

Remaking Citizenship, Unmaking Marginalization: New Social Movements in Post-Apartheid South Africa¹

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I. Introduction

The transition to democracy in South Africa during the 1990s marked an important moment in the development of the global trend towards democratization. For many, South Africa's negotiations to democracy represented the new post-Cold War age of "deliberative" consensus. Since South Africa's transition was relatively peaceful and successful in ushering in liberal democratic institutions, it has signaled societal integration as opposed to the kind of cultural and collective disintegration that has come as a result of the resurgence of ethnic nationalist and cultural separatisms in other parts of the world. But mostly, South Africa's new democratic politics has been notable for the way in which its liberal framework has been undermined by the consequences of widespread political and economic marginalization, as well as by the claims of patriarchal traditional leaders. While the majority of people's legal status is assured, their experience of citizenship is ambiguous. They often remain excluded from effective economic and political participation. If South Africa's new democracy speaks to anything, it is to the uneasy intertwining of democracy and marginalization. It is in this broader nexus of democracy and marginalization that new forms of citizen participation are emerging amongst South Africa's poor. While some of these initiatives focus on strengthening existing liberal democratic institutions, others involve forms of participation aimed at creating new interfaces between marginalized people and the institutions that affect their lives, particularly those of the state. While some of these recent forms of participation are created through the intervention of

external actors such as donors or the state , others are spaces which poor people create themselves. In some cases, they are challenging existing institutions at the level of the local state. In other cases, they are laying the foundations for new institutions aimed at mediating the relationship between marginalized people and the state. Emerging social movements are taking a leading role in laying the foundations for new, “middle-level” institutions capable of representing the demands of marginalized people to the state.

This paper focuses on innovative forms of citizen participation promoted by two Cape Town based non-governmental organizations (NGOs) involved in struggles over land, housing and AIDS treatment. The organizations are 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 the Slum Dwellers International (SDI), which is based in fourteen countries and including cities such as Bombay, Calcutta, Nairobi, Bangkok, Karachi and Bogota. Both organizations are facilitating forms of citizen -participation in multiple sites, ranging from intermediary institutions that serve as an interface between the state and the poor, to more transient, non-institutional forms of participation in spaces created by marginalized people themselves. Supported by these NGOs, people find themselves able to act more independently of the state and to challenge it. (Cornwall 2002, 20). Our paper argues that as participatory spaces are more often *shaped by* poor people themselves than *offered by* outside actors, they have the potential for far-reaching challenges to political marginalization. [In the body of the paper, you argue that the SAHPF had very little long-term success in this regard. Thus the claim made here may be unconvincing to readers given the argument that the paper itself later presents.]

II. The Treatment Action Campaign: Contesting Multiple Public Spaces²

The struggle for access to treatment for people living with HIV/AIDS is also a story about new forms of citizenship. It is an account of the ways in which new political spaces for citizenship appear to widen as “new democratic experiments meet with and transform older forms of governance” (Cornwall 2004: 1). The TAC has traversed conventional political boundaries by waging battles in the courts and in the streets simultaneously. While most TAC campaigns are issue-based, often composed of transient interventions characterized more by their intensity than by their durability, these interventions serve to build and sustain the movement’s entry into more regularised and institutional spaces.

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 HIV/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 the disease. At that stage, it was generally assumed that anti-AIDS drugs were beyond the reach of all developing countries, condemning ninety per cent of the world’s HIV-positive population to a painful and inevitable death. By July 2004, an estimated twenty million people had died of AIDS and more than thirty-eight million were infected with HIV.³ Ninety percent of those with HIV and AIDS live in the Third World, of which seventy per cent, an estimated twenty-seven million people, are African. 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 would have died of AIDS-related illnesses.⁴ The 2002

UNAIDS report revealed overall HIV/AIDS ~~AIDS~~ rates in South Africa at 20.1%; that 64.3% of South African men treated for sexually transmitted diseases tested HIV-positive; the predicted number of deaths among 15-to-34 year old South Africans was seventeen times higher than it would have been without the disease; and one South African in nine – five million people – were already infected or ill with HIV/AIDS; and 24.8% of pregnant women tested HIV-positive at government facilities in 2001.⁵

Soon after its establishment in 1998, 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, 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, PMA withdrew its case, having calculated the damage that adverse publicity they were receiving as a result of 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 TAC's struggles focused on specifically South African issues. These efforts included attempts to hold the Minister of Health accountable for the government's faltering response to the crisis and to protect the independence of institutions such as the Medical Research Council (MRC) and the Medicines Control Council (MCC).⁶

