taking the necessary steps to ensure that certain policies are implemented, then we will attack them in any way necessary. But we have been seen now as those people who are anti-government, but it is only on the occasion of the MTCT programme, but before then we were able to work with the government. We are also in the process not to drum into the government to say that we want to work with them. We were just challenging the policies that that we not being implemented as such, but in any other we want to work with the government to ensure that services are delivered and policies are implemented properly. So I would say that our political strategy is defined largely by the issues that affect us most (Cape Town, 2002)*

Its political culture mostly follows what Appadurai (2002b) calls 'the tyranny of the emergency'. This makes it difficult for the organisation to keep on track with long-term plans. Nonetheless, TAC has had a significant impact on broader social empowerment issues:

*What we are seeing in the long-term is people capacitated enough to deal with any social economic issues, not just HIV/Aids – that is just one of the things and we are saying that this is the strategy that people can engage in showing that services are delivered to them, that they advocate for issues to be addressed in a particular manner. So we used the issues around HIV/Aids to say that for land issues people can adopt the same strategy. For health service issues the TAC can adopt*



*the same strategy that TAC is using at the present moment*  
(Cape Town, 2002).

The democratic outcomes the TAC produces are varied. They include intended outcomes, such as the extension of legitimacy for civil society-led rights campaigns, the formulation and construction of new policies, the extension of the scope of deliberation in the public sphere to include criticism of government health policies and the promotion of a politics of entitlement among the poor. They also include unintended outcomes, such as new forms of popular engagement whereby people are recruited into a rights-based social movement that develops locally based cultures of entitlement. This can also result in undermining state legitimacy while simultaneously contributing towards the construction of a wider social movement together with other civil society actors such as COSATU.

TAC activists do indeed experience the organisation as a wider social movement:

*We feel we engage in a similar struggle to the anti-apartheid struggle. It is just that it is of a different nature. The reason we have been using the Hector Petersons and Nkosi Johnsons<sup>5</sup> is to highlight the plight of young people in South Africa. They sort of struggled for the liberation of South Africa, and it is going to be them as well now who will struggle with HIV/Aids. We need to get them more engaged in the issue than the old folk so that they can take the issue forward* (Cape Town, 2002).

*One of the songs sung at TAC demonstrations is about the provision of fluconisol to HIV sufferers. It says that the TAC fought with the government. The government refused to take a donation of free fluconisol until the TAC imported in illegally from Thailand. They are not directly confrontational songs* (Cape Town, 2002).

### ***The challenges of inclusive participation with democratic outcomes***

Alongside the TAC's effective use of the courts, the internet, media and transnational advocacy networks, a crucial aspect its work has been the recruitment of large numbers of mostly poor and unemployed black African women into its ranks. Without this grassroots support, along with local and international public pressure displayed through marches, demonstrations, press conferences, petitions and



so on, the High Court Judges would not necessarily have decided in the TAC's favour in the crucial court cases against the pharmaceutical companies and the government. These dramatic courtroom victories, along with the TAC's highly visible and innovative forms of grassroots mobilisation, have also captured the imagination of activists in South Africa and abroad. For instance, activists from the Landless People's Movement and other rural-based organisations have begun to reflect on their own modes of mobilisation given the TAC's successes. But perhaps the most important and long lasting contribution of TAC has been its public assertion of the right of citizens not only to Aids treatment, but also to access to information and research findings. This expression of health citizenship will become increasingly important with the intensification of debates on a wide range of potential health and environmental hazards, such as genetically modified organisms (GMOs). It remains to be seen to what degree the debates on citizenship, science and risk taking place in Europe will surface in the context of Aids in South Africa. It also remains to be seen whether the TAC's legacies will include its contribution towards the democratisation of science in post-apartheid South Africa.

Our overview of the TAC's organisational forms has highlighted that effective citizenship requires giving people access to information on which to base deliberation or to mobilise to assert their rights and demand accountability. To do so requires active engagement in nurturing voice, building critical consciousness, advocating the inclusion of women, children, illiterate, poor and excluded people, leveraging open chinks to widen spaces for involvement in decision-making, and building the political capabilities for democratic engagement. The strength of the TAC as a social movement lies in its capacity to mobilise the poor in a variety of spaces, ranging from regularised institutions, which serve as an interface between people and authorities of various kinds, to more transient institutions, such as one-off campaigns aimed at opening up deliberation over policies. However, while they might offer more opportunities for the mass of ordinary citizens to get involved in deliberation and decision-making, the democratic potential of the TAC's intervention remains unclear. While some of its interventions have provided clear cases where the citizen has acted on the state, changing policy, and where the poor have chosen actively to be part of an organised



mass movement, it is not clear to what extent the terrain at the margins, from which the poor can organise, is transforming itself into a democratic space. While TAC campaigns provide a constant, needling presence, the kind of opportunities they offer for the participation of the bulk of citizens is necessarily limited.

## Case study 2: The South African Homeless People's Federation

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### *Introduction: Social capital and social cohesion from Calcutta to Cape Town*

The South African Homeless Peoples Federation (SAHPF) was formed in 1991 and comprises over 100 000 members, of whom more than 85 000 (85%) are women. It is supported by People's Dialogue (PD), a Cape Town-based NGO, and is an affiliate of Slum Dwellers International (SDI), a global network of poor peoples' organisations from fourteen countries of the South. SDI affiliates range in size from a few hundred people in Zambia to more than one and a half million people in India (SDI, March 2002: 1). The network comprises federations of community organisations that are linked to NGOs, and groupings of professionals who support Federation initiatives. Although SDI affiliates work primarily with women, it is the broad category of the urban poor that makes up the federations' membership. Federation activities include facilitating access to land, housing, infrastructure, finance, employment and income generation projects. The stated objective of the SDI federations is for members to assume:

*...ownership of problems and the identification of local solutions that are participatory and inclusive [and] by doing so they automatically create new nodal points of governance, in which organised communities of the urban poor assume their rightful place as development actors (SDI, March 2002).*

