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Authority at Twilight: Civil Society, Social Services, and the State in the Eastern Democratic Republic of Congo

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Authority at Twilight: Civil Society, Social Services, and the State in the Eastern Democratic Republic of Congo

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Dedication

In memory of Alison Des Forges, who knew that good scholarship should improve the lives of others, and in honor of the people of the Eastern D.R. Congo, with the hope that peace, development, and a bright future will come quickly.

"Kutokana na ukamilifu wake, sisi tumepokea neema mfululizo…"

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Authority at Twilight: Civil Society, Social Services, and the State in the Eastern Democratic Republic of Congo

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Abstract: This dissertation examines the role of civil society actors in the social service sectors of two cities in the eastern Democratic Republic of Congo. Although existing scholarship addresses the nature of state-society relations in collapsed states, less is known about how local institutions act to maintain "state" structures even when the state is absent. My project contributes to this literature by explaining why, in a failed state, some civil society organizations (CSO's) are more successful at providing social services than others. I hypothesize that variations in internal organizational cohesion account for these differences. Using an historical institutional approach, I examine the history, level of engagement with the state, ethnic composition, and level of international support of various CSO's in the eastern D.R. Congo as indicators of a CSO's level of organizational cohesion. I then compare fifteen structural indicators to determine each CSO's level of success in organizing social services, and conclude that CSO's with higher levels of internal organizational cohesion are more likely to successfully organize health and

education structures in situations of state collapse. In addition, the portion of the study that addresses ethnic fragmentation in CSO's suggests that certain institutional arrangements can help local groups to overcome the well-documented barriers to inter-ethnic cooperation in public goods provision.

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Introduction

In July 2005, I stepped off a bus from Kigali, Rwanda into the Democratic Republic of Congo for the first time. Immediately, officials from the health post ushered me into their thatched-roof hut, checked to see if my vaccinations were in order, and sent me to immigration and customs. I easily cleared customs, but at immigration, the border control official took one look, smiled, and ushered me into his office. He proceeded to interrogate me as to why I wished to enter the Congo. My answers being not to his satisfaction, the official put me in "detention" (in this case, a chair in the middle of the road from which two other offenders were unceremoniously removed) until my lone contact in Bukavu could rescue me an hour later. He easily negotiated my release, and I escaped the indignity of imprisonment in a chair without having to pay more than the official rate for a visa. We took a taxi up into the city, from where I could finally see the eastern Congo, a place where almost nothing works according to the norms of modern statehood and governance.

My experience that day at the border left me with a number of questions. Who did that immigration official represent? His uniform, office, and official stamps suggested that he represented the full authority of the Congolese state. But I knew from my pre-fieldwork research that the central state in Kinshasa had almost no reach or authority into Bukavu. Moreover, I was certain that my visa fees would not go into the state coffers to pay salaries or the cost of maintaining the border post. It would instead go directly into the pockets of the official, and his interest was not in upholding laws but

in providing for his family with the money he was able to extract from meddlesome foreigners.

Even more curious, however, was the fact that I followed the official's directions. Not wanting any trouble at the border, and certainly not wanting to risk being denied entry to the country in which I needed to do pre-dissertation fieldwork, I just smiled, feigned linguistic ignorance when he made insinuations about bribes, and sat quietly in the road until matters were settled. It is very unclear that it would have really mattered if I had ignored him and walked to the waiting taxi stand. Indeed, I quickly learned that sometimes one needs to ignore Congolese officials in order to avoid paying bribes or being detained in spaces far less pleasant than a chair by a river.

Why, though, despite the knowledge that the border official was not acting as an agent of the state, did I still acknowledge his authority over that tiny sliver of land in central Africa? What does one call a form of rule that is based not in any constitutional or territorial claim to power, but that nonetheless can impede the liberty of residents and visitors to go about their business?

I have crossed the Congo-Rwanda border without incident many times since, but the questions that first experience prompted in many ways drove the research that resulted in this dissertation. The state-centric theories of political organization so prevalent in the discipline of political science seem not to apply very well to the reality of governance in collapsed states in which a shadow of state authority is still present. As the project's subject came into sharper focus, I became more concerned with basic questions. How do people organize their cities when there is no state and when urban migration and open conflict mean that traditional forms of order have broken down?

What prompts a group of people to provide public goods when there are no taxation structures to share the burden of costs? Why are some organizations better at doing this than others? And why do some people, such as an immigration official who represents the state in name only, still get to claim the mantle of state legitimacy?

This dissertation builds on the work of others who are interested in similar questions about what happens in situations of state failure and how it changes governance, public goods provision, and authority structures. Christian Lund (2006), from whom I borrow part of the title of this dissertation, eloquently described the rump structures of a now-collapsed state as "twilight institutions."[1] I draw on his understanding of the nature of such institutions as a way to understand the so-called "collaboration" between what is left of the Congolese state and the civil society organizations (CSO's) who do the state's job. "Collaboration" is a polite way of acknowledging the fact that although the state should be operating its own schools and hospitals in the *de jure* sense, the *de facto* reality is that it cannot. Instead, civil society organizations substitute for the state in almost every aspect of public goods provision present in the region.[2]

This dissertation examines the question of why some organizations are better at substituting for the state than others in the social service sector. Social services are key public goods. Even in the midst of war, parents care about getting their children educated, and everyone needs health care. Thus there is a strong, natural incentive to provide the services. A strong disincentive to actually provide services exists, however,

[1] Christian Lund, "Twilight Institutions: An Introduction" in Development and Change 37:4 (2006), 673.

in that most Congolese cannot afford the cost of health care or education. Civil society organizations that decide to provide social services face the prospect of operating with huge deficits and a constant search for external support. The churches, most of which have a built-in base of financial support through international missionary and charitable alliances, are thus the most obvious choice to provide these services. Not coincidentally, most churches have a long history of involvement in education and health care that predates the birth of the Congolese state and strengthened with its collapse. Since the bulk of health and education providers in the eastern Congo are churches, they comprise most of the organizations in this study.

To explain why some churches and other civil society organizations are more successful at providing social services than others, I developed a theory of internal organizational cohesion. This theory, outlined in detail in chapter one, suggests that a civil society organization's ability to successfully organize social services is directly related to the degree of cohesion or fragmentation within the organization.

RESEARCH METHODS & CASE SELECTION

Data collection is a problem for all scholars working in failed states or in post-conflict situations. Difficulties in obtaining reliable data are even more pronounced in the Kivu provinces of the eastern Congo, where, as Autesserre (2006) notes, the limitations of transportation and other forms of infrastructure constrain a researcher's

[2] Basic security, arguably the most important public good, is in short supply. Providing security to a city or region is anathema to most CSO's, and local defense organizations tend to lack enforcement capacities.

ability to even access most areas of the province.[3] Like their counterparts everywhere, Congolese bureaucrats are fastidious collectors of statistics, but fifteen years of war and neglect took its toll on the archives of many government offices and church bureaucracies. I encountered further data problems in Goma, where the 2002 eruption of Mt. Nyiragongo destroyed large hospitals, schools, and all of their records. Approximately eighteen percent of the city was buried under several feet of solid volcanic rock. In cases where data are no longer available, I am forced to rely on published accounts and the observations of local civil society actors and international observers.

Conducting research in the eastern D.R. Congo is very rewarding, but there are numerous challenges associated with living and working in the region. In addition to earthquakes, an angry mob, police brutality, frequent electrical outages, and the inevitable accusations of spying, there are a few challenges that are particular to researchers working in central Africa. The primary data for this study was obtained during field research in Bukavu and Goma between July 2005 and August 2007. I spent a total of 7.5 months in central Africa on three trips.[4] Field research for this dissertation was supported by a Malcolm MacDonald Fellowship (2005-06) and two Malcolm MacDonald Summer Research Internship fellowships (2004 and 2005).

My fieldwork spans the period during which the D.R. Congo moved from the transitional framework for government that was agreed upon as part of the 2002 peace

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[3] Severine Autesserre, Local Violence, International Indifference? Post Conflict 'Settlement' in the Eastern D.R. Congo (2003-2006). Diss. New York University, 2006.

[4] In addition to Bukavu and Goma, I also conducted interviews in Kinshasa, Kampala, Kigali, and Nairobi, as well as phone interviews in the U.S. Clarification questions were asked via e-mail.

settlement, through the country's first democratic elections in July 2006, and into the rule of the newly-elected Joseph Kabila government. This was a fascinating time to be a political scientist in the field, but it also meant that tensions were high between competing rebel movements, the government, political parties, and other regional troublemakers. Continuing insecurity in Ituri district forced me to drop case studies in Bunia and it was virtually impossible to do a systematic comparison of social service structures in rural areas.

My research is primarily qualitative in nature and is based on interviews with more than 150 subjects.[5] Approximately two-thirds of these interviews were with Congolese elites, primarily hospital and school administrators and staff, church officials who oversee social service programs, government officials, and civil society leaders in each city. I also interviewed international peacekeepers, observers, and representatives of international non-governmental organizations (NGO's) and agencies that are involved in health care and education. I conducted semi-structured interviews with questions about institutional history, the subject's personal involvement with the CSO, the general history of social service delivery in the city, and the collaboration between civil society and government in the social service sector. For non-Congolese subjects, interview questions focused on the NGO's role in the service sector, how international donations are distributed, and the general security situation in the region.

