



Les Cahiers d'Afrique de l'Est / The East African Review

45 | 2012
Tanzanie | Tanzania

The Leper Settlement at Walezo, Zanzibar: a case study of a colonial-era state-society partnership

Stephen Pierce



Electronic version

URL: <http://journals.openedition.org/eastafrica/504>

Publisher

IFRA - Institut Français de Recherche en Afrique

Printed version

Date of publication: 1 July 2012

Number of pages: 117-129

ISSN: 2071-7245

Electronic reference

Stephen Pierce, « The Leper Settlement at Walezo, Zanzibar: a case study of a colonial-era state-society partnership », *Les Cahiers d'Afrique de l'Est / The East African Review* [Online], 45 | 2012, Online since 07 May 2019, connection on 08 May 2019. URL : <http://journals.openedition.org/eastafrica/504>

The Leper Settlement at Walezo, Zanzibar: a case study of a colonial-era state-society partnership

Stephen Pierce

Introduction

Since the late 1990s, partnerships between the public sphere and the private sphere in East Africa, as elsewhere, have garnered a great amount of interest and debate. Often shortened as “PPPs”, these public-private partnerships show promise in part because of growing concern among scholars and activists at the way non-governmental organizations were treated during the previous decade as a ‘panacea’ for the development ills of the region. As a result, notwithstanding debates surrounding the slipperiness of the term “partnership” itself and how to implement them effectively, PPPs have been hailed as an (above all) innovative solution in the 21st-century development arena (Maxwell & Christiansen, 2008; de Waal, 2008; Gerrets, 2010). Yet the novelty of these structures has generally been treated as a given in the growing literature on contemporary PPPs.

This paper explores the historical development of what could be described as a nineteenth century public-private partnership in Zanzibar. It grows out of research conducted in Zanzibar by the author from 2011 to 2012 concerning the nature and consequences of Islamic charity during the latter part of the nineteenth and early part of the twentieth century. During this period, the British colonial administration contracted with the Roman Catholic mission in Zanzibar to administer a pauper settlement at Walezo¹, a peri-urban area close to the Stone Town. Over the course of the 20th century and into the 21st, the settlement survived in a variety of forms – expanding and contracting with the changing demands of the mission’s partnership with the protectorate government. The aim of this paper is not to equate state-society partnerships in the 21st century with ones in the 19th; nor will it argue that any direct historical lineage links the two. The historical specificities of colonial and postcolonial governance and social change in Zanzibar make such facile equivalencies unhelpful. Rather, it suggests that by considering why partnerships like the one that constructed the Walezo settlement – which I argue precedes and is of similar character to postcolonial

¹ British administrators frequently rendered KiSwahili names inconsistently in their communication to one another. I have used the spelling Walezo throughout this paper, but it was also sometimes spelled “Welezo” in the archival material, always referring to the same locality.

PPPs – evolved and devolved, we might gain perspective on why the pendulum has once again swung back in favor of public private partnerships. At the same time, it argues that there is historical value in studying the nature of the *relationships* that developed between the colonial state and Christian missions in Africa. Scholars recognize that British administrators and European missionaries came to the continent from diverse backgrounds and pursuing a variety of interests and strategies. In numerous cases, however, they ended up working together, and the partnerships that developed were often tense and led to unexpected consequences (Vongsathorn, 2012a).² This paper argues that these early public-private partnerships offer historians glimpses into spaces of contention and cooperation that existed between missions and the state during the colonial period in British East Africa.

The Settlement of Walezo: From ad hoc arrangements to contractual obligations

Partnerships generally evolve as the priorities of the partners align with one another (Besley & Ghatak 2008). In the case of Zanzibar, over the course of the early 20th century British colonialists experienced growing demand for social services on the part of their island subjects. In particular, the demand for access to western health care and education grew rapidly in the opening decades of the 20th century, and the protectorate struggled to meet the demand (Pouwels, 1987). But at times, European missionaries already carrying out charitable work on the island saw the state's involvement in these arenas as interference in “their own special province.” (ZNA/AB 2/341) Over time, it became evident that both parties stood to gain by sketching out partnership agreements relating to projects where their interests overlapped. For their part, the early protectorate government's primary concern was the maintenance of trade and clove production that drove the island economy. Although the rhetoric of rule at the time indicates that the British aspired to social, political and economic transformation on a grandiose level, budgetary and personnel constraints caused havoc with these plans (Bissell, 2011). More realistic officials within the administration admitted that changes would necessarily be as modest as the protectorate's budget.