The SAHPF slogan, 'We do not collect money, we collect people', captures the organisation's concern with 'social capital'. Drawing largely upon the Indian experience over the past two decades, PD and the SAHPF promote daily savings as a 'ritual' that produces high levels of participation and mutual interaction between Federation members – these daily encounters are perceived to be the 'so-



cial glue' that binds communities. In addition, through investing limited funds, members have a material stake in their organisation and its decision-making. Not only do daily savings encourage regular interaction but they also create a space for the central participation of women in informal settlements that tend to be dominated by patriarchal local structures. It is also meant to shift the balance of power and expert knowledge from technocratic and hierarchical state structures to local, decentralised federations. Savings and loans also enable federations to develop capacity to manage and control finances and to display this local competence to the outside world. Members learn housing design, construction and finance, layout design, brick making, toilet construction, crafts and a range of other competencies including bookkeeping, census enumeration and information gathering (e.g. self-surveys), methods for identifying vacant land through physical mapping and visits to the deeds offices, and the development of negotiation skills in order to secure land from the state. These activities are consciously framed as public performances of local competence and innovation. This has a number of purposes, including posing a challenge to existing class cultures and beliefs about where expertise lies. It is an expression of a *politics of visibility and a public demonstration of 'autogovernmentality' or 'governance from below'* (see Appadurai, 2002b).<sup>16</sup> Horizontal exchange is perhaps one of the most important of these rituals because of its ability to foster direct learning experiences from peers, as opposed to the usual expert-driven methods of formal training. As will become clear below, these visits also facilitate the creation of new transnational solidarities and networks, as well as being a catalyst for cross-cultural reflection and analysis by Federation members.

The discussion below focuses on:

1. the 'official ideology' and discourses of the SDI;
2. the various ways in which SDI ideology finds expression in the documents, strategies and practices of PD;
3. the gaps and disjunctures between the discourses of SDI and PD and the everyday practices and political cultures of Cape Town's Federations; and
4. cross-cultural reflections by Federation members on the gap between SDI ideology and 'local' practices, as well as reflections on cultural, religious and political differences between South African and Indian Federations and socio-cultural environments.



### *Surfing the SDI homepage*

A scan of SDI publications, including its website, provides a clear indication of the 'official' ideological orientation of the SDI and its affiliates. The SDI literature reveals a deep scepticism of the state's capacity to eradicate poverty and comply with its social contract with its citizenry. It is equally sceptical of the ability of traditional trade unions and Left-wing political parties and rights-based social movements to provide the kind of long-term capacity building that organisations of the poor require in order to strengthen themselves at the local level. The anonymous author(s) of the document cited below calls for poor communities to engage in practices of 'active citizenship' rather than becoming passive recipients of state and party political patronage and largesse. Contrary to neo-liberal ideologues and free marketers, however, SDI ideology does not call for the dismantling or 'downsizing' of the development state, but rather the empowerment of poor communities to enable them to pressure and lobby the state to meet their developmental needs.

*They [the SDI federations] see themselves as opponents of centralised state power, backed by these global agencies – the United Nations and the International Monetary Fund and the World Bank...They all share a common vision: that the State on its own cannot solve problems of poverty and underdevelopment. While the State, especially in Southern countries, has a monopoly on power, its very relationship to this power and to the local and global economy makes it a very weak instrument for the delivery of resources and services needed to eradicate poverty...Since they question the capacity of these [State] agencies to deliver, they constantly seek situations that enable those who are affected by poverty to become organised and united in ever-expanding networks and to play a defining role in the way in which Governments and multilaterals discharge their obligations to the poor. This is in sharp contradiction to the rights-based social movements or the micro-finance organisations, or even archaic social movements of the past, such as earlier rural and urban movements of the poor, including trade unions and left-wing political parties...SDI is an attempt to move away from sporadic impulses to sustained, long-term investments in local Federations of the Urban Poor. SDI, as a network of these Federations, opens opportunities at the international level in order to strengthen its member organisations (SDI, March 2002: 1) (emphasis added).*



These SDI publications represent the Federation affiliates and their members as belonging to a transnational citizenry of the urban poor, hence their use of the all too familiar slogan: 'think global, act local' (SDI, March 2002: 14). This 'cosmopolitan' perspective seeks solidarities and alliances of the urban poor across national, ethnic and religious lines. It appears to promote a sense of 'global citizenship' rather than being confined to local, regional or national spaces and identities. SDI also represents the work of the Federations as providing a clear alternative to mainstream development thinking and modern state development ideas and practices. Although SDI publications are critical of centralised, top-down state-driven development interventions, they do not follow the adversarial logic of anti-globalisation social movements. Instead, these statements seem to imply that through the combination of pressure, persuasion and negotiation, the state can be convinced to comply with the 'social contract' of democracy and develop more 'poor-friendly' policies and urban development strategies.

Although some of the language of SDI documents is reminiscent of radical underdevelopment theory and post-development thinking, the SDI and its affiliates are not a militant social movement seeking to smash capitalism. Neither is there the voice of an embryonic political party waiting in the wings. Instead, SDI's ideas and practices are concerned with enhancing the capacity of the urban poor in solving their own problems.<sup>17</sup> This is to be done through various activities that promote experimentation and learning through face-to-face encounters rather than formal training methods.<sup>18</sup>

Various commentators on the nature of late modernity have referred to the isolation produced by conditions of poverty. SDI rituals and everyday practices aim specifically to overcome these obstacles in the path of the realising community.<sup>19</sup> The rituals of the savings schemes facilitate face-to-face encounters between members on a daily basis. It is these interactions, along with the horizontal exchanges at the city, regional and international level, that are seen to create community networks and empower Federations by building 'social capital' and strengthening the bargaining power in negotiations with officialdom, including the national, regional and local state.

These rituals are performed to inscribe and embody the SDI's ideology of 'building people not things'. Savings schemes are meant



to contribute towards the creation of *social capital* rather than mere houses. SDI's approach to social capital and community building revolves around the fact that about 90% of members are women. The gendered composition of the Federations is perceived as an advantage given that women are generally the *de facto* managers of poor households, the household being the primary sphere of social reproduction.

### ***People's Dialogue and post-apartheid visions***

PD and the SAHPF define their objectives and ideological commitments in similar terms to other SDI affiliates. They are also concerned with participation of 'the urban poor', in particular women, in decision-making processes that impact upon their communities. However, not surprisingly there are certain specifically South African, and highly localised, dimensions to SAHPF savings schemes and the leadership styles of South African federations. Before discussing these localised practices, it is worthwhile drawing attention to the ideological orientation of PD, the NGO supporting the SAHPF.