In addition to data obtained in the field, I also rely on the extensive secondary literature on the D.R. Congo in general and the Kivus in particular, as well as primary source documents and statistics obtained from interview subjects, church bureaucracies,

and bureaucrats of the remnant institutions of the Congolese state. I also draw on firsthand observation of the situation in the region, including site visits to hospitals, health clinics, schools, and churches.

Sites for this study were selected on the assumption that there would be significant variation between two cities with similar geographic locations (at a great distance from the central authority, and therefore among the least likely places to be under the state's control), but with very different political histories. Field research revealed that such variation in the successful organization of social services does not occur across geographic lines, but rather by institution. Organizations were selected to ensure a representative cross section of major social service providers in each city across the Catholic, Protestant, and non-governmental sectors. Although there are a number of other civil society organizations engaged in social service provision in each city, the CSO's represented in this study represent those who have organizational headquarters in either Nord-Kivu or Sud-Kivu. Seven of the eight organizations have headquarters in Bukavu or Goma.[6] This method of selection avoids the problem of studying organizations that have a minimal presence in the cities because their bureaucratic headquarters and bases of popular support are in other provinces.

TERMINOLOGY

In common parlance in the D.R. Congo, the term "civil society" refers to a specific institution. "*La Société Civile*" is a government-registered organization that

[5] A complete list of interviews is provided in the appendix.
[6] The exception is the CEBCE church, which is headquartered in northern Nord-Kivu.

serves as an umbrella group for the many registered NGO's in Congolese civil society.[7] Despite this official status, it is not a corporatist organization, as the group is completely independent of government control and does not derive its legitimacy from the Congolese state. *La Société Civile* includes many member organizations that focus on such issues as health, reconstruction, and women's rights. Unlike most civil society organizations elsewhere in the world, this umbrella group is in many ways elite-driven, headed by prominent citizens and intellectuals. Founded in the early 1990s as the pressure to democratize Zaïre grew, it is a major force in Congolese political life and is always included in the country's major decision-making processes.[8] As MacGaffey (1994) notes, Congo's civil society was an outgrowth of a major "shift in the power structure" that brought about the collapse of Mobutu's regime.[9]

In this thesis, I use the lowercase term "civil society" to refer broadly to all non-state civic associations, including churches and other groups engaged in public life. When I refer specifically to the organization that attempts to coordinate and oversee the activities of all civil society organizations, I call it *La Société Civile*. Further complicating the terminology is the fact that Congolese civil society has experienced

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[7] All non-governmental groups in the D.R. Congo, including churches, must register with the government and have a registered figurehead known as a legal representative. This system is a relic of the Mobutist and colonial regimes. It is ironic that civil society groups that perform state substitutionary roles have to be registered with the very state that they are replacing. Because the state is so weak, it can take years to formally incorporate as an official non-governmental group in the D.R. Congo. This does not stop non-registered NGO's from doing their work.

[8] Most significantly, *La Société Civile* was granted a role in the 2002 peace process that ended the second international and civil war, and one of the five most important government ministers in the transitional government represented civil society. The other ministers were leaders of the major rebel movements and the President.

[9] Janet MacGaffey, "Civil Society in Zaïre: Hidden Resistance and the Use of Personal Ties in Class Struggle" in John W. Harbeson, Donald Rothchild, and Naomi Chazan, eds., Civil Society and the State in Africa (Boulder: Lynne Rienner, 1994), 176-77.

divisions, and there are actually three umbrella civil society organizations.[10] However, *La Société Civile* is by far the primary and most powerful civil society organization operating in Bukavu and Goma, so this analysis focuses on its work.

In the D.R. Congo, the highly personalized rule of the Zairian state actively opposed the development of non-state and non-party-based groups. Very few civil society organizations were allowed to develop prior to the economic crises of the 1980s and the collapse of Mobutu's rule in the early 1990s. Among the exceptions were government-registered churches and church-run organizations, such as nutritional support programs. There were no umbrella structures akin to *La Société Civile*.[11]

Congolese civil society organizations work with the shell of a state by doing such things as participating in the peace process and cooperating with local authorities in their feeble attempts to regulate a hospital or monitor a school, but they get almost nothing from the state in return. Instead, civil society organizations in the eastern Congo in many ways function *as* the state, by operating institutions, managing disputes, collecting user service fees in lieu of taxes, hiring personnel (who are often technically state employees, but who are actually hired and paid by the civil society organization), providing security, and maintaining a basic level of public order.

My central claim in this dissertation is that, in situations of state collapse, civil society organizations with high levels of internal cohesion are more likely to organize social services successfully than are highly fragmented organizations. I only make this claim with respect to very weak states. There is a large debate over what precisely

[10] Interview. Amani Passy, Coordinateur Adjunct. National Democratic Institute. Goma. July 2007.
[11] Author's interviews, civil society leaders. Bukavu and Goma. 2005-07.

distinguishes "failed states" from "collapsed states" and "weak states." Rotberg (2004) argues that a weak state is one in which "the ability to provide adequate amounts of other political goods is diminished or is diminishing" while a failed state is "tense, deeply conflicted, dangerous, and contested bitterly by warring factions" and "provide[s] only limited quantities of other essential political goods." In his terminology, collapsed states are "rare and extreme version[s] of a failed state" in which "[p]olitical goods are obtained through private or ad hoc means."[12]

Which of these best describes the situation in the D.R. Congo? I contend that it is possible for a state to be "weak" in some areas and "collapsed" or "failed" in others. The Congolese state is able to have one status in some areas and another in other parts of its territory. That government functions in some sectors in Kinshasa does not mean that the weak central state has not completely collapsed in the east. For the purposes of this dissertation, I use the terms "failed state" and "collapsed state" interchangeably. With respect to both, I mean a state that lacks functional capacity to govern, tax, and protect all of the territory under its legal control.

Finally, naming the region in this study also requires clarification. The region known as Kivu has undergone more than its fair share of political turmoil since the Congo became independent in 1960. Along with open fighting in a series of rebellions in the early 1960s, the region experienced multiple refugee shocks from ethnic conflict in Rwanda, and it has born the brunt of the recent civil and international wars. In addition to violent conflict, the region's administrative units have changed many times. Various

[12] Robert I. Rotberg, "The Failure and Collapse of Nation-States: Breakdown, Prevention, and Repair" in Robert I. Rotberg, ed., When States Fail: Causes and Consequences (Princeton: Princeton University

parts of the region have been known at times as Kivu, Sud-Kivu, Kivu-Centrale, Nord-Kivu, and Maniema, and many of the Kivu provinces' neighbors are supposed to be divided into smaller units if and when relevant provisions of the 2006 constitution are enacted. The Kivu provinces will maintain their current boundaries and administrative seats, however.. In this thesis, I use the term "Kivus" to refer to the region now comprised of the Nord-Kivu and Sud-Kivu provinces. The Kivus have a total estimated population of around 12.5 million and a total land area of approximately 125,000 square kilometers, slightly smaller than the size of Austria and Switzerland combined.[13] While at one time the old Kivu province also included Maniema, this study does not focus on that area. Historically, it was quite common to refer to the entire area as "the Kivu," but I do this only when referring to the pre-colonial and immediate postcolonial period, when the entire region was administered as one unit, with Bukavu as its provincial capital.

CONCLUSION

The organization of this dissertation proceeds as follows: chapter one provides an outline of my theory of internal organizational cohesion and situates the research in existing bodies of scholarship. It also provides an overview of the organizations studied. Chapter two is a discussion of the history of social service delivery in the D.R. Congo with specific reference to the Kivus. The organizations studied are discussed in detail in chapters three, four, and five. The Catholic archdioceses of Bukavu and Nord-Kivu I

Press, 2004), 2-10.

[13] Reliable population data for the Kivu provinces does not exist. These numbers are based off of very rough estimates from 2005. Joseph M. Kyalangilwa, République Democratique du Congo: Nouvelles entités provinciales (Constitution du 18 février 2006). Available: [http://www.congoforum.be/upldocs/RDC-Nouvelles%20entit%C3%A9s%20provinciales%5B1%5D.pdf]. 29 March 2009. 5-6.

(Goma) are discussed in chapter three; chapter four covers four Protestant social service providers; and chapter five is a study of two independent civil society organizations. A concluding chapter addresses the broader implications of this work and lines of inquiry for future research.

Chapter One: Civil Society & Social Services in a Collapsed State

"Civil society has grown stronger and stronger, while the state has become weaker and weaker." [14]

INTRODUCTION

Can governance exist without government? The eastern Democratic Republic of Congo provides a useful setting in which to examine the task of non-state actors as substitute providers of services that are traditionally the purview of the state. The Congolese state's authority has not extended to its eastern region in any meaningful way since 1994. Meanwhile, fifteen years of local, civil, and international conflicts further contributed to the collapse of state institutions already in severe decline. In this situation, non-state actors often serve as the creators and maintainers of social order in what would otherwise be chaotic urban zones.

