

Africa's Social Policy Trajectories The Case of Kenya, Tanzania, Uganda and Rwanda



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Abstract

This is part of the research output of the GETSPA project to examine the trajectories, processes and outcomes of education, health, employment and water, sanitation and hygiene social policies in Uganda, Kenya, Tanzania and Rwanda. The goal of this research was to recommend post-COVID-19 gender equitable and transformative social policy in the said sectors. Methodologically, it was a trend, descriptive, analytical and qualitative research that examined the said sectorial social policies from colonial time to the present day. The historicisation and periodisation of the trends were generally structured thus: 1940-60; 1961-1980; 1981-2000; 2001-2018; and 2019 to date, and data collection was undertaken through literature reviews and interviews with key informants. This report focuses on the following in each period: the key ideologies, norms and values; the interests and institutional actors; the politics of how these ideologies, interests and actors interacted to produce the social policies of each period; and the gender dimensions of social policy and other dimensions of inequality in the social policy pursued. The analysis was thematically undertaken on the basis of the key dimensions of the research aforementioned. The findings are thus: from colonial times (1940s-1960), the policies were colonial focused on developing East Africa as a cash crop economy, thus the interests were colonial driven. The key values and norms prioritised was access to basic services such as education and primary health care which was to provide labour and to meet basic health needs, respectively. The actors were predominantly colonial based as policies were made from the colonial office. Social policies were thus non-inclusive and biased against Africans. This led to gender blind policies in the sectors under review. During the 1961-1980 period, the ideological orientation was nationalism and pan-Africanism, and the interest was for socio-economic development of the economies. The values became broader, from access to equality, inclusion, quality services and some semblance of human rights. This period witnessed the socialist ideological orientation in Uganda and Tanzania. The actors were predominantly both the state and other non-state institutions. The politics of policy-making tried to be more inclusive to address the gaps created by the colonists. However, by the 1980s, gender gaps and other inequalities were eminent due to issues of governance, especially in a country such as Uganda under Idi Amin where human rights were violated. In the 1981-2000 era, the dominant ideology was neoliberalism characterised by liberalisation and privatisation in the 1980s and the key actors were the International Monetary Fund (IMF) and the World Bank. During this period, the interest was economic development and reduction in social expenditure, which caused social problems, and women bore the brunt in all the sectors under review. Though Social Development Adjustments in the 1990s attempted to address all inequalities, gender and other forms of inequalities persisted. The period of 2001-2018 was a continuation of the preceding periods, with a strong neoliberal stance but with a human face. This is a period that witnessed the increasing influence of multi-levelled actors. In this period, the demands for democracy also influenced the space for policymaking and implementation, with citizens becoming more aware of their rights and engaging in activism and lobbying. This ideology and the impetus continued to the COVID-19 era, which witnessed an increase in global partnerships in the policy-making and implementation realms. All these have had a great impact on gender issues in the region. In conclusion, it can be said that, currently, due to the investments and changes made since colonial times and with differences within cluster countries, the gender inequality index and the gender development index are generally much more favourable compared to the previous periods since colonial times. However, it is recommended that if gender equitable and transformative development is to be sustained by the cluster countries beyond COVID-19, more deliberate actions still need to be undertaken and the extant constraints addressed. For example, cluster countries need to increase their annual budgetary appropriations as a percentage of the Gross Domestic Product (GDP) to provide basic social services. There is also a need to pursue the strategic visions and plans of cluster countries meticulously instead of leaving them to remain in papers as development blueprint documents. The cluster countries also need to be more committed to implementing the extant regional and sub-regional development agendas. The global partnerships through Sustainable Development Goals (SDGs) and other partnerships welded during COVID-19 should also be sustained. Fighting brain drain and the endemic corruption, among other vices, must also be prioritised.

1.0 INTRODUCTION

This is a synthesis of research findings from Uganda, Kenya, Tanzania and Rwanda conducted with technical support from the Institute of African Studies (IAS) at the University of Ghana, Legon, Ghana with funding support from the Open Society Institutes of Africa. It is part of multi-country African research conducted under the broad research project entitled GETSPA (Gender Equitable and Transformative Social Policy in Post-COVID-19 Africa) that has investigated key research questions and objectives of the project and examined the processes, trajectories and outcomes of social policy in the cluster countries aforementioned since the late colonial period to the present day. The historicisation and periodisation of the research were roughly thus: the colonial period, 1940-60; the immediate post-independent period, 1961-1980; the neoliberal period (i.e., crisis), 1981-2000; beyond the crisis period, 2001-2018; then the COVID-19 period, from 2019 to date. It is a response to the realisation that social policy in Africa had, for a long period, been consigned to the role of residual category in policy making processes, yet the COVID-19 experience indicated that during crisis, social policy is relied on for improving human welfare and to address gender issues, not only in Africa but across the rest of the world. The goal of this research is to recommend post-COVID-19 gender equitable and transformative social policy in four sectoral areas: Health, Education, Work and Employment, and Water, Sanitation and Hygiene (WASH).

In all the cluster countries, the research applied a trend, descriptive and analytical research design, using qualitative approaches and multiple sources of both primary and secondary data. The approaches consisted of policy analysis, documentary/archival methods/analysis and key informant interviews of persons in the sectors aforementioned. This synthesis report covers the following major themes: the key ideologies, norms and values; the interests and institutional actors; the politics of how these ideologies, interests and actors interacted to produce the social policies of each period; and the gender dimensions of social policy (i.e., both gender content and consequences for gender equality) and other dimensions of inequality (i.e., income, spatial, etc.) in the social policy pursued. These are just part of the critical issues addressed in the entire research in the cluster countries.

2.0 COMPARATIVE ANALYSIS OF PATTERNS AND TRENDS IN SOCIAL POLICY OVER TIME

This section follows the periodisation and historicisation of social policies in Education, Health, Employment and WASH in the cluster countries, which have generally followed similar trajectories, namely: the late colonial period (1940-60), the immediate post-independent period (1961-1980), the neoliberal period (i.e., crisis) 1981-2000, beyond the crisis period (2001-2018) and the COVID-19 period, from 2019 to around the middle of 2023. For each period, there is a discussion of the character of social policy and policy making in terms of both the national and global dynamics driving social policy. The discussions are centered on the key ideologies, norms and values; the interests and institutional actors, the politics of how these ideologies, interests and actors interacted to produce the social policies of each period, the gender dimensions of social policy (i.e., both the gender content and consequence for gender equity) and other dimensions of inequality (i.e., income, spatial, etc) in the social policy pursued.