The PD manifesto presented at the launch of the SAHPF on 21<sup>st</sup> March 1994 presents a 'radical' critique of the state and technocratic development. The highly polemical and poetic language of this document represents a critique of the inevitable rise of the post-apartheid technocratic state. Barely a month after the tumultuous celebrations of the ANC's landslide victory in the first democratic elections of April 1994, the PD message is one of profound scepticism and distrust of the intentions of the new political and bureaucratic elite. The anonymous author warns that:

*...now that the Great Cause has been won, the average men and women in this land will witness the gross spectacle of politicians and other elites [using] the Cause to further their own personal hunger for power...The State will use an army of technocrats and planners, equipped with the Great Cause, to control the social life of its subjects...Their primary concern will be the circulation of things, and of human beings trapped in a world of things: cars, trains, commodities, and sewerage. Poor people have to try to tear these topological chains asunder...<sup>20</sup>*

This anti-development language is suggestive of a radical alternative to 'development as usual'. Whereas these days PD works in close partnership with the ANC government, its early manifestos are



a radical critique of state-led technocratic development, reminiscent of recent post-development critiques (Escobar, 1995; Sachs, 1993).

Although current PD discourse can be characterised as 'critical engagement' with government, it nonetheless remains critical of state- and private sector-driven low-income housing delivery that fail to build poor peoples' capacity. Beneficiaries of state subsidy housing are provided with a physical structure but not the means to survive under conditions of extreme poverty. As PD respondents noted, in many cases unemployed recipients of the R16 500 government housing subsidies end up selling their subsidy houses for extremely low prices and moving back into informal settlements because the houses are too small and they cannot afford to extend using formal building materials, and/or they cannot afford to pay rates and service fees. In other words, these product-driven housing delivery schemes tend to reproduce relations of dependency and passivity among development beneficiaries: houses become 'projects' and 'products' rather than opportunities for long-term income generation and community building.

In addition to being critical of the product-driven character of state and private sector low-income housing schemes, the approach of PD also questions the hierarchical and project-based nature of conventional NGO-CBO relations. This means that NGOs need to 'scale up' and consolidate their partnerships with CBOs, and that 'horizontal partnerships' need to be strong before vertical links can work effectively. According to PD director, Joel Bolnick, NGO/CBO relationships tend to end once projects are completed and the 'development objective' or 'product' has been delivered. There are generally no real ties between the organisations beyond the lifecycle of 'the project'. Neither is there autonomy for the CBOs in terms of defining the needs and objectives of communities. Effective NGO/CBO partnerships therefore ought to be built upon the foundations of prior grassroots mobilisation and community organisation. From the perspective of the PD professionals the delivery of a service or a 'project' is not an end in itself. Instead, it ought to be a means towards changing values in society, and building 'social capital' and participatory, democratic and accountable systems of governance in poor communities.<sup>21</sup> This philosophy has contributed towards a division of labour within the NGO whereby technical issues, such as financial management, loans and state housing subsidies, are taken



care of by the Utshani Fund, referred to as PD's 'ministry of finance.' This allows PD to focus on more generic developmental issues such as direct, experiential learning through 'rituals' of horizontal exchange, etc. Although the focus was originally on land and housing, there has been a growing recognition of the need to build 'social capital' by addressing a range of other issues, including health, income generation, education, and youth development.<sup>22</sup>

The PD proposal to begin a process of collecting statistics on HIV-Aids prevalence within the federations reveals the influence of SDI theorising on the knowledge-power nexus, especially the role of censuses, statistics and surveys in the reproduction of bureaucratic state power. Instead of resisting these forms of state power, the SDI-affiliated federations have sought to appropriate and recast these bureaucratic practices and use them as leverage for accessing state resources, for instance health care resources and Aids treatment. Self-enumeration and information gathering are also seen as crucial for engaging the state on more equal terms and holding it accountable to its citizens. These practices reflect a sophisticated understanding of the political and bureaucratic machinations of the modern state. By appropriating these rituals of bureaucratic state power, the federations acquire leverage in their negotiations with the state to secure resources such as housing and health.<sup>23</sup>

PD's current thinking on how to approach the Aids pandemic provides an insight into why 'social capital' is such a key component of SDI affiliates' *modus operandi*. Rather than attempting to treat HIV-Aids by bringing in medical specialists and experts, PD sees its task as that of mobilising Federation communities so that they can persuade the state to comply with its contract with its citizens and provide treatment to Federation members. This is to be done by collecting Aids-related data from Federation members. By drawing on state rituals of enumeration and the power of statistics and the survey, the Federation will have strategic Aids information not at the disposal of the state. The Federation can then use this statistical data to pressure the government to come up with concrete programmes to treat its members. As Joel Bolnick puts it:

*Ten per cent of the population is HIV-positive because of the antenatal tests they do. We want to actually test every Federation member - and then every community member. And when they come and have a test, we will ask them a certain*



*set of questions, and gather information. If the Federation does it effectively, within a year we will have data around HIV/Aids that no other institution has. And then we can go to the city [administration] and say, 'you are spending R10 million on Aids and R300 million on building a highway. These are the realities on the ground'. And it goes to community leaders and they say 'you are not dealing with the situation. Look, this is the situation' (interview with Joel Bolnick, Observatory, Cape Town, 5 June 2002).*

### ***Mind the gap: Global ideologies and local realities***

While PD and the SDI ideology stress the importance of horizontal relations of trust and non-hierarchical and decentralised political structures and practices within and between federations, the SAHPF national leadership contributed towards the establishment of highly centralised decision-making structures. This was particularly evident in the Western Cape Province, where the leadership was unwilling to relinquish its control and authority over 'junior' federations. This resulted in the consolidation of local hierarchies, power cliques and patronage networks that allowed certain individuals to act as gatekeepers and powerbrokers. It also resulted in accusations of financial mismanagement and widespread grievances concerning the alleged undemocratic practices of the leadership. This culminated in general disillusionment with savings schemes and large-scale withdrawal of Federation members from participation in these schemes. As PD's Cathy Glover put it, "The Federation has still been very successful in securing land in the city and initiating housing developments", but once people get these resources they often see no reason for continuing to belong to savings schemes and they tend to withdraw from Federation activities.