However, in a collapsed state where the authority of the central government is extremely limited and local government struggles to maintain basic public order, all is not chaos. Surviving civil society organizations – along with an influx of external intervening forces and humanitarian agencies – operate schools and hospitals, and provide security in at least some areas, particularly major cities. In the process, they often function as the *de facto* legitimate authorities with power to make decisions about policy, employ personnel, and manage institutions. Because of their capacity in the social service sector, these organizations are often able to have far more influence on public life than state actors. While certainly not a desirable situation, this assumption of authority by non-state actors does allow for some children to be educated, some of the

[14] Interview. Civil society leader. Bukavu. July 2007. My translation.

sick to be made well, and for participants in the informal economy to maintain at least a minimal level of activity. But considerable variation occurs in the abilities of different civil society organizations to organize social service delivery and help maintain social order.

In this dissertation, I seek to answer the question of why, in a situation of state collapse, some civil society organizations are more successful at building social order than others. Using studies of eight civil society organizations (CSO's) in two cities in the Kivu region of the eastern Democratic Republic of Congo, I hypothesize that the differences in successful organization of social services by various civil society organizations can be accounted for by variations in the level of internal organizational cohesion in each CSO. By tracing each group's history of involvement in the service sector and in Kivu society, and by examining variations in levels of ethnic homogeneity, access to patronage networks, and access to external support, I find that civil society organizations with higher levels of internal cohesion are more likely to successfully organize health and education programs in situations of state collapse, and thus contribute to maintaining some basic order in the state's absence. My analysis suggests that ethnic heterogeneity is not necessarily an impediment to successful social service delivery, a finding that runs counter to most existing studies on the subject.

In the conclusion of this dissertation, I ask how civil society groups that substitute for the state affect authority structures and long-term prospects for state reconstruction. I postulate that the civil society-run systems of service provision and authority that have developed in the state's absence are entrenched, and that the role of CSO's as state

substitutes may make difficult the state's task of reasserting its authority as the legitimate governing power in situations of state collapse.

This chapter first provides a general framework for examining how internal organizational cohesion shapes the likelihood that a civil society organization will successfully organize social services in a collapsed state. The second portion of the chapter applies the framework to civil society organizations in two cities in the eastern Congo. I present an overview of eight civil society organizations in Goma and Bukavu, and show how each CSO fits into my framework. Finally, I explain my research and case selection methods and situate the problem in existing literatures.

THE PROBLEM

When states weaken, social services are among the first government-provided services to decline. Health care, education, and other programs for social well-being are expensive, and leaders who lack revenue streams and authority are typically more concerned with paying the army or shifting funds into personal bank accounts than purchasing medications or paying for the construction of new schools. If the state collapses, government becomes completely incapable of providing social services. Human suffering becomes widespread.[15] Professionals in the public health and education sectors often have economic incentives to seek employment in the private sector, where they can at least be guaranteed a salary. This further contributes to the decline of the public sector. Since the state no longer has the ability to fully secure its territory, conflict

[15] Jennifer Milliken and Keith Krause, "State Failure, State Collapse, and State Reconstruction: Concepts, Lessons, and Strategies." Development and Change 33:5 (2002), 764; and Richard J. Brennan and Robin Nandy, "Complex Humanitarian Emergencies: A Major Global Health Challenge." Emergency Medicine 13:2 (2001), 148.

almost always disrupts public goods provision. Failed states become vulnerable to predation by outside forces and can even pose a danger to neighboring states.[16] Finally, in the downward spiral, elites who have learned to profit from the state's absence may show little interest in re-establishing state authority and order.[17]

Even in collapsed states, however, local populations still need basic social services. Where government is incapable of delivering them, local civil society organizations fill the gap. Often operating in *de jure* partnerships with a skeletal state, these organizations typically have almost full control over their own activities and the management of the "state" apparatuses they manage. Many establish partnerships with international donors and non-governmental organizations to support their work, but final say over the organization's social service programs belongs to the CSO and its leaders. In contrast to most instances of civil society-based service provision, in which civil society organizations are in partnership with the state, in many African states, CSO's "often … operate with little reference to state providers." In such cases, elements of civil society often serve as the only social service providers.[18] They effectively substitute for state regulation, management, and authority.

Many civil society organizations attempt to organize social services, but there is considerable variation in the ability of the CSO's to accomplish this task.[19] What

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[16] Robert Rotberg, "Failed States in a World of Terror." Foreign Affairs 81:4 (2002), 116-26.
[17] Ken Menkhaus, "State Collapse in Somalia: Second Thoughts." Review of African Political Economy 97 (2003), 405-22.
[18] Andrew Clayton, Peter Oakley, and Jon Taylor, "Civil Society Organizations and Service Provision." Civil Society and Social Movements Programme Paper Number 2, United Nations Research Institute for Social Development (2000), 5.
[19] James Habyarimana, Macartan Humphreys, Daniel N. Posner, and Jeremy M. Weinstein, "Why Does Ethnic Diversity Undermine Public Goods Provision?" American Political Science Review 101:4 (2007), 709.

accounts for this variation? What factors influence a civil society organization's ability to provide social services in the state's absence?

A THEORY OF INTERNAL ORGANIZATIONAL COHESION

The central argument of this dissertation is that a civil society organization's degree of internal cohesion influences the organization's ability to successfully deliver social services. The independent variable, "internal organizational cohesion," refers to the degree to which the members of an organization share a common history and identity and belong to unified social and political networks. These networks enable members of the organization to work more closely together and increase the likelihood of attaining their goals. I hypothesize that a high degree of internal organizational cohesion usually leads to a higher rate of success at organizing social services.

Internal organizational cohesion has several indicators. Determinants of the level of internal organizational cohesion are institutional history (whereby the CSO's presence in the country during the colonial period contributes to cohesion, division along ethnic lines diminishes cohesion, and receiving subsidies from the colonial regime contributes to cohesion). Counter-intuitively, the less a CSO's membership is ethnically homogeneous, the more likely it is to be cohesive. While the existing literature generally predicts that ethnic homogeneity is an impediment to successful service provision, I find that it actually contributes to internal cohesion. A more extensive discussion of this issue may be found later in this chapter.

Likewise, the greater its ability to obtain external funding, the more likely it is to be cohesive. A final indicator is necessary to account for variation in states with a history

of clientelistic politics. In the eastern D.R. Congo, whether the organization was a beneficiary of government patronage networks under Mobutu is of particular concern. In my analysis, patronage diminishes cohesion.

For each indicator of the independent variable, I assign a value of "1" or "0." An indicator is coded as "1" if the organization has a longtime presence in the region, has no history of division on ethnic lines, received subsidies from the colonial regime, has a low degree of ethnic homogeneity, received a high level of support from external sources, and avoided being tainted by Mobutu's patronage networks, and vice versa for null values. I then use a simple, additive scale to determine the level of internal organizational cohesion. CSO's with scores of 5 or 6 are considered highly cohesive, those with scores of 3 or 4 are considered moderately cohesive, and those with scores of 2 or less are considered to be highly fragmented. Thus, a high degree of internal organizational cohesion is the product of an institutional history of presence in the region during the colonial period, no experience of division, receipt of subsidies from the colonial authorities, an ability to obtain strong external support, and not having been tainted by association with patronage networks in the independence period. By contrast, moderate and low levels of internal organizational cohesion are associated with a shorter presence in the region, experiences of division, not having received subsidies, not obtaining external support, and having been closely associated with Mobutist patronage networks.

My internal organizational cohesion variable attempts to account for factors cited by other scholars, but it also includes historical-institutional factors, as well as more traditional measures of internal cohesion or organizational strength. Most studies of civil society organizations use access to financial resources as a basic indicator of a group's

strength. Other studies account for other indicators. For example, Patterson's (2006) study of the role of African civil society organizations in developing HIV/AIDS policy attempts to explain why some AIDS organizations are stronger than others and why some groups have an impact on AIDS policy while others do not. She measures organizational strength on the basis of structural factors (whether the group meets, whether it has an active membership, etc.) and contends that three factors are of primary importance: "adequate financial resources, the human capacity of members and leaders, and internal structures that facilitate transparency and accountability."[20] My study differs by attempting to account not for how civil society organizations influence state policy, but for why some groups are effective substitutes for the state when others are not. In this respect, I measure factors like human capacity and internal structures as an outcome, not an input. I account for financial resources, but I also include historical-institutional variables that lead to a more complete explanation.

The dependent variable, "successful organization of social services," is a measure of how effectively a CSO is able to operate schools, universities, health clinics, hospitals, and other structures that continued to operate during and after a period of state collapse and war. Measuring the quality of social services is difficult in collapsed states due to missing data and other problems. It is virtually impossible, for example, to know whether low usage rates at a hospital or high infant mortality rates in a neighborhood indicate poor quality healthcare or simply that the local population is too poor to afford the services. Therefore, this study does not focus on the quality of social services provided by different CSO's. Instead, I rely on a series of fifteen *operational* indicators

[20] Amy Patterson, *The Politics of AIDS in Africa* (Boulder: Lynne Rienner, 2006), 95-6.

of the successful ability to organize social service delivery, including physical infrastructure, organizational hierarchy, and organizational scale. I use an additive scale to rate each organization according to the number of attributes each has, and use that rating as a basis for determining whether a civil society group successfully organizes social services. These attributes are outlined as a series of questions in Table 1.1.