Beyond budgetary constraints, administrators and missionaries alike arrived in Zanzibar with a view of poverty and charity that severely limited the range of islanders who were eligible, at least by European standards, for charity or publicly provided services. As Saha observes, in post-Enlightenment England,

² Vongsathorn's argument in this work is that the colonial powers and missions were not always in conflict, as has been often represented in the significant literature on colonial-era missions. Nevertheless, the possibilities for tension and conflict existed in all these relationships. Nor were European states the only ones to make use of partnerships with mission groups. For one interesting example, see Shobana Shankar's “Medical Missionaries and Modernizing Emirs in Colonial Hausaland,” 2003.

a distinction was made between the 'undeserving' and the 'deserving' poor. The former were considered to be persons in full possession of their physical capacities, capable of work and of contributing to national economic growth, but who had instead chosen to become vagabonds and beggars. The deserving poor, on the other hand, were incapacitated, not in full possession of their physical capabilities. (2008: 268)

In a place like Zanzibar, where British racial theory already posited that "Arabs" and "Swahilis" were lazy and idle, such distinctions had profound effects on the provision of charitable services. Reports from Walezo and other settlements consistently described the paupers who lived as either very old or having advanced diseases. Those who did not fit into these categories, who had the capacity to work, were viewed at best with suspicion by the protectorate government, and at worst with hostility. Periodic efforts to reduce the number of beggars concentrated on strict town policing and relocating "deserving" poor to facilities like Walezo, out of sight of the populace. When the administration in 1914 considered investing excess rice profits from the previous year in a "Government Poor Fund for Swahilis," one officer commented skeptically that the real difficulty of the program was not how to invest the money, but how to find cases worth funding (ZNA/AB 9/14).

Nevertheless, the administration inherited a hodge-podge of programs that had been initiated, prior to the declaration of the protectorate, by wealthy Zanzibaris, Sultans, and the ambitious Sir Lloyd Mathews, the inaugural First Minister to the Sultan. In particular, money for "poor and lepers" supported the inhabitants of a series of at least four leper settlements – one in the main island of Zanzibar, Unguja, and three on the second largest island, Pemba. The "administration" of these settlements during this early period could hardly be categorized as a function of the state. Rather, an uneven combination of local initiative, mission effort, and government funding ensured that lepers remained in semi-isolated communities at Nduni, Fufuni, and elsewhere (ZNA/AB2/341).

What little policy existed regarding leprosy in Zanzibar at this early stage strongly emphasized isolation. Megan Vaughan points out several contributing factors for this in her work on asylums on the mainland. For one, contemporary medical opinion, especially before World War I, favored complete isolation of lepers. Though the home was the easiest place to conveniently isolate lepers from society at large, high rates of transmission within families due to constant physical interaction convinced western practitioners that the only reasonable way of curtailing the disease was for lepers to receive prolonged treatment entirely away from society. As Dr. A. H. Spurrier exhorted Sir Lloyd Mathews in an 1896 letter,

segregation must be absolute and unbroken. . . . The lepers should be made to understand the reason for this segregation and that it is not necessarily permanent—but that until their disease has entered on the non-inoculable stage, that it behoves them to co-operate with efforts being made on their behalf to the utmost that site, way of living, and treatment in the emergencies which occur in

the progress of the disease are all to that end that they should be the sooner set at large—that they are not to be looked upon as disgusting people or paupers but that to serve the best end of the community they should be located by themselves for a time. (ZNA/AB2/341)

This opinion was later abandoned as impracticable, but leprosy would always conjure powerful biblical images of disease and contamination for administrators and Christian missionaries (Cochrane, 1928; Iliffe, 1987, Vaughan, 1991: 77-97). As a result, colonial officials took pains to encourage Zanzibaris to remain within leprosaria to receive treatment. Settlements were made to look like villages, were located on islands or surrounded by fences to diminish inmates' means of escape, and were above all kept out of visible reach of the towns.