The leadership style of the SAHPF, especially in Cape Town, contradicted the liberal democratic visions of SDI and PD. However, it proved to be extremely difficult to alter these hierarchical political styles and power dynamics. This was especially the case at show-piece federations that were regularly visited by dignitaries, donors and government officials. One strategy adopted by PD in order to decentre and dismantle these concentrations of power was to attempt to 'reinvent' and reorganise the organisational structure of the federations through a system of rotational leadership and by resuscitating local savings schemes and devolving decision-making pow-



ers to these schemes. These initiatives, however, encountered fierce opposition from a powerful SAHPF leadership determined to hold onto power and to resist attempts to decentralise the decision-making structures. This contributed towards ongoing clashes between PD and the SAHPF.

There were numerous other divergences between the desires, agendas and objectives of the NGO and its CBO partner. For instance, PD, like SDI and its Indian affiliates, believes that long-term processes of creating and 'scaling up' of 'social capital' and community building is more important than product-driven concerns such as housing construction. However, PD's commitment to building 'social capital' through savings was not always shared by SAHPF members, who often 'disappear' once they receive the object of their desire – the house. Unlike their counterparts in India, many South African Federation members did not seem to 'buy into' daily savings and other Federation rituals.

Another key area of difference relates to the political culture of the federations. While these organisations are meant to be non-party political, a number of the leadership figures are seasoned ANC Women's League veterans who are deeply enmeshed in local, regional and national ANC networks. Further, whereas PD believes in 'critical engagement' with the government, many of the ANC-aligned SAHPF leadership were less inclined to criticise the ANC government and leadership. Instead, a number of SAHPF leaders were prepared to allow Federation networks to be used as ANC political resources. In addition, unlike their Indian partners, South African Federation members tended to view the ANC government as a powerful patronage machine that could be accessed through party political contacts and channels. This perception of a powerful state was reinforced by the reality of the R16 500 state housing subsidies. The state was not only perceived to be a powerful provider of material resources, but also a repository of technical expertise and know-how. This SAHPF perception of the power of the technocratic state was very different to the anti-technicist, anti-hierarchical, anti-project and anti-bureaucratic perspective of PD and SDI. Whereas PD and SDI produced eloquent anti-technocratic tracts that challenged the expert/client relationship, it seemed that rank and file Federation members, as well as the leadership, were not always as committed to this anti-technocratic post-development agenda.



PD practitioners and SAHPF members openly acknowledged the gap between SDI's 'global ideology' and the complex social realities that Federation members experienced on a daily basis. They were also all too aware that the SDI development paradigm was not necessarily shared and embraced by Federation members. This was particularly evident when Federation members withdrew from regular participation in savings schemes on completion of construction of their houses.

These competing understandings of 'development' permeated many aspects of PD's involvement with the SAHPF. The website and newsletter publications of PD and SDI promote the long-term building of horizontal relations of trust and social capital. By contrast, the SAHPF leadership at the Victoria Mxenge settlement at Phillipi, Cape Town, seemed more concerned with housing delivery and the consolidation of vertical relations of patronage and dependency. This political practice challenged the SDI's vision of an anti-elite, anti-hierarchical, anti-technocratic and decentralised development model. PD members acknowledge that Federation members, especially the leadership, seemed more interested in land acquisition and building houses than investing in less tangible outcomes such as 'trust', 'networks', 'social capital', and democratic and accountable governance systems. This situation of competing development visions and agendas is graphically illustrated in case of Victoria Mxenge.

### **The case of the Victoria Mxenge Federation**

As a result of the considerable successes of the Federation savings and housing schemes developed at the Victoria Mxenge settlement in Phillipi, Cape Town, a Victoria Mxenge leadership cluster established itself up as the 'nerve centre' of all SAHPF activities in the Western Cape Province. This leadership then began to control and dominate the 450 other savings federations in the Western Cape. These centralising processes intensified with Victoria Mxenge's successes in attracting international media attention, donors and visiting dignitaries, including former President Bill Clinton and Hilary Clinton and other high-level South African government and European Union delegations.

Victoria Mxenge Federation tended to focus on housing delivery rather than recreational spaces, crèches and other built environment matters that could contribute towards building community networks



and the social fabric. In addition, despite PD's attempts to 'restructure' and 'reinvent' organisational structures to counteract and subvert the centralisation and consolidation of local power around certain Victoria Mxenge leaders, these centralising tendencies and processes persisted. Attempts to decentre and disperse these localised nodes of power were contested by the strong Federation leadership. In addition, whereas the 'official' SDI line is non-party political, the Federation leadership, many of whom are ANC Women's League stalwarts, worked closely with ANC party structures.<sup>24</sup>

The Federation leadership proved to be as hierarchical, centralised and intolerant of competition as the neo-traditional male leadership structures that emerged in many urban and rural informal settlements throughout South Africa. For instance, 'Ndumisa', a PD coordinator, made the comparison between the current Federation leadership and the highly centralised (male-dominated) neo-traditional leadership structures that emerged in Western Cape Province informal settlements such as Crossroads during the 1980s.<sup>25</sup> Dissatisfaction with this centralised Federation leadership contributed towards a massive decline in participation in the federations in the Western Cape, culminating in the collapse of many savings schemes. PD's strategy for addressing this leadership crisis was to revive savings schemes that had collapsed as a result of disillusionment with centralising leadership styles and grievances about alleged financial mismanagement. This resuscitation of the savings collectives also sought to decentralise decision-making power and control over financial resources to local-level structures.

Divergences between SDI/PD ideology and the everyday practices of Federation members seem to lie in the very different historical experiences of the South Africans and their Indian counterparts. Whereas the Indian organisations, for instance the National Slum Dwellers Federation (NSDF), have been around since the mid-1970s, PD and the SAHPF were only established in the early 1990s. In addition, while Indian federations have had five decades to come to terms with the limits of liberation and state-driven development, South African federations are relative newcomers to democracy, and have far more faith in the capacity of the modern state to promote development and eradicate poverty. This faith is not entirely misplaced as the South African state does indeed have the capacity to hand out large development resources, for example the housing



subsidies. As a result the South Africans tend to 'buy into' state patronage politics and development visions rather than setting their own agendas. This dependency has meant that South African federations are generally less self-sufficient and less committed to long-term investment in building social and financial capital through everyday savings rituals than their Indian counterparts. The following section discusses the ways in which 'horizontal exchange' has become a power methodology for reflecting upon these differences and creating spaces for cross-cultural reflection by both PD professionals and ordinary Federation members.