Table 1.1: Operational Indicators of the Dependent Variable

Operational Indicators
1. Is there a building?
2. Is the building open/does it appear to be in regular use?
3. Is the building in usable condition?
4. Is there electricity?
5. Is there communications equipment (cell phones, computers, etc.)?
6. Are there necessary supplies (books, medications, etc.)?
7. Are there personnel (doctors, teachers, etc.)?
8. Are there service users (students, patients)?
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?
10. Is there an organizational hierarchy?
11. Does the organization hire and fire personnel of its own accord?
12. Are staff members regularly paid?
13. Does the local population think it is a functional organization?
14. Do international observers think it is a functional organization?
15. What is the scale of the organization?

For each of the indicators in Table 1.1, I assign values to the answers as follows. For "yes/no" questions (#1-14), a "yes" answer is assigned a value of 1. For a "no" answer, it is assigned a value of -1. When data are not available or the question does not apply to an organization, I assign no value. For indicator 15, I divide organizations on the basis of the total proportion of a city's social service structures that each operates. I use enrollment figures for the church's schools as the primary measure of this indicator,

as well as whether the church operates a major hospital in the city. However, because not all enrollment figures are available (and those that are do not always account for the same year), the measurements for this indicator is imprecise. If a group operates less than 10% of the city's service structures, it receives a 0. For 11-30%, it receives a value of 1. For 31-50%, it receives a value of 2. For values greater than 50%, it receives a 3.

I determine the level of success in organizing social services by adding the values coded for each indicator. The maximum score an organization can receive is 17. An organization with a value of 15-17 is highly successful at organizing social services, those with values of 12-14 are moderately successful, and those with values of 11 or below have a low level of success.

I expect to find that high levels of internal organizational cohesion correlate with high levels of success in organizing social services, and vice versa. In the next section of this chapter, I discuss this framework as it applies to civil society organizations in the eastern Congo. I begin with a brief background on the Congo conflict, then explain how the cases support my framework.

THE CASE OF THE D. R. CONGO

Thirty-two years of patronage politics and kleptocratic rule by President Mobutu Sese Seko and his government destroyed Congo- Zaïre's economy. When the Cold War ended and the flow of billions of dollars in aid from the United States, Belgium, and France dried up, Mobutu could no longer maintain his extensive patronage networks, nor could he hold back the tidal wave of democratization that swept through Africa in the

early 1990s.[21] He was forced to allow political parties other than his own Mouvement

Map 1: Democratic Republic of the Congo

Populaire de la Revolution (MPR) to exist and compete in the political sphere, which led to tumultuous political battles at the national level. Simultaneously, long-standing tensions over land tenure and citizenship rights of Kinyarwanda-speaking Tutsis led to open conflict and attempts at ethnic cleansing in Zaïre's eastern Kivu provinces.

In previous decades, Mobutu had successfully manipulated tensions between Kinyarwanda-speakers and the native *autochtones* of the region by changing the citizenship status of the Kinyarwanda-speakers to suit his political needs. However, the 1994 Rwandan genocide further exacerbated the tensions in the east by sending up to 2

[21] Democratic Republic of Congo, map (1998). Available: [http://www.lib.utexas.edu/maps/africa/congo_demrep_pol98.jpg]. 21 August 2008.

million mostly Hutu refugees into the Kivus. Hutu extremist perpetrators of the Rwanda genocide arrived amid the refugees, and when refugee camps grew up along the border (in violation of international law), the extremists quickly militarized them. The Hutu extremists began launching raids into Rwanda to challenge the new, Tutsi-controlled government in Kigali. Mobutu, whose power was rapidly dwindling, lacked the ability and the desire to stop the extremists, which prompted Rwanda and its ally Uganda to invade Zaïre in 1996. The instability caused by the invasion made it easier for Zairian rebels to challenge the state's authority and, with the backing of Rwanda and Uganda, rebel leader Laurent Desire Kabila and his Alliance Democratique des Forces pour la Liberation du Congo- Zaïre (ADFL) quickly took control of most of the east.

Mobutu, meanwhile, was suffering from cancer and went to Europe for treatment. He returned to Zaïre too late to stop Kabila and he fled just as ADFL forces took control of Kinshasa, and, by extension, the state. For a time, it seemed that the situation in the newly rechristened Democratic Republic of the Congo would improve as the Rwandan refugees were repatriated and some calm was restored in the east. But Kabila and his allies quickly had a falling out, and the new president expelled Rwandan and Ugandan forces from the country. Citing continuing security concerns with the Hutu extremists who had regrouped in the Kivu's forests (and being very interested in regaining access to the east's rich mineral wealth), Rwanda and Uganda re-invaded in 1998. The invading countries both backed Congolese rebel groups. Rwanda provided financial, logistical, and strategic support to the Rally for Congolese Democracy (RCD) while Uganda supported the Movement for the Liberation of Congo (MLC). Kabila's national army could not hold off these forces without help, and he lost control of the eastern two-thirds

of the country. Kinshasa was only saved by the intervention of Kabila's allies, among them Angola, Zimbabwe, and Namibia. As the east became chaotic, rebel groups formed, split, and split again, turning the vast region into a patchwork of warlords' fiefdoms. Some groups like the Mai-Mai militias sided with the government while other groups made alliances amongst themselves, usually with vaguely articulated goals and little other than promised access to the minerals.

Kabila was assassinated in early 2001 under unclear circumstances.[22] His son Joseph became president. *Kabila-fils* continued with the peace negotiations his father began in 1999, and in 2002, a deal was signed that led to the withdrawal of all foreign forces and the end of the rebellions. The eastern Congo, however, continues to host a wide variety of rebel groups; most important among them are the *Forces Démocratiques pour la Liberation de Rwanda* (FDLR), which is the remnant of the Hutu extremists responsible for the 1994 Rwandan genocide, and the *Congrès Nationale pour la Defense des Peuples* (CNDP), a group led by a Congolese Tutsi that seeks to destroy the FDLR and attain more political and land rights for Tutsis in the Kivus.[23] The national government's authority extends to the east only in a *de jure* sense; outside of areas controlled by the United Nations peacekeeping mission, MONUC, anarchy reigns. Long-standing conflicts over citizenship and land tenure rights have remain unresolved, and peace efforts in the region have repeatedly failed, most recently with the apparent

[22] No one disputes that Laurent Kabila was killed by his bodyguard, but there is extensive speculation as to who arranged the assassination. The most credible arguments suggest that he was targeted by those who lost access to mining interests as a result of the falling out with Rwanda and Uganda.

[23] The CNDP's original leader, Laurent Nkunda, saw himself as the savior of the Congolese Tutsis. He was also known for preaching in a Pentecostal church, having his soldiers wear "Rebels for Christ" buttons, and keeping his pet goat Betty in close proximity at all times. Nkunda lost control of the CNDP in early 2009 and is in Rwandan custody as of March 2009.

collapse of a January 2008 peace deal. There is virtually no state provision of public goods in the country's east. Inhabitants continue to suffer from insecurity, looting, and violence against women. Social service structures are stretched to meet the region's needs.

INTERNAL ORGANIZATIONAL COHESION IN THE D.R. CONGO

My research question explores the relationship between internal organizational cohesion and social service delivery. In order to answer the question of why some civil society organizations are more successful than others at organizing social service delivery, I study the development of eight civil society and non-governmental organizations in two cities, Goma and Bukavu, the provincial capitals of Nord-Kivu and Sud-Kivu, respectively. Six of the organizations are churches (the Catholic Archdiocese of Bukavu, the Catholic Archdiocese of Nord-Kivu I (Goma)), the 3eme CBCA in Goma, the 55eme CEBCE in Goma, the 5eme CELPA in Bukavu, and the 8eme CEPAC in Bukavu), and two are other civil society organizations (Heal Africa Hospital in Goma and the Enfants du Monde private school in Bukavu). I exclude social service organizations run by Muslim groups or by the Kimbanguist church because they organizations do not have an extensive reach in either the health or education sectors in the Kivus. Each organization in my study has headquarters in either Bukavu or Goma. I limit my study to these organizations because in order to have a significant impact in the service sector, a CSO needs to have an administrative infrastructure in place in one city or the other.[24]

[24] While I interviewed officials of many other civil society groups engaged in service delivery, their organizations are not centered in the Kivu provinces and most represent only a very small percentage of overall service provision in each city. I rely on their information for more general observations and

Case selection was also limited by the security situation in the east. I was forced to drop a third site, Bunia, in the Ituri district of Orientale province, due to violence there when I was in the field.

Because the churches are the primary providers of health care and education in the Kivus, and because there are significant differences in the histories and connectedness to the state of each type of organization, I separate the organizations into three categories: 1) the Catholic Church, 2) the Protestant churches, and 3) other civil society organizations and NGO's. In the following section, I discuss which aspects of a CSO's history seem to correlate with its capacity for successful organization of social services. Each of these aspects of the independent variable comprises a different possible correlate of the degree to which a CSO is more or less cohesive.