A second issue that preoccupied TAC and health professional 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 the parliamentary opposition. 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 huge impact and alarming incidence of HIV/AIDS on the South African population, and that concluded that it made both economic and medical sense to provide Nevirapine to HIV-positive mothers as part of a national prevention of mother-to-child-transmission (PMTCT) programme.⁷ Economists also produced findings that demonstrated that a national AIDS treatment programme would be more cost effective than simply treating opportunistic infections and thereby **burdening increasing** an already seriously overstrained public health system.

Drawing on such studies, TAC became highly visible in its challenge to the government's stonewalling on effective AIDS treatment policies. Along with the media, health professionals and civil society organisations, TAC activists highlighted what was widely perceived to be direct government interference and manipulation of AIDS research findings and the workings of regulatory bodies such as the Medicines Control Council (MCC), the body responsible for the registration of drugs. By drawing attention to these threats to independent medical science in South Africa, TAC was also simultaneously creating the political and discursive space for the emergence of new claims and expressions of health citizenship.

TAC's role in expanding legal spaces for effective citizenship became clear in December 2001, when its legal representatives 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.⁸ 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 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 the one side, and government and the ANC on the other.

TAC's interventions promoted growth in its grassroots support-base, and helped turn it into a multi-class and multi-racial social movement. In addition to occupying new legal spaces, TAC engaged in widely publicised acts of 'civil disobedience' that played a central role in providing new visibility and innovative forms of organisation. The charismatic leadership of TAC's founder, Zackie Achmat, became the public face of the movement. Achmat was the key figure in TAC's international campaigns, for example by illegally bringing generic antiretroviral (ARV) drugs into South Africa. Achmat, who is himself HIV-positive, also increased TAC's international and national profile by refusing to take ARVs until these were freely available in public health facilities in South Africa. The Christopher Moraka Defiance Campaign was perhaps a defining moment in TAC's history. It began in July 2000, after the death of HIV-positive TAC volunteer Christopher Moraka. 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. The Moraka Defiance Campaign culminated in the PMA deciding to withdraw its legal challenge to the 1997 Medicines and Related Substances Act, legislation that allowed the South African government to reduce the prices of essential medicines.

TAC activists ~~have always~~ stressed that grassroots mobilization ~~was~~ is the key to ~~the~~ their success. However, these grassroots campaigns have also been accompanied

by transnational advocacy and networking, intensive lobbying with national, provincial and local government officials, as well as litigation in the Constitutional Court and elsewhere. It would seem that these are complementary modes and sites of activism. [A counter argument is that TAC's success is based on its three pronged strategy: private lobbying with government officials; legal action in the Constitutional Court and elsewhere; and mass mobilisation and public demonstrations.]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 townships of the major urban centres. It became clear quite early on that by far the majority of TAC volunteers were working-class township youth and unemployed African women. Many of the women were HIV-positive mothers desperate to access life-saving drugs for themselves and their children, often in contexts where they experience hostility and rejection from their communities, friends, and families. As a TAC organiser noted, it was these unemployed women who had the most time on their hands and were therefore available for recruitment into TAC's campaigns. Perhaps the most important reason for the successes of TAC's grassroots mobilization has been its capacity to provide these poor and unemployed HIV-positive mothers with hope and support.

TAC organised across a broad front that spanned the country's racial and class divisions: working class township youth and the unemployed, the trade unions, black and white middle class business professionals, health professionals, scientists, the media, and many other ordinary South African citizens. In this way, TAC was able to open spaces for a remarkable democratic discourse of health citizenship. These interventions helped to give previously powerless people political agency and

encouraged women to assert control of their own lives and bodies. In doing so, they challenged traditional patriarchal ideas and practices that conspired to make it difficult for African women to access HIV-testing facilities and prevention of mother-to-child-transmission (PMTCT) programmes (Robins 2004forthcoming). These strategies also involved challenging widespread beliefs, such as -that AIDS was really the work of witchcraft-~~(idlise)~~; they confronted the conspiracy of silence around the disease, attacked the AIDS stigma attached to those infected with HIV, and stood up to the discrimination and denial that created obstacles to treatment. HIV treatment clinics, especially the Médecines Sans Frontiers (MSF) and TAC ARV treatment programmes in Khayelitsha, Cape Town and Lusikisiki, Eastern Cape Province, became key sites for these locally situated interventions. AIDS TAC, together with MSF, is simultaneously a service provider for people living with AIDS; [The key point to reinforce here is that TAC is simultaneously a service provider for the HIV positive, a social movement aiming to raise political consciousness, leverage access to state resources- and increase the scientific and medical knowledge at the disposal of among the HIV-positive poor, and a political reform movement and illness-based special interest group operating within the legal and political system on behalf of its membership and the broader South African population.siek-poor more generally]