2.1 The Late Colonial Period (1940s-1960)

2.1.1 Key ideologies, norms and values

The ideological orientation dominating the cluster countries during late colonialism was capitalism, which, through colonialism, formulated structures and systems that facilitated extraction and exploitation of the cluster countries' major resources. In order to do so, the colonial states designed education policies to produce workers for colonial administration and other services, and mechanisms to acquire labour for their production centres. Gender issues were thus only considered if they furthered the colonial mission, such as supporting labour for colonial production. Social service provision such as health care and education was segregated and discriminated against Africans in favour of the more privileged Whites, Asians, Arabs, families of local chiefs and home guards. Inequality in access was thus a colonial project and only after pressures for independence welled up, did the colonial states make propositions for some equitable social policies.

2.1.2 Interests and institutional actors

In this period, the social policy interest was predominantly to serve the non-natives, the Asians and Arabs. This interest was to produce cash crops for the export market. Alongside the colonists, missionaries were key partners in the policy making and implementation. During this period, the colonial masters acknowledged the fact that faith-based organisations were important partners in the development agenda. Indeed, the missionaries constructed most schools and health facilities in the cluster countries. In the colonial era, there was an East African political structure aimed at integration in the region — the East African Common Services Organisation, which operated between 1948 and 1961, whose members were Uganda, Kenya and Tanzania. This structure played a critical role, particularly in issues regarding research and education. It should also be acknowledged that the United Nation's (UN's) declaration of human rights in 1948 and the World Bank advice on Economic and Social Development of the 1950s had influence over colonial policies. Among the institutional structures that colonial governments introduced towards the 1950s was a parliament, commonly known as the Legislative Councils in all cluster countries, to which natives were appointed or elected as members. Under this, the Executive Councils were either elected or appointed by the Governor of the Colonial State. The council members were an integral part of the law and policy making processes. Besides these appointed and elected officials, there were core civil servants, consisting of administrators and technocrats, though these were mostly whites. A few educated native Africans were employed in the lower levels of administration and in teaching positions.

2.1.3 How the politics of the ideologies, norms, values and interests and actors interacted to influence policies

During this period, social policies originated from the colonial office, and the space for policy development was constricted, with limited participation by the citizens. This led to unfavourable policies for Africans, especially regarding access to education, employment, health and urban water services. For example, during this period, access to maternal and child health care were offered mostly in the missionary facilities, but this was not a colonial priority. A racially based education system was introduced and institutionalised. In Tanzania, the native education ordinance was introduced in 1948, the Bunsen Education commission in Uganda in 1952, and the Beecher Commission in Kenya in the

1950s, all of which discriminated along racial lines (Mackatiani et al., 2016). Between 1945 and 1954, students enrolled in Rwanda's Astrida College were more than 90% Tutsi (Prunier, 1995). This kind of social injustice was later to explode into a conflict between the Hutus and Tutsis in 1959 and later the genocide of 1994 against the Tutsis.

The pre-colonial period of injustices, and especially inequality, witnessed the emergence of movements and labour unrests, which in the 1950s led to social reforms to make policies more inclusive of the African natives. In Kenya, there was the *Mau Mau* rebellion movement and other labour movements (Montoya, 2012). In Tanzania, the movement for independence was led by TANU (Tanzania African National Union, 1954), which mobilised political agitation against colonial powers to force them to succumb to self-rule by Africans (Bryceson, 1988; Eckert, 2004). In Uganda, the Uganda National Congress was formed in 1952 and in Rwanda, the Rwanda National Union Party was formed in 1959; both agitated for fast-tracking independence for natives in order to end white domination and injustices. Their agitation also led to the creation of some of the pre-independent institutions aforementioned, which were avenues for Africans' participation in the policy space, though still marginal and underrepresented.

2.1.4 Gender dimensions of social policy and other dimensions of inequalities

Gender issues were neglected and very marginal during this period. Later attempts at gender equality focused on granting educational access to girls from wealthy families, thereby creating a new layer of inequality based on socio-economic status among African women (Ricketts, 2013). For example, in Uganda, such education was granted to the daughters of kings of Buganda. In Rwanda, the Belgian authority's education policy granted girls' access to education in 1948, but only in home management (*ménage familiale*) aimed at preparing them to become good wives and mothers (Byanafashe & Rutayisire, 2016). Many of admitted students were from noble families and daughters of chiefs and this education programme was only for two years. Segregation in investing in social services, such as in education infrastructure or water facilities, discriminated against rural areas compared to the urban centres, which in turn limited women's rights of access to core services. Because of limited interests in investments in the economy by the colonists, which neglected the rural areas in particular, there were limited water, education and health services to the majority of the population where women dominated in their triple traditional roles of production, reproduction and community care.

2.2 The Post-Independent Period (1960-1980)

2.2.1 Key ideologies, norms and values

In the cluster countries, independence was gained in the early 1960s: Tanzania in 1961, Uganda and Rwanda in 1962 and Kenya in 1963. The post-independent period witnessed a major ideological shift from the colonial period towards transforming the social and economic landscape of the cluster countries. The motivation was to increase the access to quality education, employment and other services for Africans through the Africanisation of the economies. In terms of employment, the purpose was to replace the colonial labour force, which had left the public service. In this period, the emphasis was on consolidating independence, nationalism and Africanisation of the economy. The countries prioritised equality, equity and social inclusion in their economies. For example, the Kenyanisation Policy (1965) envisioned in the Sessional Paper Number 10 was intended to promote political equity,

social justice, freedom from poverty, disease and ignorance and increase education and employment opportunities for Kenyans (Omolo, 2010; Ochola, 2016). In Uganda and Tanzania, there was an ideological move towards a socialist, self-reliant, inward-looking and state-led provisioning of social services. In Uganda, this was institutionalised through the Obote's Common Man's Charter of 1969 (Move to the left) (Bigsten & Kayizzi-Mugerwa, 1999). This emphasised social values such as equality and social justice in the economy, until it was interrupted by the 1966 crisis, and, eventually, Idi Amin's coup d'état of 1971 when respect for human rights totally degenerated. In Tanzania, the shift was made through the Nyerere's Arusha Declaration (*Azimo la Arusha*) of 1967 that was founded on the principles of socialism and self-reliance (*Ujamaa*). Kenya and Rwanda generally adopted a more capitalist ideology during this period.