As Table 1.2 illustrates, the relationships between factors that produce cohesion are multiple and complex. Existence during the colonial period always correlates with a high degree of internal organizational cohesion. Receiving external support for operations also generally produces higher degrees of internal organizational cohesion. Other factors, including avoiding entanglement with Mobutu's patronage networks and not having divided along ethnic lines, suggest a higher degree of internal cohesion as well. This sample also suggests that a high degree of ethnic heterogeneity is not an

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conclusions about the sectors and use the eight cases noted above for the primary conclusions of this dissertation.

Table 1.2: How Cases Vary on the Independent Variable

Civil Society Organizations	*Org. History*			*Low Ethnic Homogeneity*	*External Support*	*Patronage Networks*	*Org.l Cohesion*
	Col.	*Div.*	*Sub.*				
Bukavu Archdiocese	1	1	1	1	1	1	High (6)
Nord-Kivu I Archdiocese (Goma)	1	1	1	1	0	0	Moderate (4)
3eme CBCA (Goma)	1	0	1	0	0	1	Moderate (3)
55eme CEBCE (Goma)	1	0	0	0	n/a	1	Low (2)
8eme CEPAC (Bukavu)	1	1	n/a	1	1	1	High (5)
5eme CELPA (Bukavu)	1	1	1	1	1	1	High (6)
Heal Africa Hospital (Goma)	0	1	0	1	1	1	Moderate (4)
Enfants du Monde School (Bukavu)	0	1	0	1	1	1	Moderate (4)

impediment to successful service delivery. In the following sections, I provide an overview of this framework as applied to Catholic, Protestant, and other civil society organizations in Goma and Bukavu.

Catholic Organizations

As I demonstrate in chapter three, the Catholic Church has a long history of involvement in social service provision throughout the Democratic Republic of Congo. Catholic schools are widely regarded as the best in the region, such that any parent who can afford to do so sends his or her children to the elite Catholic schools in Bukavu and

Goma.[25] Likewise, the Catholic Bureau Diocesian des Oeuvres Medicales (BDOM) is a major provider of health services in Nord-Kivu and Sud-Kivu, serving as the primary partner of one health zone in Bukavu and another in Goma.

Why are Congolese Catholic social service institutions so effective? First, in Bukavu and Goma, the Catholic Church's history helped to strengthen the organization. As part of the Belgian Congo's "colonial trinity," the church has always held a privileged position in Congolese public life. The work of the church and its missionaries was necessary for the colonial authority's "civilizing mission." Church schools inculcated values of hard work, loyalty, and basic literacy skills in the territory's future laboring class, a service that the colonial state rewarded with large state subsidies for the Catholic schools and support for the missionaries who ran the stations on which those schools were established.[26] State subsidies were limited to Catholic schools until after World War II, which made establishing and maintaining schools at a reasonable cost to parents significantly easier for the Catholics. In addition, unlike many other expatriates living in the Congo at the time of independence and the subsequent five years of civil war and rebellion, many foreign Catholic priests, monks, and nuns returned to the Congo to serve in churches and hospitals after the independence era. They provided expertise in the social service sectors and helped build capacity among Congolese Catholics who eventually took over the operation of their own institutions.

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[25] Interviews, Goma and Bukavu, 2005-07; Denis Tull, The Reconfiguration of Political Order in Africa: A Case Study of North Kivu (DR Congo) (Hamburg: Institute for African Affairs/Hamburg African Studies, 2005), 206.

[26] Crawford Young, Politics in the Congo: Decolonization and Independence (Princeton: Princeton University Press, 1965), 10-20.

Also contributing to the institutional strength of the Catholic Church is the issue that, unlike their Protestant counterparts, Catholic churches cannot divide over theological or social disputes. Protestant churches in the Kivu region are prone to splitting along ethnic lines. But splitting on the basis of ethnicity is not an option for members of the one holy, universal, and apostolic Catholic Church. This social cohesion helps to mitigate difficulties that could arise as a result of disputes that divide members on ethnic lines. That the Catholic Church cannot divide along ethnic lines means that politicians and civil society leaders who are Catholic are able to draw on a broader range of societal support for their institutions than their Protestant counterparts

The Catholic Church is one of the few institutions in Congolese society that never collapsed. While national and local governments lost almost all of their capacity to accomplish even the most basic tasks of meeting payroll or maintaining public order, the formal economy ceased to function. Informal means of wealth generation became the only way to survive,[27] transportation infrastructure rotted, the banking system collapsed, and the postal service stopped delivering mail. But the Church's ability to organize its members, accomplish tasks, and maintain a basic structure of public order never disappeared. Except in areas of open fighting, Catholic institutions stayed operational, and throughout the turmoil of the state's collapse and the wars, leaders in the Catholic church maintained the ability to actively engage in politics and to influence national political outcomes as well as to maintain social service structures.

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[27] Janet MacGaffey, "Historical, Cultural and Structural Dimensions of Zaïre 's Unrecorded Trade" in Janet MacGaffey et al, eds., The Real Economy of Zaïre: The Contribution of Smuggling and Other Unofficial Activities to National Wealth (London: James Currey, 1991), 26-40.

Additionally, even after the collapse of the state and its program of subsidies, Catholic schools and hospitals could still depend to some extent on a global network of financial support from other Catholics worldwide. This is particularly true of the BDOM's health services, which continue to benefit from the generosity and assistance of the international Catholic Church through agencies like Catholic Relief Services and Caritas. As Catholic social teaching requires the faithful to care for the poor, it is not surprising that Catholic social service institutions can call on the support of other Catholics worldwide for assistance in times of great need. This high level of external support is further evidence of the high degree of internal organizational cohesion in the Catholic Church in the Kivus, particularly in Bukavu.

Despite the turbulence and conflict that have affected the Kivu provinces for more than fifteen years, Catholics have managed to maintain their social service infrastructures. Even with the disruptions of war and the poverty of the vast majority of their clientele, Catholic schools and hospitals in Bukavu are generally in better shape than their public counterparts and many of those structures supported by other civil society institutions. Catholic institutions in Goma are often less strong, but relative to competing public institutions, Catholic schools and hospitals in the city are still in relatively good shape. This success is partly due to the support from international donors in the post-war reconstruction efforts, but the long history of Catholic involvement in the region and early financial support from the colonial authorities also meant that infrastructures were generally in better shape before the wars.[28]

[28] The most significant damage to Catholic infrastructures in Goma came not from the wars, but rather from the 2002 volcanic eruption of Mt. Nyiragongo, which buried the cathedral and several schools.

Finally, the role of Mobutu's patronage networks also influences the degree to which a civil society organization is cohesive, generally in a negative manner. It is well-known that former Zairian President Mobutu Sese Seko used the state's resources to maintain his control over the territory and its institutions. Mobutu actively maintained patronage networks in the Kivus, and part of his activity there was providing land grants in the rural areas (particularly in Nord-Kivu) to the Catholic Church. The effects of this relationship were generally favorable to the Church's degree of internal organizational cohesion during the Mobutist period, especially in the Nord-Kivu archdioceses, as it gave the institutions a financial advantage over its competitors in the social service sector. However, because these issues are so closely related to the disputes over land that drove Nord-Kivu to conflict in the early 1990s, and because those disputes had such a heavy anti-Tutsi ethnic taint, what was beneficial during the Mobutist era became in some ways a drawback in building internal organizational cohesion during the war and post-conflict periods.

It is difficult to overstate the importance of internal cohesion in determining how the Catholic Church as a civil society organization is successful at operating schools and health facilities in the state's absence. Although the historical trajectory of Goma makes its Catholic structures slightly less successful than those run by the Archdiocese of Bukavu, both archdioceses still provide much better social services than most of their Protestant and non-church-based civil society counterparts.

Likewise, Bukavu's College Alfajiri apparently experienced more significant damage from the February 2008 earthquakes than it did from the wars.

Protestant Organizations

The degree of internal cohesion of some Protestant-run schools and hospitals, as well as of elites in the political sphere, is similar to the Catholics on many points. Like the Catholics, Protestants have a long tradition of missionary and church involvement in providing health care and education to citizens of the region. While they did not have the same level of access to subsidies as did the Catholic schools for most of the colonial era, Protestant missionaries could depend on support from congregations in the United States and Europe to start schools, and they worked to make their educational structures and churches self-sufficient from the beginning. When subsidies became an option for Protestants in the late 1940s and early 1950s, at least one Kivu religious organization, the Mission Baptiste du Kivu, divided into two churches in part over the question of whether its schools should accept state subsidies.[29] The organization now known as the 3eme CBCA accepted subsidies, a decision that made it more cohesive, while the 55eme CEBCE's refusal to accept subsidies and longer-term reliance on missionary support eventually contributed to an institutional history that is not associated with a high degree of internal organizational cohesion.[30]

The long-standing presence of some Protestant churches in the region means that some have been able to organize effective networks of support for their activities. As with the Catholic Church, the ability to raise external and internal financial support, an aspect of internal organizational cohesion in a CSO, has made some of the Protestant

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[29] Jack E. Nelson, Christian Missionizing and Social Transformation: A History of Conflict and Change in Eastern Zaïre (New York: Praeger, 1992).