— TAC campaigns also clashed with what was widely perceived to be state attempts to centralise control over scientific institutions such as the MRC and MCC. In many respects, TRC has drawn on the anti-apartheid movement's highly effective use of the courts to challenge racist state policies. During the apartheid period, legal challenges took place alongside mass protests and attempts to render the townships ungovernable. Geoff Budlender, TAC's lawyer from the Legal Resource Centre, an organisation that was extremely effective in challenging state policies during the

apartheid era,⁷ noted that during the course of TAC's mobilization around the court cases against the PMA and government, the boundaries between the courtroom and 'the streets' became very porous indeed. Budlender argues that 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 its demonstrations, press conferences, and acts of civil disobedience. The organisation was also able to achieve extraordinary media visibility and shape public opinion through highly creative networking and media imaging; they were able to produce passion and political drama in the midst of dry and tedious constitutional law wrangling. TAC achieved this result through ~~extremely effective~~ civic action that transcended race, class, educational and occupational divides.

The grassroots public visibility of TAC, along with South African and international moral pressure, exerted through the media, may have influenced the High Court and Constitutional Court decisions in TAC's favour. Marches, demonstrations, press conferences, petitions, defiance campaigns and the like made permeable the boundary, and interconnections between the courts, the streets, and local and global public spheres. They also point to the need to develop strategic and multiple relations with the state. For example, in the Western Cape Province TAC developed very good relations with senior ANC health officials at local government and provincial levels. It is also believed that TAC had significant privately expressed support from a number of members of President Mbeki's Cabinet.~~[what evidence is there that the court's decision was influenced by these mass demonstrations; please cite your sources]~~

TAC has been involved in creating a new post-apartheid politics of strategic engagement, partnership and negotiation. Its political style can best be described as

strategic and critical engagement with "the state": at one point TAC sided with the government in litigation against 'profiteering' international pharmaceutical companies; it then took Pretoria to court for dragging its feet on implementing PMTCT and ARV programmes; and more recently it has offered its full support to the government once it decided belatedly to implement treatment PMTCT and ARV 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 (Robins 2003). When necessary, however, TAC has not hesitated to use the Constitution to challenge the ANC which was its principal author.

~~Like the latter organizations,~~ 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. TAC has also engaged the state by pressing for inclusion in deliberative institutions such as the National Economic Development and Labour Council (NEDLAC), as a means to extend its influence with government, business, and labour.⁹ It is this capacity to develop a situationally framed politics shaped by shifting social and political realities that allowed TAC to escape the cul-de-sac of binary political logics.

Despite conscious efforts to avoid being seen to be 'anti-government', TAC's criticism of President Mbeki's support for AIDS dissidents created dilemmas and difficulties in terms of its grassroots mobilization programmes. By opposing the President's views on AIDS, TAC activists opened themselves to government propaganda that threatened their popular support. They were publicly accused by government apologists of being "unpatriotic," "anti-African" and even salespersons of the international pharmaceutical industry. Despite these attempts to label TAC as

an anti-government NGO with an anti-ANC agenda, the organisation developed ways of defending its credibility. It did this through a variety of strategies, including workshops, treatment literacy programmes, and public meetings. Yet the leadership never allowed relations with government to degenerate into a binary opposition of “us” and “them.” For example, Zackie Achmat repeatedly reminded South Africans that he, and most of the rank-and-file TAC membership, remained a loyal member of the ANC. In addition, TAC’s approach has been ~~The idea was~~ to confront the state when necessary but to look for grounds to praise and support it whenever opportunities presented themselves. ~~y offered~~. When the Mbeki government announced ~~belatedly~~ in ~~October~~ November 2003 its intention to roll out at national programme to deliver antiretroviral therapies to all those who needed them, TAC immediately offered assistance with implementation. ~~Earlier, it stepped forward in the same way when the courts forced the health department to reverse itself and supply the antiretroviral drug, nevirapine, to pregnant women in PMTCT programmes.~~