2.2.2 Interests and institutional actors

The interests during this period were to correct the social and economic disadvantages created by colonial social policy practice and remove the triad of poverty, disease and ignorance. The interest was also to promote principles of human rights in social development and equality. In Tanzania, the equality principle was exercised through the nationalisation of major economic units and social services facilities, especially education and health, to widen access to the citizenry. During this period, just like in the colonial period, the actors predominantly consisted of the state and the market, with a weak community contribution. The pan-Africanist ideology gave rise to the formation of the East Africa Community (EAC) in 1967, though ideological difference led to its collapse in 1977. These EAC integration-focused institutions were inspired by the nationalists' pan-African movement ideological approach (Ramchandani, 1975). The community was responsible for joint research, education and labour challenges. Rwanda was not yet a member of the community. A political actor such as Mwalimu Nyerere, for example, advanced the vision of human rights as tabled in the Arusha Declaration of 1967 which states, *inter alia*, that all human beings are equal and have the right to social protection of their lives according to the law (Nyerere, 1968). The 1970s also witnessed World Bank-led prescriptions on development planning, which did not succeed in alleviating poverty.

2.2.3 How the politics of the ideologies, norms, values and interests and actors interacted to influence policies

The ideologies and norms of the period were operationalised through national development programmes and plans. The immediate post-independence period witnessed more confidence in governance, when these countries were seeking local solutions through locally grown development ideologies that adopted global philosophies. Initial efforts to reduce imbalance in opportunities and access were made in the region. For example, the Tanzania Education Act of 1962 was an effort to reduce urban/rural inequalities in education opportunities. In the case of Rwanda, in the post-independence period, the education system restricted the number of Tutsi children allowed to be enrolled in post-primary and post-secondary institutions to ten percent of the overall figure (Prunier, 1995). The admission of students was based on the criteria of social, ethnic and regional composition. The adoption of this system, called "ethnic and regional balance", however, prevented the best performers from joining secondary and university education (Gakusi & Garenne, 2007). Nevertheless, inequalities persisted. Inequalities even worsened in Uganda where Amin's despotic regime violated the human rights of citizens and foreigners, and poor economic planning led the economy to collapse (Ssekamwa, 1997).

The socialist declarations of the period were based on the principles of socialism, and self-reliance influenced the social policy landscape which emphasised equality in access to basic social services including Universal Primary Education (UPE) and primary health care for all (Aikaeli & Moshi, 2016). In Kenya, the African socialism envisioned in Sessional Paper 10 of 1965 was meant to develop a new African society born out of the colonial society. However, the outcome of this plan was wide economic divide and marginalisation, thus increasing poverty levels in the subsequent decades. The goal to eradicate poverty, disease and ignorance remained a political rhetoric occasioned by runaway corruption and ethnic fueled conflicts over resources (Ochola, 2016).

2.2.4 Gender dimensions of social policy and other dimensions of inequalities

After independence, gender issues became constitutional issues embedded in the constitutions of each member state. The UN adopted the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in 1979. This influenced concerns on gender rights in all the cluster countries. Women and gender development policies were thus drawn. However, with inequalities in the 1970s owing to poor performance of the economy, gender and income inequalities also widened. Gender and urban-rural divides in access to education, health, employment and water and sanitation persisted.

2.3 The Crisis Period (1981-2000)

2.3.1 Key ideologies, norms and values

This period was technically divided into two: 1980s to 1990 and the 1990s to 2000. The period of 1981-2000 was characterised by neoliberal and liberal ideologies in the social provision of basic services. It was a period of liberalisation and privatisation of the economy. These ideologies arose because of the successive and political shocks in the economies of the 1970s and 1980s and the general social and economic crises. Key values at this stage were inclusion, access, quality, equity and gender parity.

2.3.2 Interests and institutional actors

The 1980s witnessed increased global influence on the economies through the Millennium Development Goals (MDGs), International Monetary Fund (IMF) and World Bank, alongside state actors. This was also a period that witnessed increased agitation for democratisation, an increasing influence of non-state actors (i.e., civil society) and a strong market influence. It should be noted that the role of the private sector in promoting social development was also given more prominence during this period through the Public Private Partnership (PPP) model, especially in the health and education sectors. In the 1980s, the interest was to promote socio-economic development of the economy by reducing expenditure on social spending. The most significant interest in the 1990s was to reverse the negative effects of the marketisation and liberalisation of the economy, and to reduce poverty through the Social Development Adjustments (SDAs).

2.3.3 How the politics of the ideologies, norms, values and interests and actors interacted to influence policies

Towards the end of the 1970s, the oil crises, and droughts and other processes, such as the War between Tanzania and Uganda, led to economic crises which in turn exacerbated social inequalities, including rural-urban imbalances and poverty. With pressure from the IMF and the World Bank, the aforementioned countries pursued a neoliberal economic growth centred model of development.

The countries were under pressure owing to the policies of the Structural Adjustment Programmes (SAPs) that aimed at decreasing social sector expenditure, including educational expenditure, and were perceived to be obstacles to economic development and contributing to increased debts (Lelei & Weidman, 2012). Still, the SAPs did not make matters any better by the commodification of services, for example introducing user fees in health centres and cost sharing in education, liberalisation and privatisation, all of which did not improve the situation for the poor, including women and children. The liberalisation of the economy benefited only the wealthy people in the society who could take advantage of the increased prices and available markets. The delay in payment of severance packages for retrenched civil servants, for example, together with low pensions, rendered many families unable to afford basic quality social services. It was a real crisis period.

To attempt to reverse the vagaries of the SAPs, the countries adopted what is referred to as the Social Development Adjustments (SDAs) (Adesina, 2007) from 1990 to 2000. This was a period of economic programming with a human face. Elimination of gender inequality and improving access to social services were prioritised. Accordingly, many countries in the cluster enacted appropriate policies. For example, in Uganda, the UPE was introduced in 1997. In Kenya, the Koech Commission of 1999 recommended the elimination of disparities in education (Mackatiani et al., 2016). In Tanzania, access to education was widened across social groups by the Education and Training Policy of 1995 and the National Higher Education Policy in 1999. These policies also opened up increased involvement of the private sector and broader financing of education and training (URT, 2014). In Rwanda, attempts were made to increase enrolment in both primary and secondary schools through appropriate policies and programming (Bridgeland et al., 2006).