[30] Almost all Protestant churches in Congo are members of an umbrella organization called the Église du Christ au Congo (Church of Christ in Congo). Each distinct church is technically a member community of

churches a strong force in social service delivery. In Nord-Kivu particularly, contributions from wealthy businessmen have contributed to the success and strength of many Baptist institutions. In both provinces contributions from churches, other faith-based organizations, and international NGO's have helped many Protestant churches to operate long-standing education and health care programs.[31]

As with the Catholic Church, Protestant churches did not collapse along with the Zairian state. They were also among the only social institutions to survive the political, economic, and social chaos of the war period, and provided stability and a basis for order when neither the state nor the economy could do so. Although their operations in rural areas were and continue to be interrupted during periods of fighting in areas of intense conflict, such as Masisi, Walikale, and Rutshuru in Nord-Kivu and Shabunda and the Haut Plateau of Sud-Kivu, by and large, the Protestant churches stand with the Catholics in providing the only functioning institutions in otherwise anarchic environments. They also gained a high degree of trust among the population. As one church official in Bukavu noted, while "The population has problems under the government, the church has a lot of credibility."[32]

A key difference between the Catholic and Protestant churches, however, involves the role of ethnicity. Unlike the Catholics, Congolese Protestants have no external hierarchy to impose order or to force them to stay together, especially in those forms of Protestantism that are in the Free Church tradition. The Free Church tradition values

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the ECC, and each community is assigned a number. Churches are always referred to by their number and acronym for what tend to be long church names.

[31] Nelson, 68; Interviews, church and civil society leaders. Goma and Bukavu, 2005-07.

autonomy of the local church above almost any other principle. The most prominent of the Kivu's Protestant churches are firmly rooted in this tradition. Because local churches in the Free Church tradition are almost completely autonomous, if there is a dispute among a church's members, dissenters are generally free to leave to start another church. In a region in which questions of ethnicity are often paramount, particularly with respect to the place of Kinyarwanda-speakers in Congolese society, Protestant organizations can and do split, largely along ethnic lines. Part of this is due to early mission efforts. Faced with the task of learning unfamiliar languages in a difficult environment, the first missionaries generally initially worked among one regional ethnic group, which created missions and then churches that were largely ethnically homogeneous. Later disputes over such issues as school subsidies caused other missions to split into groups that were, if not completely ethnically homogenous, typically comprised by a significant majority from one ethnic group.

That Protestant churches can divide along ethnic lines while Catholics cannot is a significant matter. By definition, division is antithetical to internal organizational cohesion.

Other Civil Society Organizations

Aside from the churches, this study focuses on two other civil society-based social service providers, Heal Africa Hospital and Enfants du Monde primary school. Because the vast majority of health and education structures are run by churches in the eastern Congo, the number of cases from which to choose in this section is limited. Non-

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[32] Interview. Anne-Marie Totoro, Coordinatrice, Programme Democratie et Paix. With Pastor Domingo, Programme Democratie et Paix. 5eme CELPA. Bukavu. 19 July 2007.

faith-based elements of civil society in the Kivus are simply less engaged in social service provision than the churches. Most choose instead to focus their efforts in the political, economic, and juridical spheres. In the history of social service provision in the D.R. Congo since the colonial era – with the notable exception of two years of Mobutu's disastrous nationalization of the schools in the mid-1970s – the churches have been responsible for most of public education, and have taken a leading role in establishing and maintaining health care structures. While some civil society organizations such as *La Société Civile* continued to function through and were arguably strengthened by the war, they are incapable of and uninterested in large-scale social delivery. The relative newness of civil society organizations in all of Congo (non-state or non-party organizations were banned by Mobutu until the early 1990s) means that most other civil society organizations lack longevity and the advantages of experience it brings.

Although they function quite differently than the Catholic and Protestant-run institutions, both of these cases are associated with faith organizations. Heal Africa is an independent non-governmental organization supported by Protestant churches in the United States, Canada, England, and Africa. It officially became part of the government health structure in 2007, but it functions independently. Enfants du Monde is a school run by members of the Baha'i faith community. While not part of the state educational structure; it is a private school that follows the state curriculum in addition to its own. Doing so makes it possible for its graduates to earn state diplomas, an important factor in gaining employment or moving on to higher education in the D.R. Congo.

The level of internal organizational cohesion in these organizations is high, but neither group has a long institutional history. Neither Heal Africa nor Enfants du Monde

existed prior to the collapse of the Zairian state, so it is more difficult to gauge the favorability of each organization's institutional history. Access to Mobutu's patronage network was therefore never an issue. Each institution is ethnically heterogeneous, which contributes to stronger social networks that allow for a higher degree of internal organizational cohesion. What seems to be the most important factor in each of these cases is the degree to which the organization is able to secure external support for its activities. This makes these cases a useful control in testing whether successful social service organization is simply a matter of financial resources, or whether it is more complicated than that. While financial support is of major importance, that factor alone does not fully explain the variation in the degree of successful social service delivery by institutions that have access to funding, nor does it explain why institutions are able to get funding in the first place. Securing financial support is an indicator of internal organizational cohesion rather than a cause. Organizations that are able to secure external support do so because they are already highly cohesive and therefore able to successfully organize social services.

SUCCESSFUL SERVICE ORGANIZATION & INTERNAL COHESION IN THE CONGO

As outlined in Table 1.1, fifteen indicators comprise the dependent variable, successful organization of social services, indicated by a score on an additive scale. In chapters three, four, and five of this dissertation, I explain each indicator as it applies to each civil society organization. Table 1.3 summarizes these findings with the scores attained by each civil society organization and corresponding level of successful organization of social services.

Table 1.3: How Cases Vary on the Dependent Variable

Civil Society Organization	*Dependent Variable Indicators*
Archdiocese of Bukavu	19 (High)
Archdiocese of Nord-Kivu I (Goma)	17 (Moderate)
3eme CBCA	15 (Moderate)
55eme CEBCE	8 (Low)
8eme CEPAC	18 (High)
5eme CELPA	18 (High)
Heal Africa Hospital	15 (Moderate)
Enfants du Monde School	17 (Moderate)

When compared with the independent variable, the degree of internal organizational cohesion, a pattern emerges with respect to the relationship between levels of internal organizational cohesion and the successful delivery of social services. Table 1.4 outlines my findings in this regard:

Table 1.4: Summary of Findings

Civil Society Organization	*Internal Cohesion*	*Successful Organization of Social Services*
Bukavu Archdiocese	High	High
Nord-Kivu I Archdiocese (Goma)	Moderate	Moderate
3eme CBCA (Goma)	Moderate	Moderate
55eme CEBCE (Goma)	Low	Low
8eme CEPAC (Bukavu)	High	High
5eme CELPA (Bukavu)	High	High
Heal Africa Hospital (Goma)	Moderate	Moderate
Enfants du Monde Private School (Bukavu)	Moderate	Moderate

As the results in Table 1.4 suggests, there is a strong correlation between the extent of internal organizational cohesion in a civil society organization and its ability to successfully organize social services. Organizations like the Archdiocese of Bukavu and the 8eme CEPAC, which enjoy long institutional histories and high degrees of external support are the most successful at maintaining social service provision over the long term. CSO's that are more fragmented, evidenced in shorter or divided institutional histories (such as the 55eme CEBCE), have a lower ability to raise external support, and are ethnically homogeneous are less successful at organizing social services. As the analysis in the following chapters shows, the variation in cohesion across CSO's is historically contingent. However, the broad pattern is clear: a high degree of internal organizational cohesion is necessary for successful social service provision over the long run by non-state actors in collapsed states.

ALTERNATIVE EXPLANATIONS

What else might account for variations in the relative capacity for social service delivery by civil society organizations in a situation of state collapse? In this section, I discuss three possible alternative hypotheses and what evidence would be necessary to support those claims. In the conclusion of this dissertation, I revisit the alternative explanations in light of the evidence presented in the empirical chapters.

One possible alternative hypothesis is that access to external funding is the primary determinant of success in providing social services. My independent variable accounts for access to external funding as one indicator of internal organizational cohesion. If access to external funding were the only causal factor, we should see a clear pattern in levels of funding and the ability of a CSO to successfully organize social services. I will argue that the empirical evidence presented in this dissertation disproves that argument. One factor that must be taken into account is the short-term nature of most donor projects in the Kivu provinces. Donors and NGO's tend to make one-, two-, or five-year commitments to projects, and when funding dries up, the projects tend to collapse. The most successful and long-lasting programs with donor support are those that are operated in conjunction with a local organization, and that leave most control in local hands. There is no question that whether a group has external support directly determines the level of quality of services provided, particularly in the health sector. But this factor alone cannot explain, for example, why the health structures of the 3eme CBCA in Goma are still fairly robust despite lacking any external funding, nor can it explain why some donor-supported projects fail. A comprehensive explanation of success at organizing social services needs to take into account the full measure of institutional

history, relationships with the state, ethnicity, and external support. Focusing on one of these elements and ignoring the others produces an inadequate explanation. The internal organizational cohesion variable is the best one by which to compare institutional success in the service sectors.

