Segregation Ideology and Town Planning in Uganda

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Abstract

This paper analyses and describes the historic trajectory of town planning ideology in vogue in Kampala, Uganda since the inception of planning in 1903. Through a descriptive and exploratory approach, and by review and deduction of archival and documentary resources, supplemented by empirical evidence from case studies, this paper elaborates how segregation ideology that resulted from health concerns and the mosquito theory, and the need to provide colonial administrators and early settlers with an 'comfortable' and attractive living environment similar to that in Europe in the nineteenth and twentieth century was used in town planning visibly during the colonial period and 'unconsciously' after independence.
Keywords: segregation ideology, town planning, power

1. Introduction

In Europe, the professions of town planning and public health emerged as a reaction to the unsanitary, overcrowded and inhumane conditions of the nineteenth century industrial cities. The European colonial period began in Africa barely a decade following the emergence of town planning and public health as disciplines with one of their avowed purposes being to combat the health consequences of industrialization and the concomitant urbanization (Njoh, 2007). The science of sanitation held that 'by managing the environment and restructuring space using scientific principles, it is possible to banish disease' (Yeoh, 2003:86). Accordingly the protection of public health was central to town planning in colonial Africa. However, the health challenges faced by planners and public health authorities on the African continent were unique and bore little if any resemblance to what their counterparts in Europe were used to (Njoh, 2007).

One of the deadliest threats to humans, especially Europeans, in Africa during the colonial era was malaria. It was not until the twilight of the nineteenth century before it was discovered that malaria in humans is caused by four species of protozoan parasite of the genus *Plasmodium – P.falciparum, P.vivax, P.malariae* and *P.ovale*. While all these species are dangerous and capable of causing severe debilitating illness, only the first, *P.falciparum*, is sufficiently virulent to be deadly (Desowitz, 1981). The carrier of these species, the anopheles mosquito was found to be indigenous to the sub-Saharan Africa region, thus, living in this region effectively amounted to playing Russian roulette with ones life (Njoh, 2007:205). Once the anopheles mosquito was incriminated as the vector of the malaria-causing parasite, colonial authorities immediately embarked on crafting and implementing a number of wide-ranging and arguably dubious health-promoting policies with spatial implications. Prominent among these policies were the following: the location of European living areas on hill tops or

hill stations; nocturnal separation of the races in particular and racial residential segregation in general; maximum ventilation of European housing units; and the elimination of mosquito-breeding places, such as standing water and bushes and swamps.

This idea and belief that had been tested in India and the West Indies, saw the location of military personnel and Europeans, in colonial Africa on higher ground, and/or placed on stilts and elevated ten to fifteen feet above the ground (Curtin, 1985). Thus the choice of hilltops and plateaus was premised on the assumption that Europeans would enjoy better health in these locations. The case for hill stations in India was premised on a number of other factors. For instance, Sir John Lawrence, the first Viceroy[1] named after the 1857 rebellion, contended that the cooler climate of hilltops and plateaus would significantly increase productivity – an advantage that could not be ignored given what he characterised as the growing workloads of the British imperial government in India at the time (Kenny, 1997 cited in: Njoh, 2007:206).Apart from the hill station projects, there were a number of other aspects of British colonial health policies in India that were transplanted to Africa (Njoh, 2007). Particularly noteworthy in this connection are the sanitation reform measures that were instituted in India and later transplanted to colonial Africa.

In 1899, Ross and a number of his colleagues were despatched to Sierra Leone, a bastion for malaria, to conduct studies ascertaining that the anopheles mosquito was indeed the vector for malaria in Africa. Two malaria control experiments were conducted in Sierra Leone in 1899 and 1900 (Njoh, 2007:207). In addition to establishing with certainty the link between the anopheles mosquito and malaria, Ross and his colleagues also determined that the anopheles mosquito did most of its biting and infecting at night and not during the day. Therefore, as a public health strategy, only nocturnal segregation of the European from the indigenous population was necessary. In practice, the scientist argued, it was possible for Europeans and members of the indigenous population to work together during day as long as they were spatially separated during the night. Thus, Europeans could work and visit the indigenous areas of town during the day and return to their homes in the European districts at night.
Among the many recommendations, Ross opined that the best way to deal with the malaria problem in Africa was to adopt the cantonment policy, which in his opinion had been successfully used in British colonial India. Accordingly, he recommended that housing for Europeans be located at least two kilometres from the indigenous settlements. This separation was based on two main, seemingly contradictory assumptions; first, it was believed that the African anopheles mosquito preferred the blood of Africans as opposed to that of Europeans, hence the mosquito would have the

[1] A 'Viceroy' is a Royal official who runs a country, colony or province in the name of and representative of the monarch, in this case that of Britain

propensity of flying within African settlements regardless of the distance they are capable of traversing. Second, scientific knowledge at the time suggested that, factoring in the possibility of being assisted by the wind, the anopheles mosquito could not traverse a distance in excess of two kilometres. These two assumptions, as it turned out, were erroneous.