2.3.4 Gender dimensions of social policy and other dimensions of inequalities

The adoption of CEDAW by the UN in 1979 and the Beijing platform of Action of 1995 were the major cornerstones of gender equality processes in the cluster countries. This period witnessed the emergence of direct gender policies in the cluster countries. In Uganda, the National Constitution of 1995, Chapter Four on human rights and freedoms laid the foundation for the first National Gender Policy (NGP) that was developed in 1997. The development of the policy confirms the government's unequivocal commitment to take actions that were intended to bring about more equal gender relations in the social, political and economic spheres. The policy was made to ensure that all government policies and programmes, in all areas and at all levels, are consistent with the long-term goal of eliminating gender inequalities and promoting gender equity. The policy gives a clear mandate to the Ministry of Gender, Labour and Social Development and other Line Ministries to mainstream gender in all sectors. It sets priority areas of action at the National, Sectoral, District and Community levels for all levels of planning, resource allocation and implementation of development programmes to redress gender imbalances and act with a gender perspective. The ultimate objective of this policy is to lead to a society that is both informed and conscious of gender and development issues and concerns. The specific strategies include: (a) developing and implementing interventions that respond to the diverse livelihood needs of women and men; (b) developing and promoting labour and time saving technologies for poor women and men; (c) developing incentive frameworks to improve the earning potential of poor women and men for improved productivity and output; (d) promoting social protection interventions for poor and vulnerable women and men; and (e) developing strategies to eradicate the child labour incidence

with emphasis on ending the exploitation of the girl child. In Tanzania, the first National Women Development policy was formed in 1992. The development of this policy was informed by the Women in Development (WID) philosophy, which was prominent in the 1990s, as well as provisions of the CEDAW, which the country ratified in 1986 (URT, 1992). Following this policy, a number of policies promoting gender equality were formed. Key among them were the following: the Community Development Policy of 1996 responsible for development within a changing social, economic and technological environment; revision of the Women and Development policy to form the Women Development and Gender Policy (2000), which integrated a strong gender mainstreaming component and the recognition that men's participation had not been well articulated; Sexual Offences Special Provisions Act (SOSPA) of 1998; and the National Gender Development Strategy (2005), which promoted the compulsory integration of gender equity in all policies in the country, which is reflected to date.

In Kenya, the National Policy on Gender and Development was developed in 2000 and was aligned with the 2010 Kenyan Constitution in 2019 with a mandate of gender equality and non-discrimination. The overarching goal of the gender policy was to achieve gender equality and gender mainstreaming across sectors by creating a just society where women, men, boys and girls have equal access to opportunities in the political, economic, cultural and social spheres of life (Republic of Kenya, 2019). Since the adoption of the gender policy, there have been many sectoral policies aimed at creating gender equality in the country.

In Rwanda, after the 1994 genocide, the country increased its commitment to gender equality after the signing of the 1995 Beijing Declaration and Platform for Action (MIJEPROF, 2012). From then onwards, gender equality and women's empowerment have been mainstreamed in all development frameworks (both at central and decentralised levels), including parliament and the judiciary and private sector.

With these aforementioned policies, there were noticeable and positive effects of the Social Development Adjustments through, for example, increased enrollment of girls in schools in the cluster countries. However, like in all periods, challenges to gender inequality remained visible in many sectors and in both the rural and urban locations.

2.4 Beyond the Crisis (2001-2018)

2.4.1 Ideologies, norms and values

This was a period that marked the continuation of the neoliberalist, pan-Africanist and nationalist ideologies with intensified implementation of the Social Dimensions of Adjustments. The ideological focus was predominantly to enhance economic development together with expanding social services, especially health care and education. Like in the previous phase of the neoliberalism, the intrinsic social policy values were equity, equality, inclusion and respect for human rights, which were highly prioritised.

2.4.2 Interests and institutional actors

In pursuit of economic development and expanding social services, this period witnessed a multi-stakeholder approach to development with a significant influence of donor agencies (Gumede, 2005).

This period also witnessed the continuation of the implementation of the MDGs, especially on education and health, and the emergence of the Sustainable Development Goals (SDGs) after 2015, thus prioritising global values and interests. A revised East Africa Community also emerged in 2000 with the shared vision of common development through investments in social services. At this stage, multiple actors (state and non-state alike) became prominent in the policy arena (Anderson, 1979). The state actors, which had emerged since independence and functioned according to their level of political dispensation, consisted of the Executive, the Legislature, the Judiciary and administrators, each with distinct roles to play in policy making and implementation. Regional and sub-regional actors such as the African Union and East African Community (EAC) also became forces to reckon with. The non-state actors, some of which had emerged since independence, were civil society actors, political parties and individual citizens, who influenced the policy trajectories according to their agenda, capacity and alignment with the state priorities. The impetus of each of these in the cluster countries also varied according to the prevailing political environment.

For some time, civil society actors, namely the Tanzania Gender Networking Programme (TGNP) and other gender and women coalitions, have worked as pressure groups, compelling the government to review social policies for women's benefit (Lange et al., 2006). In Uganda, women Members of Parliament (MPs) mobilised with male legislators and the Uganda women's movement to push for the reform of several laws, including the Prohibition of Female Genital Mutilation Act (2010), the Domestic Violence Act (2010), and the Prevention of Trafficking in Persons Act (2009), in the midst of resistance to these processes (SWGS, 2019). In Kenya, the Federation of Women Lawyers (FIDA-Kenya) and the National Women Council of Kenya (NWCK) and its affiliate organisations have been at the forefront of movements to promote access to opportunities for women, promote environmental sustainability and reduce gender inequalities since 1964. In Rwanda, the government of Rwanda instituted the National Gender Machinery (NGM) made up of various institutions that have made collective efforts to oversee the coordination and implementation of gender mainstreaming in all government social development intervention strategies. These, among others, include the Ministry of Gender and Family Promotion (MIGEPROF), Gender Monitoring Office (GMO), National Women's Council (NWC), Rwandan Forum for Women Parliamentarians (FFRP) and Rwanda Men's Resource Centre (RWAMREC). Although these institutions each have a unique directive, they equally complement each other.