Another alternative explanation is that longevity alone explains why some organizations are successful while others are not. If this were the case, the civil society organizations that have operated in the region for the longest period of time should be the most successful at providing social services, while relatively new organizations should be less successful at doing so. While I do consider longevity as one indicator of the independent variable, again, I will argue that it is not the only important factor in determining successful service provision.

A third alternative hypothesis might rely on geographic distinctions, noting that differences in center-periphery relations or the specific political history of a city might explain variation among the two. If political history in one city were the primary causal factor, however, then we would expect to see roughly the same levels of successful social service delivery across most of the civil society organizations in a city. This explanation proves to be the most problematic for my hypothesis, but I will argue that more research is needed to fully answer the question if Goma is an outlier. The internal organizational cohesion variable takes institutional and local political history into account, but it also addresses ethnicity, the effects of participation in government patronage networks, and the ability to secure external support. It can explain variation across institutions, which a geographic explanation cannot do.

SITUATING THE RESEARCH

My research question rests at the nexus of several literatures, including those on civil society, social service delivery, ethnicity, and non-state-based forms of order. In this section, I provide a brief overview of each of these literatures, and explain how my project contributes to existing scholarship while challenging some assertions previously made by others.

Civil Society and Social Service Delivery

The extensive literature on social service provision by non-governmental organizations is global in scope. It focuses on the role of NGO's, both local and national, in providing relief and development aid, as well as their relationship to civil society and the state. Much of this scholarship is geared towards understanding whether NGO's can act as a force for democratization or neo-liberal market reforms. Following Bratton (1989), a wide variety of scholars generally agree that NGO's usually strengthen civil society because they pressure the state to reform and involve previously disenfranchised groups in the broader society.[33] Studies of Latin America suggest that the state often uses NGO's as an instrument for implementing neo-liberal market reforms or democratization.[34]

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[33] Michael Bratton, "The Politics of Government-NGO Relations in Africa." *World Development* 17:4 (1989), 569-87; John Clark, Democratizing Development: the Role of Voluntary Organizations (London: Earthscan, 1991); Andrew Clayton, ed., NGO's, Civil Society, and the State: Building Democracy in Transitional Societies (Oxford: INTRAC, 1996); John Farrington and Anthony Bebbington, eds., Reluctant Partners: Non-Governmental Organizations, the State, and Sustainable Agricultural Development (London: Routledge, 1993); Harry Blair, "Donors, Democratisation and Civil Society: Relating Theory to Practice" in David Hulme and Michael Edwards, eds., NGO's, States, and Donors: Too Close for Comfort? (New York: St. Martin's, 1997), 23-42.

[34] Jasmine Gideon, "The politics of social service provision through NGO's: A study of Latin America." Bulletin of Latin American Research 17:3 (1998), 303-21.

Others, however, are skeptical of these claims, arguing that historical, structural, and internal constraints limit the ability of NGO's to promote the growth of democracy and neo-liberalism.[35] There is evidence that most NGO's failed at promoting neo-liberal reforms, even when using donor money that was specifically directed toward "democracy-building."[36] Particularly in studies of Africa, scholars find that rather than strengthening civil society as a challenger to authoritarian forms of rule, NGO's often weaken civil society because they are ethnically divided or have ideological goals that are counter to those of democratization.[37] Moreover, as Ndegwa argues, if civil society is to be supportive of democratization processes, it has to be primarily engaged in building democratic institutions.[38] In Southeast Asia, Clarke finds that NGO's have helped to strengthen civil society in the Philippines, although he notes that the growth of NGO's at the end of the twentieth century also weakened other political institutions, thus undermining the growth of civil society that the NGO's were supposed to promote.[39]

Whaites (2000) notes that the role of NGO's became more closely associated with "the concept of civil society" in the post-Cold War period. Especially with respect to local NGO's, he points out, the close association between civil society and local

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[35] Susan Dicklitch, The Elusive Promise of NGO's in Africa: Lessons from Uganda (New York: St. Martin's, 1998); and Claire Mercer, "NGO's, Civil Society, and Democratization: a Critical Review of the Literature." Progress in Development Studies 2:1 (2002), 5-22.

[36] Jenny Pearce, "Development, NGO's, and Civil Society: the Debate and Its Future" in Deborah Eade, ed., Development, NGO's, and Civil Society: Selected Essays from Development in Practice (Oxford: Oxfam, 2000), 22.

[37] Stephen Ndegwa, The Two Faces of Civil Society: NGO's and Politics in Africa (West Hartford: Kumarian, 1996); and Naomi Chazan, "Engaging the State: Associational Life in Sub-Saharan Africa' in Joel S. Migdal, Atul Kohli, and Vivienne Shue, eds., State Power and Social Forces: Domination and Transformation in the Third World (Cambridge: Cambridge University Press, 1994).

[38] Ndegwa, 7.

[39] Gerard Clarke, The Politics of NGO's in South-East Asia: Participation and Protest in the Philippines (London: Routledge, 1998).

organizations means that outside donors almost treat the two categories as synonymous.[40] Certainly such perceptions prevail in the D.R. Congo, where the civil society organizations most often providing social services are not NGO's in the traditional sense; they are churches and other local associations. In this study, only one CSO (Heal Africa Hospital) is actually a registered non-governmental organization; the other CSO's carry out their activities largely independently, although they are technically legally sanctioned through a series of agreements with the state.

There is a long and well-documented tradition of CSO social service provision in developing states and in industrialized democracies. However, the relationship between CSO's and the state has changed in the past few decades in that CSO's play a much more central role than previously. Some see this as problematic. Clayton et al. argue that civil society should not act as "contracting agents of the state," but rather should maintain independence in order to be effective in service delivery.[41] Furthermore, the precise relationship between state failure and the growth of civil society is poorly understood. As Scott (1998) notes, "[w]ar, revolution, and economic collapse often radically weaken civil society."[42] But in some cases it seems that state failure and violent conflict open the door for civil society organizations to play a stronger role in society. As Posner (2004) points out, part of this discrepancy may be due to imperfect specification of what is

[40] Alan Whaites, "Let's Get Civil Society Straight: NGO's, the State, and Political Theory" in Deborah Eade, ed., Development, NGO's, and Civil Society: Selected Essays from Development in Practice (Oxford: Oxfam, 2000), 126.
[41] Clayton, Oakley, and Taylor.
[42] James C. Scott, Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed (New Haven: Yale, 1998), 5.

meant by "civil society" and "state failure," or it may be related to differences in the presence or absence of war, lootable resources, or warlordism.[43]

Churches are the dominant agents of social service delivery in the eastern Congo, a phenomenon that repeats throughout the world. In industrialized societies, churches have long played a major role as providers of parochial education. Almost every major American city has one or two health systems supported by a religious organization. The same is true in Europe, where churches, particularly the Catholic Church, have provided health and education services for centuries. In Latin America, too, the Catholic Church has a long history of involvement in education and health care that dates to the arrival of the Jesuits, and both Protestant and Catholic churches have always played an important role in Africa's social service sectors.[44]

Militant groups with a basis in religious ideology and their political wings almost always have an interest in gaining support among local populations, and they often turn to social service delivery as a means of attaining that support. Organizations espousing variants of a political Islamist ideology are particularly prevalent in the social service sectors of the Middle East. Hezbollah is a major provider of social services in Lebanon, a societal position that helped the group gain legitimacy and broad support.[45] Hamas also operates some services in the West Bank, and in Egypt, the Muslim Brotherhood has a

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[43] Daniel N. Posner, "Civil Society and the Reconstruction of Failed States" in Robert Rotberg, ed., When States Fail: Causes and Consequences (Princeton: Princeton University Press, 2004), 248-49.
[44] Karen Jenkins, "The Christian Church as an NGO in Africa: Supporting Post-Independence Era State Legitimacy or Supporting Change?" in Eve Sandberg, ed., The Changing Politics of Non-Governmental Organizations and African States (Westport: Praeger, 1994), 83-99.
[45] Judith Palmer Harik, Hezbollah: the Changing Face of Terrorism (London: I.B. Tauris, 2005), 81.

longstanding presence as a major provider of health care, education, and other social programs.[46]

Clearly, the phenomenon of social service provision by religious organizations is not unique to the D.R. Congo, and the role of church leaders in politics in the D.R. Congo is well-documented.[47] What is different in the Congo, however, is the extent to which churches are involved in regulating, managing, and maintaining social service structures. Churches in the eastern Congo do not simply partner with the government to provide health care and education; they take over for the government, and are subject to very limited substantive government oversight. This study, therefore, makes a contribution to our understanding of how religious organizations substitute for the state, and shows how some religious institutional arrangements are more conducive than others to the successful delivery of social services.

NON-STATE-BASED FORMS OF ORDER

This dissertation also addresses the growing body of literature on non-state-based forms of political order. A broad and growing body of research on this topic already exists with reference to the D.R. Congo and other failed states in Africa. Vlassenroot and Raeymaekers (2004) show that the state's collapse opens new opportunities for forms of

[46] George Gavrilis, "The Forgotten West Bank," Foreign Affairs 85:1 (2006), 2; and "Egypt: Social Programs Bolster Appeal of Muslim Brotherhood." IRIN News (22 February 2006). Available: [http://www.irinnews.org/report.aspx?reportid=26150]. 3 September 2008.