TAC’s locally-situated understanding of cultural politics is largely a result of the experiences of TAC leadership who cut their activist teeth during the anti-apartheid ~~raeial~~ struggles of the 1980s. TAC’s grassroots mobilization has been through songs at marches, demonstrations and funerals, and the regular press releases and conferences, website information dissemination, television documentaries, and national and international networking. This new politics is a sophisticated refashioning of 1980s anti-apartheid activism, and uses the courts, the media, local and transnational advocacy networks, along with grassroots mobilization and skilful negotiations with the State. It bears more than a family resemblance to the pragmatic political style of the black labour movement and the anti-apartheid coalition, the United Democratic Front, during the struggles of the eighties. It also resembles the

globally connected new social movements (NSMs) that have emerged in many parts of the world in recent years (Cohen and Rai, 2000).

III. AIDS Treatment

TAC is also engaging the state through its own involvement in state-run institutions. In its attempt to mobilize support it is increasingly struggling for the opening up and democratization of state institutions such as schools and clinics. For instance, the TAC-supported MSF AIDS treatment units in Khayelitsha and Lusikisiki are located within state clinics where they have had a significant impact in breaking through the socio-cultural barriers of AIDS denial and stigma. In this sense TAC and MSF are engaged in attempts to disseminate the politics of rights and health citizenship into the institutional fabric of society. In 2004 during its 'Right to Know Campaign', TAC took the government to court because the Department of Health had failed to publicly release full details of its national treatment plan and ARV 'rollout' timetables and targets. It was through such actions that TAC assumed the role of a civic watchdog agency.

___The aim of these initiatives is has been to transform practices in these institutions and to bring these institutions closer to the people. TAC's regional offices and local branches also work closely with community-based organizations in their area so that they are able to create links with state-run local clinics. The organization ~~is now~~ train~~ing~~ AIDS councilors and treatment literacy practitioners (TLPs) and ~~is carry~~ing~~~~ out audits of clinics and hospitals that ~~which~~ are running PMTCT and ARV programmes. TAC's local branches also do a lot of door-to-door mobilization. In August 2002 TAC launched a campaign to have the local clinic in Nyanga, one of the more impoverished sections of Cape Town's townships, opened for five, instead of two, days a week. TAC activists recognize that these local, institutional spaces are not

transient, and that they provide important sites for engagement with the local state. The organization is an example of a new social movement that has constructed its own arena of action in multiple spaces. Its strength as a social movement lies in its capacity to mobilize the poor in a variety of spaces, ranging from regularized institutions which serve as an interface between people and governmental authorities of various kinds, to more transient methods such as one-off campaigns aimed at opening up deliberation over policies.

TAC's campaigns have expanded the legitimacy of civil-society-led participation. They have also enlarged –deliberation in the public sphere to include new discourses of citizenship. TAC activism shares certain similarities with identity-based illness movements elsewhere in the world (Epstein 1996; Petryna 2002).¹ Concepts such as biological citizenship (Petyna 2002) speak to a range of illness-based movements that have mobilised around nuclear radiation, breast cancer, psychiatric illnesses and HIV/AIDS. As was mentioned earlier, “lay expertification” (Epstein 1996) and “citizen science” (Irwin 1995) are increasingly used to describe citizen responses to unpredictable and poorly managed health and environmental hazards. These developments are linked to what Ulrich Beck refers to as “risk society.” For Beck, who is writing specifically about the advanced capitalist countries of the West, citizens have become increasingly sceptical and distrustful of scientists and the scientific findings produced by governments and business. It is within this context that “citizen science” (Irwin 1995), “expertification from below” and the making of biological citizens is taking place.

¹ Epstein, S. 1996. *Impure science. AIDS, activism, and the politics of knowledge*. Berkeley: University of California Press. Petryna, P. 2002. *Life exposed. Biological citizens after Chernobyl*. Princeton: Princeton University Press. Irwin, A. 1995, *Citizen Science: A Study of People, Expertise and Sustainable Development*. London & New York: Routledge. Beck, U. 1992. *Risk Society: towards a new modernity*. London & New Delhi: Sage.