The interests and desires of individual citizens were consequential for the development of social policies during this period (Lindblom, 1986). Across the world, democratic governments listen and pay particular attention to their citizens' desires so as to minimise social unrest and avert violent confrontations. The citizens, as voters and through their participation in the electoral process help to initiate basic changes in policies (Anderson, 1979), and they have participated in gender policies' processes as individual policy entrepreneurs of different magnitudes in the cluster countries.

2.4.3 How the politics of the ideologies, norms, values and interests and actors interacted to influence policies

The interactions of the actors in pursuit of these ideologies and values led to the drafting of many relevant policies. In Uganda, for example, a National Health Policy (2010) and National Employment Policy (2012) were developed. Another complementary policy, the Equal Opportunities Policy (2006)

was also introduced. In Kenya, there was the Employment Act (2007), the Basic Education Act (2013), and National Policy Framework for Nomadic Education (2010). These, together with other global development agendas and the national development plans, have guided the gender issues in Kenya, and gave effect to the 2010 Constitution on provisions for gender equity and discrimination, mainly from the 2000s to the present day. In Tanzania, there was the National Employment Policy (2008) and the National Health Policy (2017). In Rwanda, the Constitution of 2003, that was amended in 2015, guarantees equal rights for both women and men and provides a quota of 30 % representation of women in all decision-making organs, which has been largely surpassed in many institutions. The National Employment Policy was developed in 2007 and revised in 2019.

2.4.4 Gender dimensions of social policy and other dimensions of inequalities

The interactions of the actors in pursuit of these ideologies and values led to the drafting of many relevant policies. In Uganda, for example, a National Health Policy (2010) and National Employment Policy (2012) were developed. Another complementary policy, the Equal Opportunities Policy (2006) was also introduced.

By the early 2000s, cluster countries had already set a positive stage for gender equality issues. Policies and programmes illustrated attempts to challenge discriminatory tendencies and practices in several aspects, including gender-based violence. In Uganda, gender specific policies in this period included the Judiciary Gender Policy (2012) and Gender in Education Policy (2009), both aimed at gender sensitive and responsive programming in these sectors. In Kenya, the Gender Health and Equality Policy of 2015 was introduced and aimed at empowering women in the areas of family planning and maternal health as well as HIV/AIDS, which disproportionately affected women and girls in the country. The gender and health policies were followed by the Linda Mama programme targeting the provision of free maternal and child health services at all public health facilities.

In Rwanda, the Women's Networks have been dedicated to promoting and strengthening strategies that empower women in knowledge since 1997 and have extensive experience in fostering women's participation and grassroots responses to community challenges. In Tanzania, the passing of the National Plan of Action against the Violence Against Women and Children (NPA-VAWC, 2017/18) consolidated the country's long-term fight against gender-based violence (GBV) and violence against women and children (VAWC) by addressing them as multi-thronged processes, caused by discriminatory norms and practices. In Rwanda, there were specific gender policies. For example, the National Gender Policy (2010) has the overarching goal to improve gender equality and equity across sectors while increasing women's access to economic resources and opportunities by ensuring that women and men are free from any form of GBV and discrimination (MIJEPROF, 2021).

The promulgation of the East African Gender Policy of 2018 marked a gender policy initiative to ensure that cluster countries take gender issues seriously. But there has always been a mismatch between policies and implementation. In the cluster countries, the judicial activism acts (Egonmwan, 1991) have also been used to influence gender policies in the cluster.

2.5 The COVID-19 Period

2.5.1 Ideologies, values and norms

The COVID-19 period (2019 and later), just like the previous phase, witnessed the continuation of the implementation of neoliberal agendas, but with a human face. This period witnessed the continuation and emergence of global development agendas such as the MDGs and SDGs with global intrinsic social policy values such as equality, equity, inclusion and respect for human rights highly prioritised in sector policies and programming of the cluster countries.

2.5.2 Interests and institutional actors

The interest during this time was to continue to invest in economic development and social services to the citizenry. Policy actors remained the official and unofficial actors (Anderson, 1979), with heavy influence from donors just as in the previous phase. For example, all the countries in the cluster implemented emergency COVID-19 response programmes. The COVID-19 period, in particular, witnessed unprecedented global partnership in dealing with the pandemic. Like the previous phase, civil society was also very significant and impactful in the policy making realms through activism and lobbying.

2.5.3 How the politics of the ideologies, norms, values and interests and actors interacted to influence policies

Though multiple actors have been involved, the COVID-19 period exposed policy challenges in the region. For example, it showed the limitations of existing social policy in addressing gender-based vulnerabilities in social security policies in respect of health care, employment, education and water and sanitation. The period also showed differences between the countries in response to the pandemic. While Uganda, Kenya and Rwanda embraced Western prescriptions, Tanzania sought to employ local solutions and denied the colonisation of the health system, as witnessed in the global response to COVID-19.

2.5.4 Gender dimensions of social policy and other dimensions of inequalities

Though there were no gender specific policies in response to COVID-19, there were many sector policy guidelines in health, education, employment and WASH that had gender implications. These helped to address the extant challenges that emerged during this period — drop out among girls soared and maternal deaths and youth unemployment increased.

3.0 THEMATIC ANALYSIS OF SOCIAL POLICY OVER TIME

3.1 Colonial Legacies in Social Policy Making

All the countries in the cluster were colonised, Uganda, Kenya and Tanzania by the British and Rwanda by Belgium. Uganda was a British protectorate from 1894 to 1962. Kenya was part of British East Africa and became a British Colony in 1920 until 1963. Tanganyika was a colonial territory administered by the Germans up to 1916, but after the defeat of Germany during the First World War, it came under British rule until 1922 when its administration was formalised under the League of Nations and it was ruled by Britain until 1961. Rwanda was also a German colony under German East Africa (*Das deutsch-*

ostafrikanische), but after the defeat of Germany in the First World War, it came under the Belgian League of Nations mandate from 1916 to 1945; and thereafter under the UN trust territory from 1945 to 1961. These colonial interventions left both positive and negative legacies for social policy, and the independent governments continue to adopt some of the positive influences to this day.