Despite Dr. Spurrier's vigorous advocacy for creating a leper settlement in 1896, the protectorate government's policy still remained largely unrealized ten years later. Spurrier had emphasized the advantages of having a single site to which all lepers from both islands could be sent for treatment and isolation, but by 1914 local administrators continued to deal with cases on an ad hoc basis, often with frustrating results. In January 1911, for example, Dr. de Souza of the Medical Department in Pemba complained to his superior of the numerous cases of leprosy being brought to him by one of the *shebas* (local officials). In one case, he found himself particularly in a bind since none of the facilities had readily available housing (inexpensive huts were constructed on an as needed basis) and the man's neighbors had vowed to kill him should he return to the village. Conditions were little better in the established settlements. The same month, Dr. MacDonald reported that over 100 lepers had escaped and were at large throughout Pemba. Like de Souza, MacDonald blamed the lack of proper housing at the leper settlements for the deplorable situation. Interestingly, the only officially chartered and mission-run settlement, on the main island of Unguja, showed little measurable improvement in 1911 from the more arbitrarily administered Pemba camps. In fact, incidents of drunkenness and disorder during 1911 lead the Commandant of Police for Zanzibar to suggest, not without irony, that since impoverished lepers could neither be fined nor incarcerated with healthy prisoners, "the only remedy seems to transfer the whole lot to Pemba at Nduni." (ZNA/AB2/341)

Before we consider the state of affairs at Walezo in the 1910s, however – when the partnership between the protectorate government and the Roman Catholic mission had already been effected – we must turn to consider briefly what interests motivated the missions in the enterprise that they considered their "special province." Both the Universities' Mission to Central Africa (UMCA) and the Roman Catholic mission began work in Zanzibar at roughly the same time. When UMCA bishop George Tozer arrived in 1864 leading a beleaguered group of missionaries whose work near the Ruvuma River had been beset by disease and political conflict, the French mission had already been established on the island for several years. Like many British territories, mission work in the islands predated official colonial entanglements. Both major church structures in the town, the Roman Catholic "Minara Miwili" and the Anglican Christ Church Cathedral,

were begun before protectorate status was imposed upon Zanzibar in 1890. Both had also by the 1890s begun vigorous campaigns promoting education, western medicine and the care of ex-slaves.

In the days preceding the protectorate, the two missions had established slightly different relationships with the ruling Omani dynasty. Zanzibar was and is an overwhelmingly Muslim society, so the primary advantage Sultan Majid al-Busaidi hoped to gain by welcoming the Catholic mission was cultivating the regime's relationship with the small but influential Goan minority in the town. While the Catholics were granted permission to build a hospital and church, they were discouraged from proselytizing. Majid advised the Anglicans along similar lines. Converting Muslims would be viewed as unwanted interference in Zanzibari society, but in the case of the UMCA, the British consul John Kirk put pressure on the Busaidis to welcome the Anglicans. Kirk's presence looms large in early mission documents and his influence as the British representative in island politics was quickly growing, so Majid had little choice but to allow the mission to establish a church and school for ex-slaves. The sultans had little to fear from the UMCA, at least initially. As both the name of the mission and their primary installation at Zanzibar – a Bible college established to train mainland African Christians in the faith in order to carry the gospel back to inland Africa – indicated, the UMCA viewed Zanzibar primarily as a staging area and not an African mission field. Rather than Zanzibaris, UMCA missionaries initially found their churches filled by slaves freed by the British navy in their raids on slave-trading dhows in local waters (Stoner-Eby, 2003).

