

Turning Point in the Development of British Colonial Social Welfare in Zanzibar, 1940-1963

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Abstract

This article examines the experience and influence of the British welfare interventions in Zanzibar. It elucidates the origins and implementation of the British colonial development and Welfare Act of 1940 and presents this legislation as an important landmark in the development of social welfare. The article employed qualitative approach and utilized archival and oral testimonies. This article argues that, while the British colonial development act of 1929 proved to be of limited significance, the introduction and implementation of colonial development and social Welfare Act of 1940 marked a significant turning point in the development of social welfare in Zanzibar. This was characterized by major developments in education, medical and health facilities as well as improvements in urban housing. The paper also maintains that although the provision of colonial social welfare services followed the traditional approach of focusing on urban areas, to some extent rural communities benefited from the services.

Keywords: Social welfare • Education • Health • Housing

Introduction

In attempt to examine the origins and implementation of the act in colonial Zanzibar, this paper is divided into four parts. The paper begins with discussions on the origins of the act by examining the major forces and developments which resulted to its introduction. This is followed by an examination of the introduction and implementation of act in Zanzibar [1]. The next part discusses the consequences of the implantation of the act and the last part is a conclusion.

Origins of the Colonial Development and Welfare Act of 1940

In 1929, the British government passed the colonial development act of 1929 which was aimed at fostering economic developments in colonies. This act, however, fell short of the expectations of the colonial Government and the people of Zanzibar. Little was provided for economic development and almost nothing for the welfare of the local population. This situation was almost the same in other British colonies. Even reports from the office of the secretary of state for the colonies later acknowledged the fact that the colonial development act of 1929 limited the objects for which assistance could be given. According to those reports, the emphasis of the act was on material development and excluded social development.

While the British government was busy implementing the colonial development act of 1929, the colonies witnessed outbreaks of social and political unrest in the 1930s. Several scholars have taken a keen interest in explaining how the prevailing unrest which followed immediately after the introduction of the colonial development act contributed to the British government changing its policy on colonial development and welfare. The period was clouded by strikes and riots in the West Indies in 1935 and more serious disturbances in 1937. Similarly, Africa witnessed general strikes in Mombasa in 1939, miners' strikes in the copper belt in 1938 and a wave of strikes in Dakar from 1936 to 1937. The outbreak of these strikes represented a failure of the colonial development act of 1929. He rightly defended his position by arguing that the 1929 act was, for all practical purposes, abortive because its motive was to give work to Britain's unemployed rather than to promote colonial welfare.

The intensifying waves of strikes and disturbances in the colonies came as a shock to imperial officials. The 1930s as a time of changing attitudes among those involved in colonial affairs in London. The outbreak of riots in various West Indian Islands led to the appointment of the West India royal commission, under the chairmanship of Lord Moyne, in August 1938. While the Royal commission investigated the West Indian situation, the British government was reconsidering the policy regarding colonial development in general [2].

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In one of its recommendations, the Royal commission emphasized the pressing need for higher expenditure on social services and development in the colonies. On 27th June 1938, McDonald chaired the first meeting of the departmental committee to discuss the question of colonial welfare and economic development before the eventual drafting of the colonial development and welfare bill following a series of debates, a draft statement of policy on colonial development and welfare and on colonial research was put before the cabinet on 15th February 1940. This statement aimed at introducing the colonial development and Welfare Act of July 1940. The act made provisions for promoting the development of the resources of the colonies and welfare schemes in the colonies in any financial year and a sum of five hundred pounds (£ 500,000) a year for promoting research in any financial year. The purposes for which the money might be spent were extended to include education, public health and housing. The question that follows from this general overview is how the act was specifically introduced and implemented in colonial Zanzibar, which is now addressed [3].

The early 1940s saw Zanzibar haunted by a number of social welfare problems that called for state interventions. One of the major social welfare problems which frustrated the colonial government was the existence of beggars. The mendicants were regarded as a danger to public health. There was also a problem of shortage of medical and health services and facilities. The existing government native hospital in Zanzibar town, for example, was short of accommodation for patients on account of insufficient rooms. The situation was even worse in the rural areas as the British resident in 1943 pointed out that, the poor quality of the majority of the rural dispensers means that adequate medical attention is available only to those who can reach the towns.

Health problems arise due to the prevalence of diseases such as malaria, hookworm and tuberculosis. There was also the problem of malnutrition which was regarded as the root of much ill-health and inefficiency of the local community, as well as the problem of housing compounded by considerable overcrowding in both Stone Town and the native location of Ngambo. Moreover, the education sector suffered from several problems including the shortage of education facilities [4].