### ***Horizontal exchange' as cross-cultural exchange***

While it has been difficult in South Africa to sustain SDI rituals such as daily savings, there has been more than a decade of exchanges between South African and Indian Federation members. These exchanges were perceived to create opportunities for sharing experiences between federations through direct learning encounters. It also provided providing opportunities for cross-cultural reflection.

### **Federation reflections on home from afar**

Publications by the Asian Coalition for Housing Rights (January 2000) and various affiliates of the SDI, as well as interviews with SAHPF members who have visited India over the past decade, draw attention to the disbelief many black South Africans experience upon encountering, fifty years after Indian Independence, extreme levels of poverty and homelessness in cities such as Mumbai and Calcutta. These sobering encounters with the limits of the post-colonial Indian state during visits in the early 1990s served as a catalyst for the formation of self-help saving schemes in South Africa. As Victoria Mxenge put it:

*If you look at India they are still struggling, even 50 years after independence...That is why we started our work in 1992...That is why it was necessary to prepare ourselves before to make changes come about...If the people are not helping themselves, there is only so much the government can do.*

Another SAHPF member made similar observations and personal reflections concerning 'the culture of poverty' she encountered during her visit to India:



*You learnt to be humble and to appreciate what you have got, what we have got here in Cape Town. We are a little better off in the sense that the houses are bigger, and our squatters are better because people in India are just staying on the street and things like that. So we a little bit advanced... But we can learn about daily savings from the Indians. You can be surprised by the amazing trust that people have amongst one another in India. It is street people going around collecting from street people... For a street person just to give money to a collector and to have no guarantee that that person will come back tomorrow. That kind of trust is amazing. ... We got a lot of ideas from India. – toilet festivals and enumeration – counting huts and families, walk on every path and observe all the structures in the settlement – draw a map with houses, roads, places of worship, toilets etc – survey produced - gather detailed information about the community (Cape Town, 2002).*

Other comments from SAHPF interviewees referred to visits to savings collectives in Kenya where ‘we found that the people couldn’t hold [Federation] meetings without first telling the tribal leader, even though the government and the country was now independent’.<sup>26</sup> The idea that Federation members had to defer to traditional leaders in order to hold meetings was strange and ‘backward’ from the perspective of many of these highly assertive urban African women. One of the most common reflections on the visits referred to the extraordinary levels of trust that existed amongst the urban poor they met in India. These observations were also made in relation to the high levels of distrust and crime experienced by the urban poor in South Africa.

‘TM’, an ex-ANC Mkonto we Sizwe (MK) soldier working with the PD and the Federation reflected on the many cultural and religious differences between Indians and black South Africans. Like many of the other SAHPF exchanges, these visits were a catalyst for critical self-reflection and comparative social and cultural analysis. For instance, like many other South African exchange visitors to India, ‘TM’ observed that India was much poorer than South Africa yet poor people in India seemed more determined to improve their situations and seldom resorted to crime. Whereas South Africans still expected formal employment and state patronage, the Indian poor expected neither wage income nor housing subsidies and other forms of state assistance. According to ‘TM’, this meant that Indians



were generally far more self-reliant and less dependent on state patronage. Neither were they captive to the myths of modernity and development. 'TM' also attributed the high levels of mutual assistance, trust and self-motivation that he observed in India to the deep commitment of Indians to their Muslim and Hindi religious beliefs and practices. By contrast, he felt that black African Christianity was a relatively superficial affair, with Africans attending church because it was 'a social gathering, and a way of relieving you from your day-to-day stress'. According to 'TM', the serious religious commitments to Islam and Hinduism informed the everyday cultural beliefs and social practices of Indians. Such religious, cultural and social commitment, solidarity and trust did not, 'TM' claimed, express itself among South Africans.

These cultural and religious differences have influenced the ways in which the global ideology of SDI gets re-interpreted and reconfigured 'from below' by local federations. It also explains the disjunctures between the ideological positions of PD and SDI on citizenship and participation, and locally produced social and cultural practices and leadership styles. Yet this cultural, religious and political diversity across federations can also be strategically deployed to draw attention to alternative organisational strategies. As Bolnick asks:

*What is more effective in an environment where you have a hostile state? That is what is really interesting. And the Indonesian [state] is really a hostile one to face. A million people in Jakarta are facing evictions right now. There have already been about 20 or 30 thousand evictions and the logical response from the communities is to resist and fight, and whatever you do, don't collaborate with the enemy. And in effect, that is why there is a lot of value in the international network. Don't send the Indians to interact with the Indonesians, because the Indians have no real experience of dealing with that level of confrontation with the state. Send the South Africans, because the South Africans have that living memory. But they also have a history of pragmatic approaches. And that is how you see the value of these relationships. It is similar to this exchange programme where you send a group with a health issue to deal with another group with a health issue, or you link a group with a land issue with a group that has a land issue. The groups in Kenya need to develop stronger systems of savings and systems management - don't send the*



*South Africans. Send the Indians or the Thais if they have got to start negotiating with these corrupt-valued bureaucrats who have been involved with evictions for the last 20 years. Don't send the Indians, because the Indians will say 'it doesn't matter, it is fine, you must negotiate. Send the South Africans who will say: 'yes, we have also had to deal with them. How do we handle that?'*

## Conclusion

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This paper shows that enhancing citizenship requires more than simply providing people with spaces and opportunities in which to express their needs, and involves more than giving people access to information on which to base deliberation or to mobilise to assert their rights and demand accountability. It also requires processes that strengthen the possibilities of active citizen engagement in a variety of institutional and non-institutional spaces – those 'from below' and those 'from above'. Effective engagement from below requires an understanding of the ways in which these spaces are affected by wider questions about identity, power, culture and politics.

What is often left out of the discussion on forms of participation from below is the way in which these new forms of participation interpret the politics of rights – i.e. the question of the underlying 'openness' and 'contestability' of the political 'life-form' in which rights are to be enacted. What needs further exploration is the question of the ways in which the forms of participation in the institutional and non-institutional spaces set political limits to any further re-negotiation of power in these spaces. In other words, given that any political act or any participatory action defines the boundaries of the public space in a given context, the question that arises concerns the limits to participation against which new interventions are initiated.