Among the administrative structures that colonial governments introduced was the parliament, commonly known as the Legislative Council in all cluster countries, to which natives were appointed or elected as members. Under this, the Executive Councils were either elected or appointed. The council members were part and parcel of the law and policy making processes. This system of election and appointment of public officers, whether political or administrative, is still in use in post-independent cluster countries and these officers are closely engaged in social policy development to this day. Besides these appointed and elected officials, there were the core civil servants, consisting of administrators and technocrats. A few educated native Africans were employed in the lower levels of administration and in teaching positions, which were mostly dominated by white colonialists. After independence, the Africanisation of the economies in the cluster countries led to the replacement of most of the European whites by Africans. This cadre of civil servants has since formed the bulk of public servants in each of the cluster countries. They are responsible for the formulation, implementation and monitoring and evaluation of sectoral social policies.

Colonialism left behind a legacy of administrative structures and social service provisioning systems that were designed to suit the purposes of exploitation. For example, health service provisions were based on⁸ grades with different quality in services. Uganda still has this grades system in the health sector: health centres two, three and four at the lower levels of local governments, then district hospitals. However, unlike in the colonial period when these grades were discriminatory, the purpose of the current grades is to suit the goal of decentralisation — of moving services closer to the poor. The education system also introduced private schools which had better resources both in terms of structures and teaching quality, but to which access was discriminatory. Colonialism also discriminated in water supply investments, benefitting urban locations more than rural ones. Independent governments in the cluster have failed to eradicate such discrimination and segregation effectively in social policy to date.

The colonial masters also acknowledged the fact that faith-based organisations were important partners in development. Indeed, most schools and health facilities in the cluster countries were originally constructed by faith-based organisations (e.g., missionaries). Post-independent governments have also embraced the system of partnerships in social service provisioning, including civil society actors, donors and investors in the different social sectors. The post-colonial governments have learnt the importance of the multi-actor approach to social policy development and management from the colonial experience.

To press for the rights of the workers who were being exploited by the colonists in the 1940s and 1950s, there was the emergence of Trade Union movements in all the countries in the cluster. Subsequent post-independent states have used these as the springboard for the civil society actors in social policy in work and employment since then. However, their effectiveness is a subject of debate today because of government repression due to their confrontational approaches in some of the cluster countries and internal contradictions. For example, in Uganda, NOTU (National Organisation of Trade Unions) has been credited for enforcing many labour laws, but its major challenges remain internal contradictions

and lack of recognition by the policy-making and implementing organs of government. As a result, their fight to ensure the attainment of minimum wage in the country has remained fruitless.

As evidence of the mixed colonial legacy, in all the countries during the colonial era, there was general systemic discrimination against girls/women which was, on the one hand, drawn by the cultural stereotype and patriarchal social systems in the region, but also by explicit colonial policies of rule which systematically segregated access to services and rights based on gender. For example, there were no deliberate and explicit policies to mainstream gender issues in the social sectors that were reviewed, although there were some concerns about girls' access to education and women's access to home economics. This same injustice can be found in the employment sector. Only women from elite backgrounds were educated and had access to employment, thus, widening the inequalities in employment and income opportunities by socio-economic status (Ricketts, 2013). The Africanisation policy adopted by the post-independent governments saw the urgency to bring equality and inclusion in these sectors. Although the status quo did not change much in the early post-independent phase due to cultural barriers, the later actions of the post-independent governments in the cluster are slowly narrowing the gender gaps that have existed over time.

3.2 Major Ideologies, Values, Norms and Actors Driving Social Policy Making over Time

The trajectory of ideologies in the cluster countries has been changing, from a colonial focused cash crop economy to post-independent nationalist, pan-Africanism to the predominant neoliberal development agendas, with social development adjustment agendas, of today. The values and norms have changed from narrowly based, predominantly access focused norms during colonial times when there was limited participation in policy making to broad values such as equity, access, quality, human rights and inclusion, largely due to the multi-actor approach to development and the global influence on development today.

During the colonial era, policy making was the exclusive domain of colonial administrators, geared toward their interests and benefits, and only reflected concern on native Africans and women if the motive was to further exploitation of resources. Immediately after independence, the scenario changed with subsequent governments tailoring social policies to socio-economic development, with the interest of citizens at heart. This continues to this day with the influence of global forces. The major ideological orientation and values of the cluster are summarised in Table 1.

Table 1: Gender issues across time in the cluster countries

Period	Influencing factors	Dominant values that affected gender equality
Late colonialism	Colonial control, resource exploitation, independence movements	Exclusion and discrimination
Early post-independence	Consolidating independence, Africanisation of the economy: Socialist ideology (Uganda and Tanzania); self-reliant, in-ward looking, state-led provisioning, Capitalism (Kenya)	Social services recognised as human rights, equality, inclusion, social justice, political equity and human dignity

Period	Influencing factors	Dominant values that affected gender equality
Crises and adjustment	Initially, economic restructuring and liberalisation (cost sharing, privatisation) Later, economic growth with a human face	Gender blind social policy shifting to gender sensitivity in social development processes
Beyond the crisis	Harnessing growth for social and economic development, reforms to address SAPs' effects, MDGs, SDGs	Emphasis on access, equity, quality of services, inclusion and social justice evident in social policy
COVID-19	Emergency responses, global partnerships, innovations	Limitations of social policy reflected by inadequacies in social protection policies affecting access to quality health care, learning systems and employment by gender. Later, policy reviews to address these shortcomings

Source: : ILO Key Labour Market Indicators Database

There have been many actors in the policy making arena, with a lean structure during colonial time to more inclusive actors now. The actors are both state and non-state. State actors are what are usually considered to be the official actors in policy making and management (Anderson, 1979), consisting of the executive, judiciary, legislature and administrators. Under this, there are also regional and sub-regional agencies which are useful in policy development. Since these countries run on similar political and democratic structures, the actors and the structures/institutions in the policy processes are the same or similar but have produced different policy impacts, largely due to the policy environment, national ideologies and priorities in the cluster countries. Episodes such as the Amin's era in Uganda and the Rwanda genocide definitely had negative impacts on policy processes. Likewise, there are also non-state actors, such as the Civil Society actors, political parties and private individuals. The effectiveness and impact of these over time have also largely depended on the political space available.

3.3 Gender Dimensions of Social Policy (both Gender Content and Consequence or Gender Equity)

The gender dimensions across time in the four countries are similar, though there are country specific differences. From colonial times to the post-independence period, there were no explicit gender policies in any of the cluster countries. Gender issues were marginally mainstreamed in the national development plans and the sectoral plans. After independence, gender issues became constitutional issues, embedded in the constitutions of each cluster country. With the globalisation of development processes, these became included in global development agendas which guided the National Development Plans and Sector Plans of cluster countries. Later, gender-specific policies began to emerge in each cluster country in the late 1990s and early 2000s.