It was not, then, until after the arrival of British protectorate rule that either of the Christian missions developed more formal relationships with the state. Initially a two-tiered system consisted of the British First Minister, who acted as an official "advisor" to the sultan, and the Consul-General, who represented British interests on the island. But when Sultan Hamoud bin Muhammad died in 1902 and left his young son as successor, the colonialists took the opportunity to extend their influence. Under the colorful A. S. Rogers, appointed regent to young Ali bin Hamoud from 1902 to 1905, they implemented important administrative reforms that later brought Zanzibar more firmly under the control of the Colonial Office and the British Resident (Hollingsworth, 1953). Keen to reduce governmental expenditure and maximize the potential of existing structures, Rogers transformed what were essentially ad hoc arrangements with Roman Catholic and UMCA missionaries, district officials, and local Muslim philanthropists into a 1904 contractual partnership that would divide the responsibilities for the care of paupers and lepers between the Catholic mission and the state.

The contract apparently formed an uneasy pairing from the start. Rogers agreed to construct a modest set of buildings on a designated piece of government property and to pay a lump annual sum out of which the Roman Catholic sisters could care for the physical, medical, and spiritual needs of the inmates. The Catholic mission in return agreed to take over essentially the entire administration of the settlement for

the next 20 years. Initially built near the former royal palace at Mtoni (from which incidentally a large portion of Stone Town's water supply came), however, the settlement had to be moved in 1910 when townspeople learned that the city's spring water came in contact with lepers. Administrators tried explaining that leprosy was not communicable through water, but the stigma was too great. Unwilling to risk general unrest and unsettled by the proximity of Mtoni to the Stone Town, the government decided in that year to move the facility to a new site at Walezo, about 5 miles outside of the town. The Walezo settlement, as we have seen, fared little better. While official reports lauded the efforts of the Catholic sisters working with the extremely poor and lepers, within a few years the Walezo site had also become dysfunctional in ways similar to the more informal arrangements in Pemba. "Tembo"-sellers purveyed local alcoholic brews at the fences that surrounded the encampment, inmates escaped with regularity, and violence prompted calls for a police presence at the settlement. Amid mounting difficulties, the protectorate government openly rued having obligated themselves contractually to the Roman Catholic mission. In one frustrated communiqué to the British Resident, Assistant Chief Secretary Richard Crofton noted, "The agreement was made by Mr. Rogers, I have been informed, when in a state of inebriation, and the mission must, in the past, have done well out of it." (ZNA/AB2/341)

The 1914 state of affairs at Walezo speaks to one of the criticisms leveled at partnerships today – the tendency to lack longevity. The literature on PPPs generally attributes the brevity of partnership situations to inter-organizational differences of opinion and to the disparities between priorities each party places on the methods and results of the partner project. Two pertinent conclusions about the initial partnership between Rogers and the Catholic mission emerge from this observation. On one hand, it seems clear that Rogers expected the Catholic mission to be able to manage the care of the poor and lepers more efficiently than the state. In fact, one official later wrote succinctly, "I think we must look on Walezo as a Social Service of importance and Gov't could not run it as economically or as effectively itself." (ZNA/AB2/342) In this sense, the Walezo partnership closely resembles postcolonial PPPs, which are often billed as ways of improving the efficiency of public-goods delivery without operating in conflict or opposition to the state. PPPs are supposed to allow for a higher level of shared governance and transparency, yet within a constructive rather than conflictual apparatus (Besley & Ghatak, 2001; Saha, 2008). On the other hand, a major component of the state's desire to "outsource" Walezo appears to have been its ambivalence about its own role in charitable work, such as poverty relief and subsidized medical care. This ambivalence becomes more evident as we observe how the relationship between the Catholic (and later UMCA) mission and the state evolved over time.