One more erroneous assumption with implications with spatial organization in general and town planning laws in particular was that malaria emanated from the soil. A little later on, as germ theory advanced, it was believed that African adults possessed some type of immunity against malaria. This conclusion was derived from a number of studies revealing that blood samples from adults in Africa rarely contained actual plasmodia. On the contrary, the blood of children manifesting clinical symptoms contained the parasites. Therefore, the 'malariologists' of that time concluded, African children and not adults were the primary source of malaria infection. However, this and identical theories regarding the source of malaria were later to be debunked by works identifying the anopheles mosquito as the disease's vector (Njoh, 2007: 208).

Other ideas about planning are believed to have come from the superiority ideology common in the writings of the late nineteenth and early twentieth centuries. Barney Warf observes that Literary accounts of colonial relations[2], as well as school textbooks and maps, sought to inscribe the superiority of the colonizers by attributing positive character traits to them. For example, early 20th century literature on the global distribution of races and their characteristics frequently referred to the British, French, and Germans as muscular, strong, intelligent, dominant, and quick in their responses. In contrast, South American and African tribes might be described as emaciated, weak, slow, and retarded. In addition, colonial maps often used regional attributes that portrayed colonized territories as less advantageous for commerce, unhealthy, or even mysterious, dark, and unexplored. Such attitudes, as portrayed by early geographers, were internalized by the general population, whose members continued to support their colonizing government and its practices of exploitation and expansion (Warf, 2006:373), by use of all the mechanism and tools available to them. Thus, the landscape of all so-called modern African cities, irrespective of the ethnic origin of their erstwhile European colonial masters, is replete with evidence of social, and racial residential segregation (Njoh, 2008:582-589).

2. Methodology

This paper is a bi-product of an ongoing PhD research on the *Evolution of Town Planning Idea, Spatial Plans and their Implementation 1903-2004*. A qualitative inquiry approach was employed, involving the studied use and collection of a variety of empirical materials from case study, and through documentary and archival resources.

[2] See also writings of Joseph Conrad's *Heart of Darkness*.

The methodological process involved the gathering of significant historical data and facts about major events, the organization of these facts into a chronological sequence, and the meaningful interpretation of the patterns of rationality through – historical, case study, introspective, oral interview, observational, interactional, and visual texts that described the town planning ideologies in both the colonial and post-independence epochs.

From the beginning, urban planning and building control in Kampala were inseparable. Planning was based on the civic design tradition with its strong links to the field of architecture, engineering and surveying. The physical qualities of the built environment were believed to be of paramount importance and the planner was perceived as the 'master-designer' of the built environment, arranging activities on land to produce balance and order throughout the city. The impetus for urban planning in Kampala from 1913 was explicitly both race and hygiene related. It was improvement in sanitary conditions for the white population who were the resident agents of colonial capitalism that provided the rationale for planning.

The discussion on how the colonial authorities employed racial and residential segregation ideology as a tool for planning is particularly interesting, and the different features herein give a clear understanding of how town planning was (mis)used, or perhaps efficiently used to influence Kampala's urban landscape. Before the advent of microscopy, and even in these (post)modern times mosquitoes have always been particularly reviled for their annoying bites and as vectors of devastating diseases such as elephantiasis, dengue fever, rift valley fever and west-Nile virus. To the colonialist in Kampala, control of mosquito associated diseases especially malaria brought about drastic changes in the planning mix.

Segregation of areas is seen to perform numerous functions, the first of which was to minimise contact between the colonizer and colonised populations, with the excuse of fear of catching native disease. However, segregation was not only aimed at minimising contact, but the colonial community acted as instruments of control, both of those outside as well as those within their boundaries. They helped the group to maintain its own self-identity, essential in the performance of its role within the colonial social and political system. In other words they provided what King (1976) calls a culturally familiar and easily recognisable environment which – like dressing for dinner – was a formal, visible symbol providing psychological and emotional security in a world of uncertain events. Secondly, segregation of the indigenous population provided ease of control in the supervision of 'native affairs' including collection of taxes. It was economically useful in cutting down the total area subject to maintenance and development, thus, colonial environment offered a model for emulation by members of the indigenous society.