Despite the policies and attempts to mainstream gender issues in sectoral and national development plans, the countries have not entirely succeeded in changing some deeply entrenched gender inequalities and social norms. Tables 2 and 3 hereafter show the existing gender gaps to which gender concerns in

the four sectors examined in this study (i.e., education, health, employment and water and sanitation) have contributed. More still needs to be done in all these sectors. The gender inequality index and gender development index (Tables 2 and 3) respectively for each country show the gaps compared to other member countries and Africa's average.

Table 2: Gender Inequality Index for the East Africa Cluster Countries (2019)

Country /Region	GII Value	*Maternal Mortality Ratio	Adolescent Birth Rate (per 1,000 women aged 15-49)	Female seats in parliament(%)	Population with at least some secondary education (%)		Labour force participation rate	
					F	M	F	M
Uganda	0.535	375	118.8	34.9	27.5	35.1	67.0	73.9
Kenya	0.518	342	75.1	23.3	29.8	37.3	72.1	77.3
Rwanda	0.402	248	39.1	55.7	10.9	15.8	83.9	83.4
Tanzania	0.556	524	118.4	36.9	12.0	16.9	79.6	87.3
Sub-Saharan Africa	0.570	535	104.9	24.0	28.8	39.8	63.3	72.7

*(deaths per 100,000 live births)

Source: : United Nations Development Programme (UNDP) (2020)

Table 3: Gender Development Index for the East Africa Cluster Countries (2019)

Country /Region	Life expectancy at Birth (Years)		Expected years of schooling		Mean years of schooling		GNI per capita (PPP\$)		HDI values		GDI value (F/M ratio)
	F	M	F	M	F	M	F	M	F	M	
Uganda	65.6	61.0	10.6	12.2	4.9	7.6	1,591	2,671	0.503	0.582	0.863
Kenya	69.0	64.3	11.0	11.7	6.0	7.2	3,666	4,829	0.581	0.626	0.937
Tanzania	67.2	63.6	8.2	9.3	5.8	6.4	2,222	2,978	0.514	0.542	0.948
Rwanda	71.1	66.8	11.2	11.2	4.0	4.9	1,876	2,444	0.528	0.558	0.945

Country /Region	Life expectancy at Birth (Years)		Expected years of schooling		Mean years of schooling		GNI per capita (PPP\$)		HDI values		GDI value (F/M ratio)
	F	M	F	M	F	M	F	M	F	M	
Sub-Saharan Africa	60.3	57.6	9.1	10.3	4.5	6.3	2,637	4,165	0.488	0.557	0.894

Source: : United Nations Development Programme (UNDP) (2020)

Other dimensions of inequality (income, spatial, etc.) in social policy

Apart from the gender inequalities in all the values and norms identified, other inequalities persist between urban and rural areas. Besides, there are inequalities in access to services by region in the countries. For example, the Northern and Eastern parts of Uganda have the lowest access to social services, so do the Northern and North-Eastern parts of Kenya. All these gaps existed from colonial time, but narrowing the gaps and inequalities seems to have posed problems since then.

4.0 CONCLUSION

a) Overall Critique of Social Policy Making

In the cluster, there are many constraints that are hindering making equitable and transformative gender policies. The major ones are discussed hereunder.

Although East Africa's regional Gross Domestic Product (GDP) growth was projected to rebound at an average of 4.1% in 2021 from 0.4% in 2020 with support from the global economic recovery strategies, the slow roll-out of COVID-19 vaccines and the risks of spikes in infections were expected to dampen the region's economic outlook (AfDB, 2021). The low roll-out of vaccines was due to dependency on vaccines from donors. This, plus the risk of infections, was deemed likely to impose challenges to the smooth policy processes in the already constrained sectors under review which could obfuscate innovations. In recent years, the region's burden of public debt has been on the rise because of several factors: emergency expenditures in the health sector, a slowdown in real growth of GDP and reduced inflows of commodity revenues associated with COVID-19. Additionally, East Africa's external public debt, similar to that of many sub-Saharan Africa countries, is more market-based, and, with no concessions, the rollover risks increase (AfDB, 2021). This trend, if it continues, will negatively affect the sectors as budgetary appropriations that should boost the development and implementation of equitable and transformative policies will dwindle.

The other major challenge for making equitable and transformative social policies in the cluster is the high rate of brain drain. According to the Fund for Peace report of 2021, all four East African countries recorded a human flight and brain drain index of more than the average of 5.25 (the GlobalEconomy.com, 2021). The indices are Uganda 6.7, Kenya 6.6, Rwanda 6.5 and Tanzania seven,

while Australia, the country that scored the lowest, is 0.50. The worst-scoring country is Samoa with an index of 9.90. The brain drain is a huge constraint to innovations as the best brains leave the economy, and this has been common in the health and education sectors.

Another constraint is the budget appropriations from the social sector, even in the absence of COVID-19. All these countries generate inadequate revenue that cannot sufficiently fund the social sectors under investigation. Their GDP growth rate average is only about five percent. Indeed, for the entire region, the trajectory shows dismal budget allocations to the social sector, only a small percent of the GDP. For example, the government of Uganda in 2014 spent 3.2% and 2.5% of its GDP on public education and public health respectively. In the same year, Rwanda spent 4.2% and 6.1%, Tanzania 6.2% and 2.9%, while Kenya spent 6.7% and 1.8% percent of its GDP on education and health, respectively (UNRISD, 2014). On average, Uganda spent the lowest on the two sectors in the cluster. Since then, the trend has most likely persisted to the present day. In all these countries, it is common to find that despite the budgetary shortfall, in most cases, the amount released is less than that approved, and that expenditure is less than the amount released. These anomalies are due to resource re-allocations, as in the case of Uganda (UNICEF, 2019).

Closely related to the aforementioned budget appropriation is the endemic corruption in the cluster countries. Corruption in all the cluster countries has dented the quality of and innovations in basic social services generally. While in 2021 Finland was the least corrupt country in the world with a perceptions index of 88, Uganda led the East African cluster with an index of 27, followed by Kenya, 30, Tanzania 39 and Rwanda 53. The corruption trend of each of the countries in the last decades has not been very different from the recent aforementioned figures. Corruption takes away funds that would otherwise be available for the development of social policy with intrinsic desirable values that would improve welfare.