The formulation and introduction of the colonial development and Welfare Act in Britain in 1940 was immediately echoed in the Islands of Zanzibar. Colonial officials and other individuals in Zanzibar started to inquire how the Government and its people could benefit from that act. Responding to the newly introduced act, in 1942, the British resident, sir guy pilling initiated the programme for the future social and economic development of Zanzibar. He gave orders for a comprehensive draft policy to be drawn up under separate development headings. In 1943, after prolonged consideration by the welfare committee in Zanzibar, the government produced the memorandum on economic and social development of Zanzibar which set out the broad policy to be pursued in the social development of the protectorate during the post-war years. The memorandum became the blueprint guiding the implementation of the colonial development and Welfare Act of 1940. The main principles were three fold: First, to ensure the fullest development

resources of the protectorate; second, to provide for the establishment of social services through which people would acquire a higher standard of living and enjoy a fuller and happier life; and third, to afford an outlet for people's natural aspirations by enabling them to take a greater part in managing the protectorate's affairs, both by being employed in the services and by being represented on local governing bodies which might be set up under a system of district and municipal administration.

In his memorandum, the resident reviewed the existing position and future requirements in the fields of administration, agriculture, education, medicine and public health, municipal government, housing and town improvement, social welfare and others. Regarding education, the resident posited that the first aim of an education policy was to provide better teacher-training for both genders, which would hasten the spread of primary education and particularly girl's education. On health and medical facilities, the memorandum suggested the need for the coordinated distribution of medical and health facilities. This included the construction of modern hospitals in Zanzibar town, chake chake and Wete in Pemba. The proposals also included the construction of rural hospitals, sub-dispensaries and first aid posts, a new hospital for smallpox and other international quarantine diseases together with improved accommodation for mental cases. Regarding housing and town improvement, as a solution to the problem of overcrowding and slum conditions in Zanzibar town, the memorandum proposed housing schemes and reclamation of a large tidal creek lying to the North-East of Zanzibar town [5].

On 8th July, 1943 the British resident forwarded the memorandum to the secretary of state. The secretary substantially endorsed the general principles of the memorandum, which was released to the development committee for discussion. Meetings of both welfare and development committees followed where by the proposals were studied further. The next stage was the preparation of detailed departmental programs, with estimates of costs, with a view to embodying them in a comprehensive plan. By 1945, all schemes, with the exception of the one concerning drainage, together with a financial appreciation of the ten-year period from 1946 to 1955, had been sent to the secretary of state by sir guy pilling [6]. Consequently, the secretary of state approved a block grant of £ 750,000 for the schemes proposed by the government of Zanzibar.

Some literature indicates that the implementation of the colonial development and welfare act of 1940 was interrupted by the outbreak of WWII. This was because up to 1945, most British resources were concentrated on supporting the war effort. In his telegraphic dispatch to the colonies, in 1940, the secretary of state for the colonies, Lord Lloyd, gave a call to the colonies to organize themselves so as to contribute their full share to the common war effort. Consequently, little was provided to the colonies as part of the implementation of the act. In the same vein, the war also had a direct impact on the government of Zanzibar, as some officials were sent elsewhere to support the British war effort. Early in 1940, the British resident in Zanzibar pointed out that the European personnel in the administration were already depleted by twenty percent or more as a result of the call to war.

The medical and sanitary department was one of the departments whose limited staff continued to be drained by the war. For instance, in 1942, doctors S.W.T. Lee, C.E. Roberts, D.D. The department of education also suffered from the same problem of shortage of labour as a consequence of the war [7].

Despite this, what was unique in the case of Zanzibar was that the government to some extent benefited from advances from the colonial development and welfare fund during the war. In 1943, the colonial office provided Zanzibar with a grant of £ 6,000 for an experimental scheme for improvements in housing and sanitary conditions in Zanzibar town ship and the reconstruction of selected areas. Additionally, in 1944 the colonial development and welfare fund continued to finance experimental schemes for an improvement in housing and sanitary conditions in the Zanzibar township, the construction of the civic center in Ngambo and of a boarding school for African and Arab girls, improvement in medical and health services and the development of water supply infrastructure.