While the linking of biology and health to identity is certainly not new, what is new are the ways in which biological identities, and the interest groups formed in their name, are emerging in different parts of the world (Petryna 2002:14). These movements have important implications in terms of extending liberal democratic notions of citizenship. In South Africa, for example, there has been a recent call for public health experts for a “new contract” between provider and client (see Coetzee and Schneider 2004). The advocates of this contract suggest that the passive and paternalistic surveillance model of direct observation therapy (DOT) TB treatment is not a viable solution for life-long ARV treatment. Instead what is needed, they argue, is a highly motivated, “responsibilised” and knowledgeable client with HIV/AIDS.

Drawing on the successes of MSF treatment programmes and TAC treatment literacy campaigns in Khayelitsha and Lusikisiki, public health professionals have called for the creation of an empowered citizenry with high levels of understanding of AIDS issues reinforced by community advocacy and mobilisation processes that promote the rights of people living with HIV/AIDS.² According to the David Coetzee and Helen Schneider (2004), a “public health revolution” that overcomes this culture of public health paternalism is necessary if ART is to succeed. Clearly, TAC’s approach could inspire such a ‘revolution.’

Future challenges for the organization lie in consolidating past gains and ‘deepening democracy’ (Appadurai 2002b) among its members and the broader South African society. These challenges are becoming particularly evident as ARV programmes are launched in rural areas characterized by chronic poverty and marginalization and where there has been little AIDS activism and social

² South African Medical Journal (SAMJ) October 2003, Vol. 93, No.10. Dr. Andrew Boule of the University of Cape Town Department of Public Health recently drew my attention to the Coetzee and

mobilization. It is in these large, remote and underserviced areas, many of them in the former bantustans, that the socio-cultural obstacles to AIDS treatment are most pronounced. It is here that TAC's brand of AIDS activism and social mobilization could make the difference between life and death but may be most difficult to mount and sustain.

Schneider editorial. We are currently working on a co-authored paper exploring the implications of this rights-based approach for public health delivery.

IV. The South African Homeless People's Federation: Fleeting Formations and Deepening Citizenship

The South African Homeless Peoples Federation (SAHPF) was formed in 1991 and comprises over 100,000 members, of whom more than 85 000 are women. It is supported by People's Dialogue (PD), a Cape Town-based NGO,¹⁰ and is an affiliate of the Slum Dwellers International (SDI), a global network of poor peoples' organizations from fourteen countries of the South. SDI affiliates range in size from a few hundred in Zambia to more than 1.5 million in India.¹¹ The network comprises community organizations that are linked to NGOs and groupings of professionals who support Federation initiatives. SDI affiliates work primarily with women, most of them in the broad category of the urban poor. . In South Africa, the SAHPF's activities include facilitating access to land, housing, infrastructure, finance, employment, and income generation projects. The stated objective 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 organized communities of the urban poor assume their rightful place as development actors."¹²

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, the People's Dialogue and SAHPF promote daily savings as a "" that produces high levels of participation and mutual interaction between Federation members – these daily encounters are perceived to be the "social glue" that binds communities. The rituals of the savings schemes facilitate face-to-face encounters between members on a daily basis. In the process of soliciting and

recording these ‘micro-loans’, Federation members get to learn about each others financial and household situations and predicaments, and this can create the conditions for connectivities and the building up of social capital. ~~explain how these schemes operate~~. As a SAHPF member from Phillipi, Cape Town told us in an interview in July 2002:

We are doing the daily savings not only to collect money but to collect the lives of the people. We do this so that they can know what is happening next door, what is happening today and tomorrow, how can I help, how can we involve each other daily.

It is these daily interactions, along with ~~the~~ ‘horizontal exchanges’ - i.e., visits to counterparts belonging to other Federations - ~~what are these?~~ 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 merely houses. SDI’s approach to social capital and community building revolves around its overwhelmingly female membership. The SAHPF focuses on women precisely because they are generally the managers of poor households, the primary sphere of social reproduction. Joel Bolnick, PD Director and founder summed up this approach in an interview conducted in Observatory, Cape Town in July 2002:

The language of the Federation is saturated with [social capital] imagery: ‘We build houses in order to build people’; ‘we don’t collect money, we collect people’. That is all over the show.