Segregation was also an essential element in preserving the existing social structure where residential separation in environments differing widely in levels of amenity and environmental quality simply reflected existing social relationships. Though the overall distribution of power was fundamentally important in maintaining this system of social and spatial segregation, this process of classification was greatly assisted by the fact of physical segregation by those who had the power. Rex (1970:20) puts it more explicitly, that the colonial city was a 'container' of cultural pluralism but one where one particular cultural section had the monopoly of political power. The extensive spatial provision within the colonial settlement area, as well as the spatial division between it and the indigenous settlement, are to be accounted for not simply in terms of cultural differences but in terms of the distribution of power. Only this can explain why urban amenities were available in the spacious, cultivated areas in the colonial settlement, but not in the indigenous town. On the issue of amenities, other proponents of the segregationist policy such as Frederick Lugard however, also believed that provisioning amenities in native areas would perhaps remove their indigenous and traditional identity; again, this was an excuse for social segregation, and intimation that availability of services equals monetary power.

By contrast, after the end of the Second World War, British colonialism reached a 'turning point' in Uganda following the enactment of the first Colonial Development and Welfare Act, of 1940 in Britain (Omolo-Okalebo, *et al* 2010). The Act among other things, provided for the improving of conditions in the colonies, including the native Africans right to urban space, and their realization that colonialism would not last forever thus a need to create a new environment, which would define new Commonwealth relationships favourable to the colonizing countries, after the reigns of power had been relinquished, drove the British administrators back to the drawing table, to forge 'new' ways of handling urban affairs (Omolo-Okalebo, *et al* 2010a, Omolo-Okalebo, 2010b). In terms of physial planning and housing policies, this 'second colonial occupation' which saw native Africans getting admitted to Kampala, in reservations at Naguru, Nakawa and Ntinda areas, meant what Freund (1998) calls a firmer coordination and larger funding base from the metropole for use in comprehensive and master planning and the development of housing estates, as part of a much broader network of social investment. The approach to provision of the housing estates in the three reservations can be equated to the modernist provider model, which is candidly described by scholars such Turner, 1976; Hamdi, 1991 and Vestbro, 2008:7; as involving provision of ready-made standardised housing units – provided through a centralised production, based on consolidated building industry.

This 'gesture' of providing housing for the natives, in the form and layout that Van der Bijl (1947) describes as*"the traditional kraal formation",* or perhaps small housing units facing a common courtyard, did not necessarily mean that segregation had come to complete end. The dictates and recommendations of the implementers of the imperialist ideologies such as Lugard and Simpson continued to influence space

forming processes, with the native African quarters of Nakawa, meant for low income and the-would be providers of the itinerant labour force; and Naguru (upper class African housing estates) located two to three kilometres away from the European or Asian sectors.By spatially separating or defining the geographical order of ‘‘native’’ areas or, to use Mitchell’s (1988:44) words, “enframing them” the colonial state sought to cement its dominance within them. The idea was to make the African landscape “readable, like a book.” Mitchell (1988:45-62) identifies three broad, everyday spatial strategies for colonialism’s enframing order, including that that involved altering African settlements from “orders without frameworks” to an order reducible to a segmented plan. Racial segregation was inherent within this orderly segmentation. This observation is similar to what Yeoh (1996), in description of other African towns, argues was meant to extend the effectiveness of routine health and sanitary inspections by colonialists, reinforcing the ordinariness of their power. Each of these strategies, can be seen as part of colonialist’s effort to separate “container” (the colonizing powers) and “contained” (the Native African community).

In contrast with the colonial urban settlement, very low levels of amenity existed in the native reservations of Naguru and Nakawa, while the European city or sector was properly laid-out and adequately serviced; comprised of the main administrative and commercial quarters and a restricted residential zone, usually of remarkably low density. King (1976) describes such colonial settlements as what might be comparable to an early twentieth-century upper, or middle-class European suburb: large residential plots containing spacious, one-storey houses, broad, tree-lined roads, low residential density (less than 20 persons per acre), and the generous provision of amenities (water, electricity, sewerage, telephones, open space). This form of inequality may be attributed to the earlier arguments of the nineteenth century in India and the 1890’s in East Africa by the likes of Lugard (1893) that, “…the standard accommodation for white officials was the bungalow, set in one or two acre compounds, ….the colonial official’s ‘dwelling house’ should be as superior to those of the native as he is himself superior to them, …such a native community has no desire for municipal improvement. It neither appreciates nor desires clean water, sanitation or good roads and streets”. Such a view was still being cherished in the 1940’s and early 1950’s. These sentiments are not different from what Lusugga Kironde, associate professor of Land and Urban Economics in the school of Real Estate Studies of Ardhi University of Tanzania cites as the colonial planners’ writings about Nairobi. He quotes, “… the majority of Africans are not craving for a higher standard of living; they are often quite a happy folk in their squalor, dirt, and customs, which for many of us can only be described as wretched, degrading and revolting.” (Kironde 1995: 46).