Changes to the relationship, which initially formed when the two parties' goals for the project coalesced, revolved around two fault lines. First, how did the parties define the "deserving" and the "undeserving" poor; and second, how did each party understand the roles of state and society in providing for the poor? The first of these fault lines did not pose a problem for the Walezo project until the post-World War II period, when colonial commitments to public programs in Zanzibar shifted radically

from what the early protectorate government would have conceived necessary. Both the mission and the state accepted that deserving poor were those too feeble to be able to support themselves. Additionally, the two parties seem to have come to the consensus in 1904 that caring for the poor, deserving or otherwise, was a private concern, not a public obligation. Official discussions of the leper settlement emphasize *not* the obligation of the state toward the patients at Walezo, but rather their obligation to prevent further outbreaks of the disease – what amounts to a social obligation to the Stone Town, even if at the expense of the comfort of individual lepers. In this sense, Walezo reflected a continent-wide British commitment to the eradication of leprosy over the individual interests or comfort of lepers (Iliffe, 1987). In other words, the conflict that led officials to remove the settlement from Walezo had less to do with their concern for the proper care of the lepers and more to do with debates over the merits of isolation and segregation. But official adherence to a doctrine of private provision of “charitable” services waned over the quarter-century after the signing of the Walezo agreement. In the interwar years and beyond, champions of the British Empire began publicizing their commitment to the welfare of the colonies (Manton, 2012). As this shift occurred, and as officials in Zanzibar debated whether or not to move the settlement *back* to Walezo, the way the inmates experienced life in leper settlements would loom ever larger. When the relationship between public and private commitments began to change, so did the nature of the partnership, and with that came tensions in the relationship between the state and the missions.

There and Back Again: Funzi Island and the UMCA experiment

After several rounds of deliberations between 1914 and 1918, interrupted by the First World War, the British administration decided to move the leper settlement to the island of Funzi, a small piece of land just off the coast of Pemba. The Funzi project had been in the pipeline since 1908, the initial intent being to combine the three or four remaining camps in Pemba at one central site close to the main town of Chake Chake. In the meantime, however, growing government dissatisfaction with the Catholic mission’s handling of affairs on Unguja prompted a reconsideration of the original scheme. Convinced that a greater level of containment was necessary, the legislative council promulgated a Leprosy Ordinance for Zanzibar in 1913 which made the isolation of reported leprosy cases mandatory. Although the law was never fully implemented and was eventually repealed, by 1918 the government had decided to contract out the leper settlement at Funzi to the UMCA. As it had done at Walezo, the protectorate would buy Funzi Island and build a modest encampment, and the UMCA would tend to the daily needs of lepers. Two female missionaries were charged with attending the patients, living at Funzi for roughly five days out of the week and traveling to Pemba or the mainland on the weekends (ZNA/AB2/339,341).

The arrangement at Funzi lasted slightly longer than the original Walezo agreement, from 1918 to 1934, during which time the settlement consistently averaged between 100 and 150 lepers. With natural boundaries to discourage escape, a community environment in which to work and worship, regular treatment, and the

expectation of eventual return to one's home, the administration hoped that Funzi would model a kind of convalescence that Walezo, with its wire fences, could not.³ Yet by 1934, when the head of the medical department of Zanzibar decided to close the facility, he described it simply as "a dreadful place." That same year, the UMCA bishop of Zanzibar complained to the administration that he feared for his two missionaries on the island. One of the inmates, he had heard, was so desperate to leave the settlement that he had almost committed suicide and was threatening the two nurses. The decision to shut down Funzi and to allow mainland Africans to return to their homes (it had begun in the intervening period receiving lepers from the mainland) was met with nearly universal jubilation among the inhabitants of the settlement (ZNA/AB2/339).

What had made the settlement at Funzi a failure, both in eradicating leprosy and in creating a meaningful environment for healing people? To answer this question we must examine the experiences of lepers themselves, a subject which is notoriously difficult to investigate from the colonial sources (Silla, 1998; Vongsathorn, 2012). We can draw a number of conclusions from the records. First, individuals sent to Walezo and Funzi were most often those in whom disease and poverty had coalesced. This reality not only reflected the British picture of the "deserving poor," but also the general tendency for leprosy to afflict poorer and more rural populations (Iliffe, 1987: 214-15). Even without the painful injections and squalid living environs common to all African leper settlements, the combination of poverty and disease made for 'pathetic' conditions in the camps, as Iliffe observes. Second, several cases in which colonial officials recorded the reactions elicited by the islands' residents toward lepers illustrate their place in local society. For one, local townspeople appear to have taken initiative to remove leprous individuals from their communities. British officials claimed that Zanzibaris were much more attuned to spotting a leper than were Europeans, and since *shebas* bore the responsibility of reporting leprosy cases, at least some locals took an active role in the process of identification and confinement. And as the case related earlier from Dr. de Souza's correspondence shows, some lepers were shunned or threatened severely should they attempt to return to their homes.