According to the provisions of the colonial development and Welfare Act of 1940, the schemes to be supported by the welfare fund were to end on 31st March, 1951. As a consequence of the war and the engagement of a huge amount of British resources in the war effort, the colonial development and Welfare Act was not fully implemented in the colonies. This meant that if the British government was to fully implement the 1940 act in the colonies after the war, it would have been left with about six years before the act expired. Thus, before the end of WWII, the secretary of state for the colonies asked parliament to extend and increase the provisions for colonial development and welfare so that the colonies would be able to pursue an active policy of development when peace returned. In a circular dispatch in 1944, the secretary of state informed the colonial governments that he had made proposals for an extension of the colonial development and welfare act and an increase in financial provision for the colonies. The proposals were discussed at a meeting of the war cabinet on 21st November 1944. As a consequence of those efforts, the colonial development and Welfare Act of 1945 was finally introduced [8]. The act made available a total sum of £ 120,000,000 over a period of ten years ending 31st March, 1956. Apart from increasing and extending the provision for colonial development and welfare, the 1945 act greatly facilitated long-term planning of colonial development.

Each colonial government was asked to draw up a ten-year development plan, taking into account the money allocated under the colonial development and Welfare Act and contributions expected from its own revenue and from loans. In summary, the Zanzibar ten-year plan provided for a total of £ 1,440,000, of which £ 750,000 was to come from the colonial development and welfare vote, £ 250,000 from a loan and 440,000 from a surplus balance or revenue from the local governments. The main emphasis of the ten-year plan was on the development of welfare and social services. Contrary to the 1929 colonial development act, which considered education unimportant, more than a third of the expenditure from the 1945 colonial development and welfare fund was devoted to the development of education in Zanzibar, providing for a considerable increase in primary education as the main objective. There was also provision for the establishment of training centers for teachers and improvement in the quality of secondary education. The medical

and health plan, the total cost of which was estimated at £ 336,000, included the construction of several new hospitals and twenty one rural dispensaries. Improvement of Zanzibar's native towns formed another important item, which included a comprehensive scheme for slum clearance, rehousing, drainage and sanitation [9].

Consequences of the Implementation of Colonial Development and Welfare Act in Zanzibar

The introduction of the colonial development and Welfare Act of 1940 and its subsequent amendments to accommodate new changes can be considered a turning point in social welfare developments in Zanzibar. From the provisions made by the act, the colonial government was able to implement social welfare projects which were initially impossible because of lack of funds. The benchmark of these new developments could be seen in the provision of education and specifically primary education, mostly in rural areas, medical and health facilities, improvement in housing and sanitary conditions for local residents.

Beginning with education, it has been pointed out that the main objectives of education programmes were to provide facilities for a considerable increase in primary education. Rural areas became the direct beneficiaries of these projects as they had been sidelined for a long time before the introduction of the act. In 1937 there were only two Government schools in Northern Zanzibar and only three schools in the Southern part of Zanzibar. These were not enough to accommodate the enrollment of students in the rural areas of Zanzibar. Unfortunately, in 1938, those two government schools in Northern Zanzibar, Mangapwani and Donge, were closed for a number of reasons including parents refusing to send their children to school because they were suspicious about the aims of colonial education. They argued that what their children were taught at school had no practical utility in their daily lives. Parents stressed that when their children returned home they refused to do agricultural work. Quranic teachers also opposed colonial education. Amidst these misunderstandings and confusion, the implementation of the colonial development and Welfare Act in Zanzibar resulted in two major changes in education. First, there were changes in the approach aimed at winning the support of the local population, especially the rural population. Implementation of the act on the ground was associated with new approaches to wipe out the existing confusion and win the support of the local population [10].

This involved the establishment of Quranic classes and the employment of local Quranic teachers in primary schools to teach Quranic lessons. From 1940, the scope of rural primary schools was extended by inclusion on the staff of the village Quran school teachers. Colonial reports attest that this measure removed a major source of friction between the schools and the villagers. Now Quranic teachers brought their pupils with them and a Quranic class was formed in each rural school. From these Quranic classes pupils progressed to secular primary education.

The immediate result of the introduction of Quranic teaching in government primary schools was an increase in the demand for such schools. The number of boys primary schools rose from 14 in 1939 to 23 in 1942. It thus became necessary to reintroduce training of primary school teachers and thus a teacher training center was opened in 1943. This center was attached to the Rural Middle School

in Dole. The number of boys schools rose steadily to 30 in 1945, 42 in 1955 and 50 in 1960.