The form of social, racial and residential segregation as seen in Kampala seems to have been an old practice even in the western countries as can be seen in the notion of the “ghetto” in America and medieval Europe. The ghetto initially referred to the forced consignment of Jews to special districts by the city’s political and religious authorities.

In medieval Europe, Jews were commonly allotted quarters wherein they resided, administered their own affairs, and followed their customs. These measures were designed as an alternative to expulsion, to enable the city-state to reap the economic benefits brought by the presence of Jews (including rents, special taxes, and forced levies) while protecting their Christian residents from contaminating contact with bodies perceived as unclean and dangerously sensual, carriers of syphilis and vectors of heresy, in addition to being the taint of money making through usury which the Catholic Church equated with prostitution (Sennett, 1994:224; Wacquant, 1998).

In America, the ghetto was contracted after World War II under the press of the Civil Rights Movement to signify mainly the compact and congested enclaves to which African Americans were forcibly relegated as they migrated into in the industrial centres of the North. Clark (1965:11) in his dissection of the Dark Ghetto and its woes says, "America has contributed to the concept of the ghetto the restriction of persons to a special area and the limiting of their freedom of choice on the basis of skin colour. The dark ghetto's invisible walls have been erected by the white society, by those who have power." This diagnosis, according to Wacquant (1998) was confirmed by the Kerner Commission (1968:2), a bipartisan task force appointed by President Johnson whose official report on the "civil disorders" that rocked the American metropolis famously warned that, due to white racial intransigence, America was moving towards two societies, one black, one white – separate and unequal." This ghetto syndrome was even more glaring in the instance of the "caste cities" built by colonial powers to inscribe in space the hierarchical ethnic organizations of their ethnic possessions such as Rabat under French rule over Morocco and Cape Town after the passage of the Group Areas Act under the Apartheid Regime of South Africa (Abu-Lughod 1980; Western 1982; in: Wacquant, 1998).

While town planning in Kampala in the post independence period has been noted to be characterised by a heavy reliance on land use zoning, which was and is still used to effectively 'stratify' urban planning form, ranging from the higher income, business, government and residence areas down through one or more 'intermediate' stages to the marginal settlements,it is arguable that the symbol of residential segregation initiated by Simpson, Mirams and Kendall during the colonial epoch was accepted as a normal planning concept from the 1970's to date. For residential land use zoning, another form of segregation is identifiable. Racial segregation has been replaced by social segregation, through standardization of low, medium and high densities, and the idea remains that low density equals high income. The three districts are in fact, a meeting place of three cultures. The low density zone bears a mark of European influence: the medium" density zone bears a mark of Asian culture and the high density residential zone shows a confusion of standards (Omolo-Okalebo, *et al.* 2010; Banyikwa, 1989). The grading of buildings into three grades with the style of housing and density of housing varying accordingly has ensured the preservation of a characteristic English urban morphology – that turns out to be one of the lasting legacies in most colonies that

bear the foot print of British colonial planning; of the rich living at the top of the hill and the poor at the bottom. Although the ethnic character of this stratification may be a feature of the 'past', the social class stratification is still clearly evident. The same altitudinal stratification was encouraged in other colonial administrative towns in Uganda, including Mbale, Mubende, Masaka, Kabale. Where there may be no hill to utilise for this purpose, the same high grade low density area remote from the commercial and industrial areas can be distinguished, for example in Soroti, Tororo and Fort Portal, protected from the high class by the golf course – a green space that served as a separator between the 'civilized' and the natives from 1913 to 1962.

To sum up, the result of this segregation approach can be seen in the bulk of urban planning legislation of 1964 and recently revised in February 2010, and control practice : a reliance on strict building regulations, the enforcement of lay-outs and density standards, and the clear interpretation of zoning as a means of activity categorization, and so on.

3. Conclusion

Health concerns and the need to provide colonial administrators and early settlers with 'comfortable' living environment shaped the structure of Kampala city, informed by ideas of classifying and controlling society. Planning as an activity was technical and so was a domain of a few technocrats, mainly consultants from the United Kingdom who saw town planning as a tool for the manipulation of space, as a means of fostering hegemony; providing colonial administrators and early European settlers with attractive, comfortable and acceptable living environment. The systems of land control, extent and character of racial and ethnic identity, structure of settlements, form and function of the city, organization of workday and workplace, and every means of existence changed radically for many of the native peoples. Like Omolo-Okalebo, *et al* (2010) argue, by using racial and health segregation ideas, expressed in the plans of 1919, 1930 and to some extent 1951, colonial urban planning increasingly sought to enforce separation: white from black, migrant from native, traditional from modern, men from women and family, which consequence brought about disparities in the quality of urban space created, with the initially European areas having better facilities and the native areas more marginalized.

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