In addition, through investing limited funds, members have a material stake in their organization and its decision-making. Not only do daily savings encourage regular interaction but they also create a space for women to exercise leadership and take responsibility in informal settlements that tend to be dominated by patriarchal local structures. This programme is also meant to shift the balance of power and expert knowledge from technocratic and hierarchical state structures to the local and decentralised Federations. Savings and loan schemes [explain how these schemes work; how successful have they been; by what measures?] also enable the SAHPF and its branches to develop capacity to manage and control finance 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 [what are these?])~~, methods for locating vacant land through physical mapping and visits to the deeds offices, and the development of negotiating skills in order to secure land from the state. The enumeration activities aim to create information about the number of houses and households, levels of unemployment and so on in order to use these locally generated statistics to lobby and leverage access to state resources. SDI and SAHPF recognise that state practices such as surveys and censuses can facilitate Foucaudian-type surveillance and social control strategies but they can also counter the invisibility and illegibility of the poor in relation to state welfare and developmental programmes (Scott 1998).³

~~These~~ activities such as community self-enumeration are deliberately framed as public performances to demonstrate local competence and innovation. This approach has a number of purposes including posing a challenge to existing class cultures and

³ J. Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*

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).¹³ Horizontal exchange is perhaps one of the most important of these techniques because of its ability to foster direct learning experiences from peers as opposed to the usual expert-driven methods of formal training. Shack dwellers from various parts of the Third World regularly meet with their counterparts to share knowledge and experiences. Often these meetings include government officials who are drawn into encounters with shack dwellers on equal terms. These exchanges and encounters are meant to build capacity, knowledge and social capital among the poor. They are also about challenging the hierarchal relations that usually characterise interactions between experts-officials and poor people. [explain how these exchanges work; what do they involve; how extensive are they?]. These exchanges aim to y demonstrate the memberships’ capacity for local leadership to each other and to the outside world of officialdom, donors, ‘expert’ and professionals. The rationale of these practices is that mMembers feel empowered as they see their skills and independence develop and they come to understand the value of durability of the organisation.

V. Local Realities and Participation

While PD and the SDI ideology stress the importance of horizontal relations of trust and non-hierarchal and decentralised political structures and practices within and between Federations, the SAHPF national leadership has in the past has at times exercised highly centralised decision-making [explain the organisational structure and the responsibilities of national as opposed to local leadership]. This characteristic was particularly evident in 2002 in the Western Cape Province, where the national

(New Haven, 1998).

leadership of SAHPF demonstrated an unwillingness to relinquish its control and authority over ‘junior’ local Federations [what was involved here?]. The outcome was the consolidation of ~~local~~-hierarchies, power cliques and patronage networks that allowed certain individuals to act as gatekeepers and powerbrokers [who were these individuals; what was the occasion that led to this result?]. Arbitrary leadership at the top led to accusations of financial mismanagement and widespread complaints, culminating in general disillusionment with savings schemes and large-scale withdrawal of Federation members from participation in these schemes.

There were also numerous other divergences between the plans , 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 are more important than actual programmes, such as housing construction. However, PD’s commitment to building ‘social capital’ through long-term savings schemes was not always shared by SAHPF members, who ~~sometimes often~~ ‘disappeared’ once they got what they wanted – the house. Unlike their counterparts in India, not all many-South African Federation members ~~did not~~ seemed to ‘buy into’ daily savings and other Federation ~~ritualised~~-projects. Yet, it is also apparent that many SAHPF members managed to creatively adapt SDI and PD ideology to local realities.

Another key area of difference relates to the political culture of the Federations. PD members we interviewed told us that wWhile these organizations 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

networks⁴ [source for this information?]. Further, whereas PD believes in ‘critical engagement’ with the government, many of the ANC-aligned SAHPF leadership were less inclined to criticize the ANC and the government. Instead, a number of SAHPF leaders allowed Federation networks to be used as ANC political resources. In addition, unlike their Indian partners, South African Federation members tended to look to the ANC government for patronage and support that they could access through party political contacts and channels. A powerful incentive to adopt this approach was the R176 500 state housing subsidies. The state was not only perceived to be powerful provider of material resources, but also to be a repository of technical expertise and know-how. The SAHPF leadership’s –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 international SDI participants. In the course of interviews with PD members, it seemed that ~~W~~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 [cite some examples of these documents]. The following PD document is worth quoting at some length in order to convey the degree to which early PD thinking challenged the new post-apartheid state’s developmentalist thinking. The following excerpt represents a stridently militant and ‘post-modern’ critique of 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 centralized 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

⁴ Interview with PD’s Cathy Glover, Observatory, Cape Town, July 2002.