Secondly, there was extension and construction of new buildings. The ten-year development programme for educational development led to the establishment of permanent centers for training both men and women teachers. In 1947, the government started to build a rural middle school and teachers training center at Beit el-Ras. In 1950 buildings for a new rural middle school for 149 pupils, a mosque, clock tower, teacher training school and 23 houses were completed. In the same year, a center for teachers in-service training was opened. It admitted 34 male teachers-in-training and the center became a famous education institution not only in Zanzibar but also in other territories in Africa. For example, in the same year the center was opened, it admitted 20 male teachers-in-training from the mainland. With increased teaching staff, Zanzibar experienced a steady expansion of educational services as laid down in the development programme. There was increased enrolment of pupils in Government schools and consequently new schools in the rural areas started to be built and opened. In 1947, new schools in rural areas were opened in Kiembe Samaki and Kinyasini in Zanzibar.

Also the extension of education as a consequence of the act resulted in the emergence of a group of educated Africans in Zanzibar. After finishing standard eight at dole rural middle school, those students who failed to proceed to secondary schools in town were admitted to the teachers training centre in dole and later at Beit el Ras. The resulting increase in the number of teachers enabled more primary schools to be opened in rural areas. One of these teachers was Mr. Kassim fattawi from Makunduchi village who started standard one at Makunduchi primary school in 1940. Because he was successful in the primary school examinations at standard five, he joined dole rural middle school and in 1948 he was enrolled in the teacher training college at Beit el Ras. In 1953, he was employed as a primary school teacher in Mwembe dodo primary school in Makunduchi. Other examples of teachers who were educated and trained as primary school teachers from Makunduchi were Seif Makame Ameir and Jihad Hassan who taught in different primary schools in Zanzibar. The emergence of this group of educated African teachers resulted in a number of consequences. First, with the employment of these new teachers, the established tradition that public employment opportunities were reserved for Arabs and Asians started to be shaken. These graduates were employed by the colonial government to teach in different rural government schools and this became a new experience in the lives of the rural African population and even of their Arab counterparts. In fact, this marked a direct change in the functions and responsibilities that had always been enjoyed exclusively by Arabs and Asians [11].

Second, there was increasing awareness among the rural communities that they could send their children to school following the example of the newly employed teachers. Teaching had now become a respected profession. The appearance of these new teachers in terms of cleanliness, the way they dressed with white shirts and trousers and white socks and neatly polished black shoes caused students and even parents to develop a positive attitude towards that profession. The dodo primary school in Makunduchi in 1953, explained that almost all the students

imitated the way their teachers behaved. Contrary to the preconceived understanding of British colonial education of rural communities that education would not help them change their lives, now education seemed to pay off. These communities started to become optimistic that after finishing standard eight and the teacher training course, their children would be employed.

Third, these new teachers sent a good message to the local rural communities that colonial education was not about proselytization, as they had always thought, or an education only to be given to the children of former slaves and other immigrants from the mainland. Rather it was an education about career and character building. Being a teacher during British colonial rule meant gaining respect in the communities and everyone aspired to be a teacher. Following the emergence of this generation of local teachers, there was an upsurge in the enrolment of students in rural schools. This was the outcome of the positive role played by these new African teachers, who became a good link between local communities and the colonial state in extending education. All our informants, who had served in the British colonial government, attested to the fact that they took the initiative to visit the parents at their homes and encourage boys and girls to attend school. One informant explained that even he wanted to be enrolled in school, but he did not have uniform, but an African teacher bought him uniform out of his own salary and asked him to go to school. Comparatively, a study on "society, state and infant welfare," demonstrated that in extending welfare services, efforts were made by both local communities, such as peasants, local chiefs and dressers on the one hand and the colonial state and colonial subjects on the other. In the same vein, the extension of western medicine in Zanzibar came when Zanzibari Arab, Indian and Africa doctors, nurses and midwives joined the service. Likewise, this study has established that the new African teachers became mediators between the colonial Government and local communities in the extension of colonial education in Zanzibar.

Also the implementation of the colonial development and welfare fund in Zanzibar resulted in an improvement in urban housing and sanitary conditions for the local population living in Zanzibar town. One of the main problems confronting the colonial government before the introduction of the ten-year development projects was overcrowding in both Stone town, inhabited mainly by Indians and Arabs and a small European population and the native location of Ngambo. The modern day Zanzibar city, to a significant extent, owes its shape to the colonial development and welfare projects. In 1943, through the colonial development and welfare fund, Zanzibar received a grant of £ 6,000 for an experimental scheme for improving housing and sanitary conditions in Zanzibar township and the reconstruction of selected areas. In 1944 and 1945 sums of £ 1,019 and £ 2,273 were given respectively for the scheme of housing improvement in Ngambo. In 1945, a number of houses under the project were completed, including 18 houses at Mji Mpya and 67 houses at Holmwood in Zanzibar town. Some labourers were employed as masons, carpenters and that chers and other in different projects including the construction of roads.