While there is continual scope for redefinition in these spaces, there is also the problem of distinct closures and limits affecting the 'political', by which we mean the possibility of continual re-negotiation of power relations in a given space. Forms of participation from below are threatening precisely because they reveal so much about the centre and its hegemonic assumptions and practices. However, they also come up against limits set by political boundaries in institutional spaces. Possibilities for radical democratic practices can



be found in the spaces between institutional spaces and spaces from below, between centre and margin. In other words, it is the tension between dominant and marginal forms of participation that produces radically transformative possibilities. It is in the 'in-between' that sites for effective participation lie.

### *Notes*

- 1 During the latter half of 2002, the TAC along with its trade union partner, the Congress of South African Trade Unions (Cosatu), was involved in lengthy negotiations at the National Economic Development and Labour Council (Nedlac) in an attempt to arrive at an agreement with government and business to establish a national Aids treatment programme. The negotiations came to a standstill in early 2003, with government denying that it had signed an agreement at Nedlac. On 14th February 2003, in response to this perceived stalemate, the TAC and Cosatu launched a massive demonstration outside Parliament on the day that President Mbeki was due to give his State of the Nation address. Government's response was that it was still investigating the costs of a treatment programme. Meanwhile, in addition to the commitment of state resources for a national mother-to-child-transmission (MTCT) prevention programme, the 2003 Budget made provision for an additional R8 billion for Aids. It remains to be seen whether this will indeed be used for a national treatment programme.
- 2 In July 2002, UNAIDS released a report showing that the Aids infection rate was continuing to rise, and that 55 million Africans would die prematurely of Aids-related illnesses by 2020. The same UNAIDS report found that average life expectancy in Africa had dropped to 47 years, compared with 62 years without Aids. It also found that 2.2 million Africans had already died of Aids in 2001, while 3.5 million new infections in the same year raised the total of people living with the disease to 28,5 million (*Cape Times*, July 3, 2002).
- 3 Schoepf (2001: 338) makes the following observations concerning the cultural politics of Aids representations:

In the case of AIDS in Africa, the defining power lay in the international biomedical arena, but these definitions met with enduring disease representations and practices, especially with respect to contagion and 'disordered' sexuality in afflicted societies... AIDS brings forth representations that support and reproduce already constituted gender, color, class and national hierarchies. Societal responses to AIDS, including disease control policies, are propelled by cultural politics forged in the history of relations between Africa and the West...Epidemiologists in government agencies designated en-



tire populations as 'risk groups,' obscuring differences among people assigned to the categories...A focus on risk groups implies that everyone not included within the boundaries of stigma is not at risk...Common in public health discourse, such constructions are part of a 'hegemonic process' that helps dominant groups to maintain, reinforce, re-construct, and obscure the workings of the established social order...(references excluded).

- 4 Instead of resorting to a defensive and potentially lethal response of Aids denial, TAC Aids activists have sought to destigmatise and depathologise African sexualities. For instance, in Jack Lewis's much acclaimed documentary on the TAC, entitled *Aluta Continua*, the key male and female characters, both of who are black HIV-positive Aids activists, consciously seek to affirm black African sexualities. They state that there is nothing to be ashamed about having multiple partners, and it is quite normal and acceptable as long as safe sex is practiced. This acceptance of different sexual cultures is very different to the ideologically-driven character of Mokaba's nationalist rhetoric.
- 5 Historically, Third World nationalist intellectuals have been very active in challenging what they have perceived as 'western ethnocentrism', especially when it comes to matters of culture, women and the family, sexuality, religion and so on. Partha Chatterjee (1993) has shown, for example, how early Indian nationalists insisted on cultural difference with 'the West' despite demanding that there be no such rule of difference in the domain of the state. Chatterjee shows how anti-colonial nationalists in India produced their own domain of sovereignty within colonial society before beginning their political battle with the imperial power. This involved staking out an autonomous spiritual sphere represented by religion, caste, women and the family and peasants.
- 8 Dilip Gaonkar (1999) writes that the concept of 'social imaginary' has been used to refer to ways of understanding 'the social' that mediate collective life. These self-understandings are not formulated as 'objective', 'third person' points of view. They are not explicit doctrines, ideologies or theories. They are first-person subjectivities that are built upon implicit understandings that underpin and make possible common practices. They are embedded in the *habitus* of a population or are carried in modes of address, stories, symbols etc. They are the means by which individuals understand their identities and their place in the world. They are also peculiar to modernity in that they are based on relations among strangers, and stranger sociability is made possible by mass mediation – nationalism is a particularly powerful social imaginary. But what happens when this nationalist imagination no longer resonates with the habitus and everyday experiences of a population? Could this experiential gap not go some way towards explaining why so many black South African mothers have gravitated towards TAC rather than finding solace and strength in the (masculinist) nationalist argu-



- ments of President Mbeki and the Castro Hlongwane tract discussed later in the paper?
- 7 According to Taylor (1999) the modern Western imaginary is animated by an image of moral order based on the mutual benefit of equal participants. This image of unmediated mutuality and equality, first elaborated in theories of natural law and contract by 17th century thinkers such as Hugo Grotius and John Locke, gradually penetrated and took hold of the social imaginary of Western people. As the older pre-modern images of hierarchy and status faded and became marginalised, they continued to have some residual hold in cultural spaces such as family and gender relations.
  - 8 For a detailed account of the early history of TAC and its campaign for MTCT prevention programme see TAC 2002.
  - 9 In September 2002 the Medicines and Related Substances Amendment Bill was introduced to give the controversial health minister, Manto Tshabalala-Msimang, the power to appoint members of the MCC, which registers all drugs in South Africa. A significant change in the new legislation was that candidates without any appropriate qualifications could now be appointed to the MCC. In addition, the minister would appoint all members of the committee that hears appeals on MCC decisions. Opposition parties warned that this represented 'the politicisation of the MCC' which would become the 'political tool' of the health minister who could now decide which medicines could and could not be used, and how they would be priced (*Cape Times*, 4 September, 2002). This bill confirmed the worst fears of Aids activists and health professionals that the government was determined to centralise state control over institutions such as the MRC and MCC.
  - 10 *Treatment Action Campaign and others v Minister of Health and Others* (2002 (4) BCLR 356 (T)). The TAC's argument drew extensively on the landmark Constitutional Court case, *Government of the Republic of South Africa and Others v Grootboom and Others* 2001 (1) SA 46 (CC), 2000 (11) BCLR 1169 (CC) (hereafter the *Grootboom* case), on the question of socio-economic rights. The South African Constitution is unique in providing for water and housing (along with health care and a clean environment) as basic rights in the Bill of Rights. The ruling in *Grootboom* re-asserted the government's constitutional obligation to take all "reasonable ... measures to achieve the progressive realisation of the right to access to housing", including specific steps to cater for the more needy elements of the population. It demonstrated that the courts could enforce compliance with socio-economic rights enshrined in the South African Constitution. This ruling has set a precedent that potentially opens up the way for challenges to social and economic policies for their failings and omissions (see Isandla Institute 2001).
  - 11 *Minister of Health and Others v Treatment Action Campaign and Others* 2002 (5) SA 721 (CC), 2002 (10) BCLR 1033 (CC).