Yet the reports contain an apparent contradiction. In 1911, over a hundred reported lepers were being sheltered by local communities to such a degree that the writer complains

these lepers live with and are in daily contact with their friends eating and drinking from the same utensils, bathing in the same places, often wearing the same clothes and sleeping together—food and other articles sold to the public are often handled by them. It is not therefore difficult now to account for the reputed increase in leprosy. (ZNA/AB2/341)

³ Both Megan Vaughan (1991) and Kathleen Vongsathorn (2012b) argue that despite efforts on the part of missionaries to make leper settlements a kind of home away from home, they met with limited success in creating new subjectivities for lepers. Leper got mixed messages—while settlements were supposed to be places of convalescence, many lepers remained there for decades, if not for life.

How do we account for these contradictory images of how leprosy was stigmatized in Zanzibari society? While no study of leprosy in Swahili communities has yet been undertaken⁴, social and cultural responses to leprosy in Zanzibar do resemble those in some other African societies at the time. These responses varied from place to place, but as Eric Silla observed in his study of Malian communities, the most common reaction by lepers to their condition was shame (Iliffe, 1987; Silla, 1998: 62-67). Vongsathorn further notes that shame was caused not because communities blamed lepers for the disease – in fact, Africans often understood leprosy to be the hand of God or of sorcery, not the fault of the patient – but rather because of the condition of the disease itself (2012b). In Zanzibar, being sent to Walezo had lingering connotations of shame. For example, when in 1914 the Wakf Commissioners of Zanzibar suggested that a local supporter of the British regime – who had been unable to work after sustaining injuries from the 1896 bombardment of the palace – go to Walezo to receive relief from his poverty, the man adamantly refused (ZNA/HD10/16). Walezo by that time had become associated with the very poorest members of society, tuberculosis patients, and lepers. The man protested until the protectorate agreed to assign him another form of livelihood.

In short, lepers inhabited an ambiguous place in Zanzibari society. The stigma of the disease was sufficiently strong that some advanced patients feared for their physical life. The British interpreted this response as African misunderstanding about the communicability of the disease. In fact, nowhere do the medical records indicate that colonial officials took any appreciable interest in how African culture perceived the causes of the disease. Thus we have little historical data for Zanzibar on which to base an accurate portrayal of how locals interpreted the causes and cures of leprosy. On the other hand, mild cases seem not to have always affected relationships between lepers and their family and peers, as colonial apprehensions about the risks of spreading contamination colorfully illustrate. This level of social ambiguity must have created a confusing situation for lepers. While settlements in Zanzibar followed the well-established “village” pattern described by Vaughan, which was intended to create a new kind of subjectivity around one’s leper identity, time after time the colonial state was forced to conduct campaigns to bring lepers back into the settlements or enact drastic measures to get them not to leave (Iliffe, 1987). While the hope of treatment may have lured lepers at times to seek western medical attention (Kalusa, 2012), the impulse to seek comfort from one’s family and closest friends was equally strong, despite sometimes severe social pressure from the wider local community.

⁴ This lacuna may be attributable to the comparatively low incidence of leprosy along the coast. Archival material reports that there were never more than about 150 residents at any of Zanzibar’s installations, compared to estimates from South Africa in the thousands and Nigeria in the tens of thousands (Iliffe, 1987: 220ff). Cochrane himself, in his 1928 study of the disease in Africa, similarly downplayed the severity of the disease in Zanzibar compared to some of its close neighbors, specifically Uganda (Cochrane, 1928).