The other constraint in the cluster countries is the mindset in some countries. As was the case in Uganda, the uptake of innovations made during COVID-19, such as the use of local sanitisers, masks, handwashing equipment and traditional remedies to the epidemic, etc., was initially very low. This was mainly because people are used to imported materials and believe that anything African is inferior, quite the opposite of the government's policy of BUBU (Buy Uganda, Build Uganda), which was geared towards promoting the use of locally manufactured goods and employing local skills or personnel in manufacturing. In contrast, in Kenya, the opposite approach, in favour of domestic innovations (promoted by the Buy Kenya, Build Kenya campaign) was observed as goods sourced from elsewhere were viewed with suspicion. Many believed that they were meant for the extermination of the human population which was reflected by the low utilisation of COVID-19 vaccines and family planning interventions. Further research is required to establish the reasons for the intriguing polar opposite attitudes on imported materials from these two neighbouring countries. Tanzania, on the other hand, addressed COVID-19 with a rigorous and determined approach to fight the challenge from an anti-colonisation perspective. For example, in Tanzania, the manufacturing of sanitisers, face masks and drugs was led by the government's Medical Research Institute and Higher Learning Institutions (Mfinanga et al., 2021). Together with the confidence instilled in people by leaders, and the refusal of total lockdown, many people responded positively to the policies of government. In this case, the Tanzanian strategy was inclined towards innovations and self-reliance.

Coupled with the mindset was the constraint of low levels of information and communication technology (ICT) coverage and uptake. By global standards, ICT coverage and utilisation is still low in the entire region, ICTs primarily consisting of Radios and TVs, thus affecting innovations and dissemination of innovation outcomes to the population. In Uganda, the proportion of households who do not have internet access is 89.2%, and the proportion of households who own a household telephone is only 10.8% (CIPESA, 2018). According to the Kenya National Bureau of Statistics (KNBS, 2021), 22.6% of the population have access to internet while 10.4% have access to a computer. About 50% percent of all Kenyans used mobile telephones in 2020. Rwanda reached 11,067,077 users in 2018 from 9,912,735 users subscribed to mobile networks operating in the country (MINICIT, 2022), and 4.12 million Rwandans were connected to internet (Kemp, 2021a). It was estimated that there were 15.5 million internet users in Tanzania by January 2021, an incremental increase of three percent between 2020 and 2021, while internet access in the country was 25%. There were also 50.15 million mobile connections in January 2021 (Kemp, 2021b).

Ideological focus also has a role to play in constraining innovations in the cluster countries. For example, in Uganda, the current government believes in motivating science teachers rather than arts teachers. This has demotivated social scientists in all sectors, yet there are lots of innovations that social scientists can make from the sociological, anthropological and social work perspectives when it comes to an epidemic such as COVID-19. In Kenya, the promotion of science and technology through the STEM (Science, Technology, Engineering and Mathematics) initiatives also demoralises innovations in the social sciences which would be complementary in the mainstreaming of science, technology and innovation.

b) Opportunities for Equitable and Transformative Gender Policies

One of the greatest opportunities for making gender equitable and transformative policies is the full implementation of the existing development visions that each cluster country has embraced to transform to middle-income country status in the coming decades. For instance, Kenya has set this target for 2030, Rwanda for 2035, Uganda for 2040 and Tanzania for 2025. All these provide fertile frontiers for innovations in education, health, employment and WASH sectors to propel these countries toward this desired direction. In addition, at the sub-regional level, the East African Community Vision 2050 provides a road map for social, economic and political transformation and development for the cluster countries (EAC, 2016). Human capital development, health, gender and women and WASH sectors are key on the development agenda for transformation, thus providing the requisite avenues for innovations.

Another significant opportunity for coming up with gender equitable and transformative social policies is sustaining the extant global agenda and partnerships. Global development agendas such as the MDGs, SDGs and other UN gender-rights processes (including CEDAW, Conventions, etc.) are good partnerships for influencing the nature of social policies in certain periods. The global partnerships seen through support to provide COVID-19 vaccines in the cluster countries are all good for boosting social policy innovations for the cluster countries. For example, in September 2021, Tanzania received USD600 million in funding from the IMF under the Rapid Financing Instrument and Rapid Credit Facility to support the government's efforts to respond to the effects of the pandemic by addressing the urgent health, social, humanitarian and economic burdens. Similarly, the IMF pledged to give Uganda one billion US dollars towards post-COVID-19 recovery (New Vision, 2021).

This was a timely opportunity for innovations. Local partnerships through engagement in development efforts by the civil society fraternity, and through the Public Private Partnership, are all avenues to be exploited for innovations for promoting gender transformation in all the cluster countries. A huge opportunity for developing gender equitable and transformative social policy in the four sectors is the effective implementation of the IGAD regional Women's Land Rights (2021-2030) by the cluster member countries (IGAD, 2020). Effective implementation would require innovations in respect to education and health, such as strategies to enhance women's empowerment. Alternatively, when women have rights to land, these can trigger innovations in education, health and other social sectors to accommodate the growing capacity and aspirations of women.

The African Union's Development Agenda (2063) in pursuit of the key theme: "the Africa we want" provides great opportunities for equitable and transformative social policy innovations in the four sectors under research. The agenda's priority areas, such as jobs, inequality, education, Science, Technology and Innovations (STI) skills-driven revolution, health and women and girl's empowerment provide rich areas for social policy innovations for the cluster members.

Though the percentage of budgetary allocations to social services is still low as a percentage of GDP in all the member countries, there is a huge opportunity for increasing them to stimulate policy innovations that can lead to equitable and transformative social policies. This is possible because of the extant democratic dispensation in member countries which citizens, opponents and civil society fraternities should take advantage of and continue to advocate and hold respective governments accountable for the services provided.

The emergence of a pandemic such as COVID-19 is an opportunity for social policy innovations in general because it exposes the otherwise unknown or ignored gaps in policy. COVID-19 indicated areas in the health, education, employment and water sectors that should be prioritised for interventions now and in the future. The existing social challenges and gender gaps in education, health, employment and WASH all provide avenues for policy innovations in the cluster countries. These can be augmented through strong advocacy and lobbying by civil society to ensure governments are committed to innovations and good governance in the cluster countries.

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