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 urbanizing 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 ends 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).⁵

PD practitioners and SAHPF members openly acknowledged the gap between SDI's 'global ideology' and the complex and contested social realities of power and resource struggles that rank-and-file Federation members encounter experienced on a daily basis [what are these social realities?] ~~In the preceding paragraph, you write mainly about political realities. If you are shifting to another dimension you need some explanation so the reader can follow along.~~ They were also all too aware that not all SAHPF members the membership had failed to identify with the SDI's development paradigm. This, as was particularly evident when some Federation members withdrew from regular participation in savings schemes upon the completion of the construction of their houses. 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

⁵ Slum Dwellers International, Journal No. 2, March 2002. p.14. Also see Slum Dwellers International, Face to Face: Notes from the Network on Community Exchange. A Publication of the Asian Coalition for Housing Rights, January 2000.

for continuing to belong to savings schemes and they tend to withdraw from Federation activities.'

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, for example, seemed more concerned with short-term benefits such as housing delivery and the consolidation of vertical relations of patronage and dependency. This approach challenged the SDI's vision of an anti-elite, anti-hierarchal, anti-technocratic and decentralized development model. PD members we interviewed acknowledged that some of the SAHPF leadership, and ordinary members seemed more interested in land acquisition and building houses than investing in less tangible social outcomes such as 'trust', 'networks', 'social capital', and democratic and accountable governance systems.⁶ [cite your sources for the views of PD members].

Despite the creative and sustained efforts by SDI federations from Cape Town to Calcutta to build social capital and communities with long-term commitments, the urban poor are often unable, for a variety of reasons – including the profound isolation of poverty and 'tyranny' of short-term strategies and ad hoc improvisation in the face of survival struggles – to make these binding and more long-term commitments [what are some of these reasons?]. Also, dissatisfaction with centralised and undemocratic leadership practices is a widely cited reason for decisions to exit Federation savings schemes. Clearly social capital, like global capital under

conditions of late capitalism, can be fluid and fickle; here today and gone tomorrow. These difficulties do not, however, negate the importance of these innovative new experiments in creating new associational forms and practices. Participating in the saving schemes and community self-enumeration and surveys, ~~albeit often in transient ways~~, can provide those usually excluded from public policy with opportunities to leverage policy and political space. While SDI and SAHPF are clear that they are not interested in participating in party politics, they are nonetheless highly effective in the ways in which they pressure, lobby, leverage and shame politicians and officials into meeting their housing and welfare obligations to the poor. ~~[how do they do this? Can you give some examples? Given what you say about SDI's emphasis on a non-political approach and development of local initiative and participation, this statement seems contradictory].~~ ~~and to forge links with other spaces [such as?] through which networks and alliances can form.~~

Drawing on this politics of leverage, SDI-affiliates in Cape Town, ~~for example, are have become now becoming~~ involved in new forms of AIDS activism.

—In 2002, the PD formulated a proposal to collect statistics on HIV-AIDS prevalence amongst the SAHPF's membership ~~[was PD successful?]~~. This project proposal, which has yet to be implemented, reflected the influence of SDI theorizing on the knowledge-power nexus, especially the role of censuses, statistics and surveys in the reproduction of bureaucratic state power. The SDI affiliated federations have sought to appropriate and recast these practices and use them as leverage for accessing state resources, for instance health care resources and AIDS treatment ~~[so they simultaneously challenge the state's monopoly of bureaucratic expertise, yet still rely on the state for health care and AIDS treatment? Are they aware of the~~

⁶ Interviews with PD's Cathy Glover and Joel Bolnick, Observatory, Cape Town, July 2002

~~contradiction apparently involved here?~~. 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 apparatus of the modern state. By appropriating these instruments and technologies of state power, the Federations acquire leverage in their negotiations with the State to secure resources such as housing and health.¹⁴ ~~[specific examples needed of their success in that regard]. These strategies have been especially effective in soliciting housing subsidies from national government. As was mentioned earlier, w~~Whereas a conventional Foucauldian analysis ~~[cite the examples you are thinking of]~~ would assume that statistics and surveys inevitably end up buttressing a repressive surveillance state, SDI ~~successes strategies~~ suggests that self-enumeration strategies can potentially empower marginalized and invisible poor communities ~~[yet earlier you argue that the SAHPF had very little, if any, success in that regard. Further explanation needed to resolve the apparent contradiction].~~