In this context, observations like DMSS Webb's that Funzi was a dreadful place make more sense. On one hand, colonialists and medical officers stressed the temporariness of the leper's situation – that eventually when their condition was sufficiently in remission, they could again occupy their place in society. On the other, the missionaries actually running the settlements were intent on a different vision for their subjects – the creation of new (and presumably Christian) villages whose tribal affiliations had shifted from their home villages to their new homes. It is in the intervening space between these two visions that the lepers of Funzi actually lived, often in great physical, social, and cultural misery. And it is in this space that we see the disconnect that fated the partnership between the protectorate government and the UMCA to failure. After only 16 years, the administration used the renewal of its contract with the Catholic mission (which had in the meantime retained its function as a pauper settlement) to once again move the leper settlement. This time the Pemba and Zanzibar lepers were relocated back at an expanded Walezo facility, and the mainland lepers were allowed to go to their homes. At the time of writing in 2012, Walezo still existed, was still administered by the Catholic mission in Zanzibar – and its relationships with the state and with other NGOs concerned with public health had undoubtedly changed. Leprosy remains an active concern in Zanzibar, as do partnerships between the state and NGOs who are so active in political and social life on the island (Yussuf, 2012; ZHMIS, 2012).

Conclusion

As we have suggested above, the 1934 move back to Walezo represented a shift in the relationship between the Catholic and UMCA missions and the state. Gone were the days of the ad hoc relationships created by A.S. Rogers and the early protectorate administration, in which the mission had broad latitude to deal with lepers as it pleased so long as it provided the service to the state in an efficient manner. In the mid-war and post-World War II period, the Medical Department in Zanzibar took a more active role in the day-to-day administration of the settlement, though the Catholic sisters still lived at the site and cared for the patients. This shift coincided with empire-wide changes in philosophy about the nature of British rule in Africa. Greater investment in social services and public goods redefined the relationships between the state and the missions in Zanzibar.

As this article has argued, sometimes the social space created by these historically contingent relationships had significant impact on Zanzibari lives. It has been my contention throughout this paper that moments of partnership between the state – or individual state actors – and missions – or individual mission actors – offer insights into the variegated terrain of relationships between colonialists and missionaries. I have also argued that the interstices of these relationships, the gaps in which disparate values created cultural confusion and halted the smooth operation of organizations, also generated social situations to which Zanzibaris were forced to adapt. In the extensive literature on colonial Africa, and on health and healing in Africa more specifically, missionaries and colonialists occupy a significant role. It is tempting at times to see in

these narratives a monolithic colonial project, bent on the domination and recreation of African subjectivities. Yet both missions and colonial states were rarely, if ever, able to impose their agenda on the people among whom they worked (Kalusa, 2012). At other times, it is tempting to toggle between the role of the state and the role of missions in the colonial situation without engaging the intersection of the two (Vongsathorn, 2012a). But as this paper has shown, when we avoid either of these poles –when we view them as separate actors within the same narrative, we gain a clearer perspective about how the complexities of the European communities that lived in Africa affected the history of the places where they chose to settle or serve.

The postcolonial move *toward* private provision of public goods also represents an inversion of shifts happening during the mid-20th century. Without renouncing the state’s responsibility to provide services, the literature on PPPs has suggested that contemporary governments might usefully engage in PPPs to provide greater transparency and increase efficiency (Bettignies & Ross, 2004). Some scholars stress the importance of NGOs’ capacity to encourage participatory governance, but others speculate that the rapid proliferation of NGOs in the 1990s led to mistrust between African states and the private sector (Saha, 2008; Ogbaharya, 2008; Mercer, 1999). Thus, as Mercer puts it, “while NGOs are essentially *non*-governmental actors, national governments set the context within which they must work and be effective.” It follows, then, that the way in which postcolonial African states developed, how successfully civil society has operated, and the relative priorities of governments and NGOs in specific countries will all impinge on the success with which partnerships may be employed. Nevertheless, historical models of public-private partnership, such as the project at Welezo and others, offer examples of their potential and pitfalls. Taking into account the dynamics of power, the risks and rewards of interpersonal partnership and the need for cultural understanding all increase the chances of success of these “innovative” structures.