- 12 Cosatu stands for the Congress of South African Trade Unions.
- 13 It would seem that the racialised character of the Aids dissident debate could perhaps have been anticipated. Yet, notwithstanding the salience of race in virtually every aspect of social life in South Africa both during and after apartheid, the sizeable support for President Mbeki's apparent support of Aids 'dissident' theories was not anticipated by Aids activists, health professionals, media commentators and political analysts. There was a sense of shock and disbelief when President Mbeki, in his recent ZK Matthews memorial lecture at the University of Fort Hare, claimed that those who advanced a viral explanation of Aids believed that black people were germ carriers, uncivilised, sexually promiscuous, and unable to control their sexual appetites. The speech implied that TAC activists were complicit in furthering racist agendas. They were also accused of peddling Aids drugs and using Africans as guinea pigs in trials that only benefited profiteering pharmaceutical companies. These views were taken to even more bizarre heights in the 'Castro Hlongwane' Aids dissident tract attributed to Peter Mokaba, and distributed to ANC leadership a few months before Mokaba's death. But Mbeki and Mokaba were not, and are not, alone: ANC spokesperson Smuts Ngonyama, for instance, claimed that anti-retrovirals were 'toxic poison', as did various other senior ANC leaders. Challenging these accusations and misinformation on Aids treatment has been a central component of TAC's work.
- 14 Clinic HIV counsellors are often viewed as very 'sluggish' as they are often not properly trained. As a result the TAC has started training its own counsellors, which has caused some clinics to feel threatened by the TAC.
- 15 Hector Petersen was one of the first youths to die from police gunshots during the Soweto uprisings of 1976. Nkosi Johnson was an internationally known young South African Aids activist who died from Aids in the late 1990s.
- 16 Appadurai (2002a) provides a fascinating account of SAHPP's SDI partners in Mumbai in which he analyses their rituals of 'toilet festivals' and 'the politics of shit'. He shows how a carnivalesque spirit of transgression and bawdiness prevails during toilet inspections in the presence of middle class government and World Bank officials. This is interpreted by Appadurai as an attempt to redefine the private act of humiliation and suffering – shitting in the open – into a scene of technical innovation and self-dignification. It is seen as a remarkably innovative 'politics of recognition from below'.
- 17 See Asian Coalition for Housing Rights (2000: 1–32):  
In a world that is shrinking fast, the relationship between the *haves* and the *have-nots* gets more and more paradoxical – especially in cities. On the one hand, all the economic and ecological formulas behind urban prosperity link together the lives of *all* city-dwellers in complicated webs of interdependence. Mr. Capitalist needs cheap



labour and infrastructure. Mr. Poor Migrant needs a job and minimal, secure housing. And Mr. Public Official needs to juggle larger resource agendas and still get re-elected. The three may not understand each other very well, but their independence is one of the most fundamental – but least understood – imperatives of modern cities. There are have and have-nots at every scale: within communities, cities, countries and regions, and between the ‘North’ and the ‘South. In every context, it is generally the haves who take the prerogative to solve problems. In the case of cities, solutions put forward by the haves have not worked at all... So how do you shake off an age-old tradition that excludes the poor from participating in the exploration and testing of solutions to problems that affect their own lives?

- 18 See Asian Coalition for Housing Rights (2000: 1–32):

Exchange is nothing new. Linking with like-minded people, across distances, is probably one of humanity’s oldest impulses. There are exchanges of administrators, politicians, developmental professionals and NGO activists all the time, who move out of their own situations to learn, meet peers and to fortify themselves with fresh ideas from elsewhere. But *poverty is a relentless isolator*, and puts formidable constraints on this kind of mobility and the linkages it engenders – of at least reduces the sphere of mobility to a single lane or a slum – which is nobody’s idea of a larger world... Exchange learning come in, as a development tool which helps people build capacities to deal with root issues of poverty and homelessness, and to work out their own means to participate in decision-making which affects their lives – locally, nationally and globally. In exchange, people are not being trained to ‘do things’. They decide themselves what to pick up and what to discard, by visiting others in the same boat. It is learning without an agenda or anybody else’s atmosphere – its on-site and vital learning, direct, from the source, unfiltered. Nobody’s telling who what or when to learn... (emphasis added).

- 19 In the case of post-apartheid South Africa, one of the obstacles hindering the actualisation of community includes the systematic demobilisation and bureaucratisation of civil society, and the newfound ‘freedom’ consumer capitalism presents to disengage from society.
- 20 This anti-elite, anti-nationalist and anti-technocratic polemic is worth quoting at some length in order to convey the degree to which early PD ideology challenged the new state’s vision of nation building and development. The following excerpt from an undated South African Homeless People’s Federation publication represents a stridently militant and ‘post-modern’ voice railing against the grey and soulless surveillance city created by technocratic state planners – a foul modernist nightmare that would make Foucault’s hair (?) stand on end!