The SDI and its PD affiliate argues that the concepts of citizenship and the bureaucratic practices and routines associated with the liberal state are Janus-faced: they can promote both repressive and empowering outcomes. Notwithstanding tensions between the Federation's national leadership and rank-and-file membership, this experimental politics of strategic engagement with the state and its bureaucratic practices has produced positive results. This is abundantly evident in the growing number of SAHPF housing projects throughout South Africa. For instance, the SAHPF's Victoria Mxenge Housing Project in Phillipi township on the outskirts of Cape Town continues to attract international dignitaries such as Bill and Hillary Clinton, donors, academics, students, and tourists. Federations continue to grow despite despite differences between the 'social capital' philosophy and ideology of

SDI and PD, and the more instrumental bricks-and-mortar and bread-and-butter focus of ordinary SAHPF members. This SAHPF case study draws attention to the difficulties of creating long-term ties that bind, but it also suggests that efforts to do so can be rewarding.

VI. Conclusion

This paper shows how diverse TAC and SAHPF activities and interventions have contributed towards creating new political spaces for engagement at local, national and global levels [the case seems much better made for TAC than the SAHPF, given what you say about the latter's failure to build long-term membership and commitment. More explanation needed]. Both organizations provide examples of organizational practices that cut across institutional and non-institutional spaces, and that are capable of generating multiple kinds of relations to the state. As a result of TAC's contestation within multiple sites, it is enabling ordinary citizens to build their political capabilities for democratic engagement. Through treatment literacy campaigns and training programmes on scientific and medical matters related to HIV/AIDS it has also promoted 'expertification from below' or what Petryna (2002) refers to as 'biological citizenship'. Alongside TAC's effective use of the courts, the Internet, media, e-mail and transnational advocacy networks, a crucial aspect of TAC's work has been its recruitment of large numbers of mostly young and unemployed black women into its ranks. ~~Without this grassroots support, along with local and international public pressure displayed through marches, demonstrations, press conferences, petitions, Internet websites and email networking and so on, the High Court Judges would not necessarily have decided in TAC's favour in the crucial court cases against the pharmaceutical companies and the government [You make this argument earlier? On what evidence? I do not think it is not sufficient simply to state~~

~~that because TAC put on this public pressure that the court was influenced by it; you need evidence of the cause and effect relationship. After all, there was a solid constitutional and legal basis for the court to make the findings it did, even in the absence of any public pressure at all. In note 6, you point out that the Minister of Health blamed TAC for the court's decision on the nevirapine case without any evidence at all. You seem to agree with the Minister but are putting a positive, rather than a negative, spin on it. If there is evidence, readers will want to know what it is].~~

TAC's interventions in these multiple spaces have allowed its membership to move from the margins to the ~~centre of the political~~ center-stagesystem in South Africa.

New sites of participation may be those spaces that poor people fashion for themselves (in the case of TAC), or they may be spaces in which they gain a sense of the political and moral legitimacy of their concerns and a sense of their own power and capabilities (in the case of the SAHPF). Although these new forms of participation may be short-lived, and may under certain circumstances become undemocratic, they nonetheless provide their members with opportunities to engage simultaneously in a variety of participatory spaces that cut across institutional and non-institutional spaces, and allow for the articulation of new forms of citizenship from below. While the SAHPF case study drew attention to an anti-democratic tendency within the Western Cape, this does not in any way suggest that the SAHPF is inherently anti-democratic. This specific example could easily be contrasted to the many Federations throughout South Africa that are run along democratic lines. In addition, by 2004 the political dynamics in the Western Cape had changed and a number of the SAHPF's leadership figures were no longer working at the Federation's national office. What this specific case does highlight, however, are the difficulties involved in sustaining these extraordinary experiments in 'democracy

~~from below'. [Again the case seems much stronger for TAC than SAHPF. To be consistent with your earlier findings re SAHPF, you could state that its experience shows the difficulty of sustaining these democratic strategies of empowerment].~~

These new forms of citizenship and participation, which operate at local, city, regional and international scales, are changing the political landscape of post-apartheid South Africa. It remains to be seen to what extent these new forms of citizenship will be able to transform entrenched inequalities and marginalization inherited from the apartheid era, and which have worsened over the past decade.

~~[actually there is evidence that poverty and inequality have worsened since 1996, outcomes that seem not unrelated to the state's abandonment of the RDP for GEAR.].~~