REFERENCES

Archival Sources:

Zanzibar National Archives Files:

AB 2/339	Leper Settlement at Welezo
AB 2/341	Segregation of Lepers
AB 2/342	Maintenance of the Poor by the R.C. Mission at Welezo
AB 9/14	Establishment of the Government Poor Fund for Swahilis
HD 10/16	Miscellaneous: Relief to Vagrants

Secondary Sources:

- Besley, T. & Ghatak, M. "Government versus Private Ownership of Public Goods." *Quarterly Journal of Economics* 116(2001): 1343–1372.
- Bettignies, J. & Ross, T., "The Economics of Public-Private Partnerships." *Canadian Public Policy* 30(2004): 135–154.
- Bissell, W.C., *Urban Design, Chaos, and Colonial Power in Zanzibar*. Bloomington: Indiana University Press, 2010.
- Cochrane, R., *Leprosy in Europe, the middle and near East, and Africa*. London: World Dominion Press, 1928.
- De Waal, A., "What's new in the 'New Partnership for Africa's Development.'" *International Affairs* 78(2008): 463–75.
- Hollingsworth, L., *Zanzibar under the Foreign Office, 1890-1913*. London: Macmillan & Co, 1953.
- Iiffe, J., 1987. *The African Poor: a History*. New York: Cambridge University Press.
- Kalusa, W., "Christian Medical Discourse and Praxis on the Imperial Frontier: Explaining the Popularity of Missionary Medicine in Mwinilunga District, Zambia, 1906-1935." In *The Spiritual in the Secular: Missionaries and Knowledge about Africa*. Ed. by Patrick Harries & David Maxwell. Grand Rapids: MI, William B. Eerdmans, 2012.
- Mantor, J., "Mission, Clinic and Laboratory: Curing Leprosy in Nigeria, 1945-1967." In *The Spiritual in the Secular: Missionaries and Knowledge about Africa*. Ed. by Patrick Harries & David Maxwell. Grand Rapids: MI, William B. Eerdmans, 2012.
- "Global and local contexts: the Northern Ogoja Leprosy Scheme, Nigeria, 1945-1960." *História, Ciência, Saúde—Manguinhos* 10(2003), suppl.1: 209–223.
- Maxwell, S. & Christiansen, K. "'Negotiation as simultaneous equation': building a new partnership with Africa." *International Affairs* 78(2008): 477–491.
- Mercer, C., "Reconceptualizing state-society relations in Tanzania: are NGOs 'making a difference'?" *Area* 31(1999): 247–258.
- Ogbaharya, D., "(Re-)building governance in post-conflict Africa: the role of the state and informal institutions." *Development in Practice* 18(2008): 395-402.
- Pouwels, R., *Horn and Crescent: Cultural Change and traditional Islam on the East African coast, 800-1900*. New York: Cambridge University Press, 1987.
- Saha, J., "Reducing poverty in sub-Saharan Africa: the need for participatory governance." *Development in Practice* 18 (2008): 267-272
- Shankar, S., "Medical Missionaries and Modernizing Emirs in Colonial Hausaland." *Journal of African History* 48(2007): 45–68.
- Silla, E., *People are Not the Same: Leprosy and Identity in Twentieth-Century Mali*. Oxford: James Currey, 1998.

- Stoner-Eby, A., "African Leaders Engage Mission Christianity: Anglicans in Tanzania 1876-1926." Unpublished PhD dissertation, University of Pennsylvania, 2003.
- Vongsathorn, K., "First and foremost the evangelist? Mission and government priorities for the treatment of leprosy in Uganda, 1927-48." *Journal of Eastern African Studies* 6(2012): 544–560.
- "Things that Matter: Catholic and Protestant Approaches to Leprosy Settlements in Uganda, 1929-1951." Unpublished PhD dissertation, Oxford University, 2012.
- Vaughan, M., *Curing their Ills: Colonial Power and African Illness*. Stanford: Stanford University Press, 1991.
- Yussuf, I., "Dubious NGOs face music in Zanzibar." *Daily News*, 31 January 2012.
- ZHMIS, 2012. "Tuberculosis and Leprosy—2011."
<http://41.73.201.42/hmisnews/?p=1511>