At last: oppression is no longer centralised because oppression is everywhere. One just has to look at the most recent examples of town-planning to see it. The reference point the planners propose is no longer the apartheid-structured city. Hooray! However, from the perspective of all communities, especially the poor, homeless communities, the reference point proposed by these revisionist town planners (soon to be endorsed by revisionist politicians) is always somewhere else, meaning always outside the daily lives of the inhabitants of these communities. What we see is a grid of roads linking vast expanses of toilets to gutless city centers, plate-glass shopping malls and dark streets surrounding industrial plants and factories. In the minds of some this may be satisfactory compensation for 350 years of slavery...Here is the crux of development practice in the new South Africa. Who will be at the center? The people or the state?...*The State will use an army of technocrats and planners, equipped with the Great Cause, to control the social life of its subjects.* And the vision of the post apartheid city is its masterstroke. The town planners are its shock troops. In a rapidly urbanising society the development of the urban environment is one of the most profound political acts of all. Have we moved away from apartheid? Beware if the town planners, the architects, the bureaucrats try to point the way, for *their primary concern will be the circulation of things, and of human beings trapped in a world of things: cars, trains, commodities, sewerage. Poor people have to try to tear these topological chains asunder...* He who thinks and plans for you, judges you, reduces you to his own norms, and whatever his intentions may be, he end up making you stupid...The formation of the SA Homeless People's Federation will go some way towards ensuring that the democratic right of poor people to plan and manage their own developments is enforced in practice throughout the land. People's Dialogue commits itself to giving continued support to the initiatives of the Federation...(emphasis added).

- 21 As PD director and founder, Joel Bolnick, put it:  
We must make a distinction between mechanisms of learning and mechanisms of delivery. We [People's Dialogue] are more interested in mechanisms of learning [and bringing] communities are closer to participatory, democratic, accountable systems of governance. In other words, PD's emphasis is on engaging with communities 'in a generic way' by building horizontal relations and networks, rather than focusing on delivery and narrowly technical expertise (interview with Joel Bolnick, Observatory, Cape Town, 5 June 2002).
- 22 As Bolnick puts it:  
The language of the Federation is saturated with that kind of imagery: '*We build houses in order to build people*'; '*we don't collect money, we collect people*'. That is all over the show. And this is



where separating the Utshani Fund from People's Dialogue has come in, because we [People's Dialogue] put so much emphasis on social capital, that we simply used their [Utshani Fund] financial capital to build social capital, without really being too preoccupied about the sustainability of the financial capital...People's Dialogue's responsibility now is to pursue abundance, and the Utshani Fund's responsibility is to manage scarcity. If they've got 60 million Rand, they're got to make sure it grows. If we've got 100,000 members, we've got to make sure we've got a million members – and so draw down more resources from the state...(interview with Joel Bolnick, Observatory, Cape Town, 5 June 2002).

- 23 The thinking underlying the appropriation of this bureaucratic language of state power is spelt out as follows:

Knowledge is power. The counting of people and the gathering of socio-economic data is normally perceived to be a boring and imperfect social science, which is practiced by university graduates and their professors. In fact censuses are at the very heart of modern statehood. Before being sentenced to the government archives, information gathered by means of enumerations is used to determine resource distribution by the state. From start to finish these processes are driven in a totally top-down way by professionals and officials. The Federations in the SDI network have developed people-driven techniques of surveying and enumeration. They gather information about slum settlements and their inhabitants in ways that simultaneously gather important information and mobilise whole communities. *SDI affiliates are deeply aware of the radical power that this kind of knowledge (and ability) gives them in their dealings with local and central State organisations* and also with multilateral agencies and their regulatory bodies. Armed with information that decision-makers often do not have, Federation groups use the findings of their enumerations to shift negotiations in their favor – whether it be negotiations to secure resources for development or to prevent evictions (emphasis added) (SDI 2002: 13).

- 24 According to Bolnick it is necessary to constantly 'reinvent' and 're-structure' the organisation to prevent the ossification and consolidation of local power nodes and community structures. As Bolnick explains:

On the one level, since 1994 when the Federation was formed, we have triggered a process where the Federation structures have changed four times. National, regional and local. And that has been part of the way in which the NGO has interacted. It has not been an easy role at all. It has been a very difficult role. Every time contradictions emerge inside the Federation, our response has been not to change the leadership, although the leadership changes, but to change the structure and that way to change the leadership. So there are moves from regional coordinators and a national consul-



tancy group, to having national coordinators and a national core group, and now they are going back to a different method and structure. So we are constantly pulling the process down by changing the structures, not allowing it to rigidify. The other thing is around programme stuff - to just be extremely flexible, and create situations where the organisation as a whole is responding to the issues that are coming up from the ground. The two interact because if you have a rigid structure, it is much harder to respond to the needs as they emerge. So that is how the re-invention happens (interview with Joel Bolnick, Observatory, Cape Town, 5 June 2002).

- 25 In 1986 I personally witnessed the direct role of the South African Defence Force (SADF) in fuelling inter-community violence in the Crossroads shanty settlement on the outskirts of Cape Town. The SADF and South African Police had clandestinely armed a large group of Xhosa-speaking neo-traditional male elders, referred to as the *witdoeke* or 'fathers', in an attempt to purge Crossroads of militant anti-apartheid ANC youth (comrades or *amaqabane*) and women's organisations that had established strongholds in Crossroads in the early 1980s. Academic and journalistic accounts attributed the Crossroads violence to a convergence of interests and agendas between the apartheid security establishment and patriarchal neo-traditional structures. When NGO and donor resources began to flow into Crossroads in the early 1980s, this male leadership systematically displaced the Crossroads women's committees that had been at the forefront of resistance to evictions and demolitions at Crossroads in the early 1980s. Josette Cole (1986) referred to this moment as the historical defeat of the Crossroads women. In 1992 a small group of these Crossroads women, who also happened to ANC Women's League members, founded the Victoria Mxenge branch of the SAHPF.
- 26 Federations have had to deal with a range of locally embedded obstacles to mobilisation, including antagonistic patriarchal traditional structures that are inherently suspicious of autonomous social forces, especially those that appear to threaten to undermine established gender and age hierarchies. Some of the rural-based Federations have attempted to allay the fears of chiefs and headmen by convincing them that the Federations are only concerned with savings schemes, which are generally perceived to be 'harmless' women's groups that pose no real threat to the authority of patriarchal neo-traditional leadership structures. These examples of locally generated power dynamics illustrate how SDI's global discourse is reconfigured in local contexts, in the process generating innovative organisational forms and practices.



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