Discussion

Under the 10 years development programme of 1946 to 1955, the scheme for the development of urban sanitary and housing

conditions was introduced. The construction of new houses in Ngambo was a product of this initiative. The scheme provided for partial clearance of the slum area in Ngambo, the provision of access roads, the extension of electricity supply and the provision of storm water drainage in the town area. To provide accommodation for those persons who were dispossessed of their houses and were awaiting the construction of new utility houses in their place, the government built reception houses to accommodate them. In 1953, 154 houses were built at Holmwood and Mji Mpya and a small rent was charged for those houses.

The rents were collected by the municipality, which retained 25% of collected rent and paid 75% to the development revenue on the principle that maintenance expenses would be covered by the revenue. Occupants were required to pay ground rent at a standard rate to the landlord of the site upon which the new utility house was built.

As regards medical and health services, the main objective of the scheme was to improve and expand hospital facilities. To meet this objective, provision was made for the construction of a new hospital in Zanzibar, the construction of 10 rural dispensaries, a mental hospital, a new hospital on Pemba Island, the tuberculosis hospital, the erection of rural health units and the expansion of school medical and dental services. It was fortunate that from the colonial development and welfare fund rural dispensaries and a mental hospital in town were constructed. There was also training of local personnel as hospital attendants, nurses and health visitors in connection with the expansion of medical and health services in Zanzibar. Colonial reports indicate that, in 1950, the social welfare schemes under the colonial development and welfare fund had progressed, as the Makunduchi maternity center was opened by the sultana in August that year. According to archival sources, the center proved to be very popular among the local residents. One of the remarkable and permanent social welfare structures was the new Government hospital in Zanzibar town. From the provisions made by the colonial development and welfare fund, the Government hospital was built to address the medical and health problems afflicting the local population. It was called Hassanali Karimjee Jivanjee hospital after a well-known merchant in Zanzibar. This merchant had made a major financial contribution to the construction of the hospital. Equipment for Hassanali Karimjee Jivanjee hospital was made possible from the colonial development and welfare fund. This hospital was renamed V.I. Lenin Hospital after the revolution and is now a days known as Mnazi Mmoja Hospital. It remains the major medical and health institution on the Island of Zanzibar to date.

The scheme for medical and health developments included extension of tuberculosis services as the demand by the public for tuberculosis treatment was steadily increasing and the existing facilities were inadequate. Towards solving this problem, an old school in Dole located outside Zanzibar town was chosen as a site for building a hospital for the purpose. Two wards for 16 male and 14 female patients and staff quarters were completed in 1951. Half the costs of the building of Dole TB hospital were acquired through the generosity of Tayabali Karimjee, an Indian businessman.

In addition, the ten-year development plan provided funds for the

construction of a mental hospital in Zanzibar and its implementation commenced immediately in 1946. The hospital sought to address the problems associated with the treatment of mental cases in the mental hospital which formed part of the prison. It was completed in 1948 and was opened in March 1949. According to archival sources, it was a fine building of modern design with accommodation for 78 male and 53 female patients. Different types of cases were segregated in separate wards. The medical and sanitary report for 1949 shows that it became almost full to capacity as soon as it was opened in that year furthermore, contrary to other British colonies in Africa and elsewhere, Zanzibar received exclusive attention concerning the extension of social welfare services. As distinct from other colonies, with the exception of a small part directed at economic development, most of the schemes were geared at developing education for the local community, extending medical and health facilities and improving urban and sanitary conditions. This was no accident. In 1949 the British colonial government acknowledged that the Zanzibar protectorate: Has limited resources and offers little immediate scope for economic development. The plan therefore lays the main emphasis on the development of welfare and social services in order to bring them up to a standard which may be regarded as reasonable.

Conclusion

The introduction of the colonial development and Welfare Act in 1940 and its subsequent amendments resulted in profound changes in the development of social welfare in colonial Zanzibar. The implementation of the act resulted in a significant development of education not only in urban areas but even at the rural areas. Opening of training centers for primary school teachers and the construction of new schools in urban and rural areas increased the number of students admitted in schools. Also the funds from the act supported the construction of new health facilities that were important to the local communities. This included the construction of new hospitals and maternity center. In addition the funds provided to support the improvement of housing conditions in town and construction of new houses greatly shaped the modern day Zanzibar town.

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