[47] See, for example, Wamu Oyatambwe, Eglise Catholique et Pouvoir Politique au Congo-Zaïre: La Quête Démocratique (Paris: L'Harmattan, 1997); Clément Makiobo, Eglise Catholique et Mutations Socio-Politiques au Congo-Zaïre: La Contestation du Régime Mobutu (Paris: L'Harmattan, 2004); and Louis Ngomo Okitembo, L'Engagement Politique de l'Eglise Catholique au Zaïre, 1960-1992 (Paris, L'Harmattan, 1998).

political engagement by local elites.[48] Englebert (2003) examines the weakness of the Congolese state that nonetheless "persists" and concludes that the state continues to legally exist because local elites and international actors continue to want it to do so.[49]

Of recent works on forms of order in the eastern D.R. Congo, Tull's (2005) contribution is perhaps the most significant. His study of state-society relations in Nord-Kivu is an explicit attempt to determine whether a new form of political order emerged as a result of the state's collapse and rule by the subsequent RCD-Goma rebel government. After examining various sources of authority and power, including the churches and their social service programs, Tull concludes that, while the events of the last two decades significantly changed political life in Nord-Kivu, it is too early to declare the death of the Congolese state. Following Englebert, he concludes that there are too many stakeholders in the existing weak Congolese state to allow it to go away completely.[50]

My research seeks to build on this existing body of literature. First, I directly address questions raised by Raeymaekers (2005) and others as to the need for micro-level studies on how political order changes and authority shifts in collapsed or failed states.[51] The eastern D.R. Congo is a fascinating example of what governance without government looks like, and of how groups of people organize authority and maintain institutions for themselves when a state does not. Because there is minimal need to

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[48] Koen Vlassenroot and Timothy Raeymaekers, "The Politics of Rebellion and Intervention in Ituri: the Emergence of a New Political Complex?" in African Affairs 103/412 (2004), 385-412.

[49] Pierre Englebert, Why the Congo Persists: Sovereignty, Globalization, and the Violent Reproduction of a Weak State. Queen Elizabeth House Working Paper 95 (2003).

[50] Tull (2005).

[51] Timothy Raeymaekers, "Collapse or Order? Questioning State Collapse in Africa." Conflict Research Group Working Paper Number 1 (May 2005). Also see Thomas Callaghy, Ronald Kassimir, and Robert Latham, eds., Intervention and Transnationalism: Global-Local Networks of Power (Cambridge: Cambridge UP, 2001).

control for the effects of the state on civil society or institutional development, the cases enable us to determine why some civil society organizations are more successful than others at organizing social services, and to examine the role that internal organizational cohesion plays in this success. My study confirms Raeymaekers' suspicion that states fail because the political struggle for control "results in a dispersed domination and a fragmentation of social control," continuing a chain reaction of events that affects lower levels of social organization. I respond to Raeymaekers' challenge to examine not simply national institutional arrangements, but "how local communities are adapting themselves to a situation of state absence, and what these accommodation strategies are telling us about the redefinition of authority."[52]

My project also helps to further clarify Tull's (2005) conceptions of state and society in the region, particularly with respect to what he calls institutions of "state substitution."[53] Lund's (2006) notion of "twilight institutions" is particularly relevant to my analysis, because it eloquently captures the way in which post-conflict state institutions persist as something other than agents of state authority[54] State institutions in the Congo do exist, but in the east they generally operate not as agents of government authority, but rather as institutions that are, in Lund's words, "not the state, but" ones that "exercise public authority" nonetheless.[55] Individuals in positions of "state" authority may try to administer programs and attempt to regulate activities, but they have typically not received a government salary for ten to twenty years and act according to their own

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[52] Raeymaekers (2005), 7.
[53] Tull, (2005).
[54] Lund's term is the basis of the title of my dissertation, "Authority at Twilight."
[55] Christian Lund, "Twilight Institutions: An Introduction" in Development and Change 37:4 (2006), 673.

self-interest rather than as agents of the state. In most of the eastern Congo, "state" officials are actually independent agents who collect rents from the population and use it for their own benefit, enforcing regulations and collecting taxes only when it is convenient to do so. Every "state" service has a price, be it a building permit, a medical examination, or a trial. The fees paid for services are collected in lieu of taxes, but those fees are deposited directly into the pockets of the service providers, not into the state's coffers.

Since the management of most of the Kivu's "state" social service institutions is essentially contracted out to local civil society organizations – primarily to churches – in most cases, true authority in the social service delivery domain lies with those who operate and finance those structures. Decisions about hiring personnel, constructing and rehabilitating facilities, or salary levels may need nominal approval from titular state authorities, but the actual decisions are made by the church bureaucracies, and what remains of government typically acts as a rubber stamp for decisions that have already been made.[56]

Ethnicity and Public Goods Provision

Issues of ethnicity and ethnic cleavages are also an integral part of this study. Often in the Kivus, civil society organizations exhibit a high degree of ethnic homogeneity, particularly among the region's Protestant churches, many of which split along ethnic lines late in the colonial period when missions and missionaries still dominated the country's Protestant religious landscape. While I concur with Catharine Newbury that, "[e]thnicity in Africa is not primordial. It is a historical, socially

constructed category that can experience significant change,"[57] there is some correlation between high levels of ethnic homogeneity and low levels of internal organizational cohesion in this study.

A large literature on the relationship between ethnic homogeneity and successful service delivery argues that less diverse communities are typically more successful at providing public goods, a hypothesis that seems to hold true across a wide variety of regime types.[58] In contrast to the general consensus on this subject, I find some evidence that a higher level of ethnic heterogeneity within an organization can lead to successful social service organization under certain institutional arrangements. While the *n* in my study is too small to draw definitive conclusions about this question, my findings do suggest that Habyarimana et al. are correct that institutional arrangements and social norms can make it possible to overcome barriers to cooperation in ethnically diverse communities.[59] It may be that certain types of religious organizations, namely, those that are governed by external hierarchies, provide institutional arrangements that make it possible to transcend ethnic cleavages. This in turn allows the group to draw on a very broad base of social support, thus giving their social service operations more financial

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[56] See Chapter 2 for more specific details as to how social services function in the state's absence.
[57] Catharine Newbury, *The Cohesion of Oppression: Clientship and Ethnicity in Rwanda, 1860-1960* (New York: Columbia University Press, 1988), 212.
[58] Abhijit Banerjee, Rohini Somanathan, and Lakshmi Iyer, "History, Social Divisions, and Public Goods in Rural India." Journal of the European Economic Association 3:2-3 (2005), 639-47; Alberto Alesina, Reza Baqir, and William Easterly, "Public Goods and Ethnic Divisions." The Quarterly Journal of Economics 114:4 (1999), 1243-84; William Easterly and Ross Levine, "Africa's Growth Tragedy: Policies and Ethnic Divisions." The Quarterly Journal of Economics 112:4 (1997), 1203-50; Edward Miguel and Mary Kay Gugerty, "Ethnic Diversity, Social Sanctions, and Public Goods Provision in Kenya." Journal of Public Economics 89 (2005), 2325-2368; James M. Poterba, "Demographic Structure and the Political Economy of Public Education." Journal of Policy Analysis and Management 16:1 (1997), 48-66; and Claudia Golden and Lawrence F. Katz, "Why the United States Led in Education: Lessons from Secondary School Expansion, 1910 to 1940." NBER Working Paper 6155.
[59] Habyarimana et al (2007), 734-34.

support, volunteer labor, and credibility with the population, and strengthens the group's level of internal organizational cohesion. It may also be that studying this question at the organizational level yields different results. The role of religious organizations in providing such institutional norms certainly warrants further study. Examining the question at the institutional – rather than state, community, or societal – level suggests a promising line of research for better understanding this phenomenon.

That said, however, ethnicity or cultural identity is not in and of itself a source of successful social service organization. As Mamdani (2001) notes, ethnicity in central Africa is often more a political identity than a cultural or economic one, as evidenced in the sometimes shifting identities of Kinyarwanda-speaking Hutus and Tutsis living in the Kivu.[60] Political ethnic identity can change, and reliance upon arguments based on the nature of an ethnic group's political culture (as in one refrain frequently heard in Goma, that, "the Nande are passive.") is difficult to accept as an explanation for successful social service delivery. I agree with Willame (1997) that "a purely ethnic reading of crises is insufficient,"[61] and I instead look to supporting explanatory factors related to ethnicity such as the ways that institutional relationships to Mobutu's patronage network in the 1970s and 80s led to the distribution of land to members of some ethnic groups but not to others. Successful social service organization is far more dependent on historical institutional contexts and the resulting constraints on a civil society organization, as expressed in the variable of internal organizational cohesion, than it is on ethnicity.

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[60] Mahmood Mamdani, When Victims Become Killers: Colonialism, Nativism, and the Genocide in Rwanda (Princeton: Princeton University Press, 2001.).

[61] Jean-Claude Willame, Banyarwanda et Banyamulenge: Violences ethniques et gestion de l'identitaire au Kivu (Brussels and Paris: Cahiers Africains and l'Harmattan, 1997), 141. My translation.

SUMMARY

This study offers an explanation of different outcomes in the success of civil society organizations that organize and operate social service delivery in the state's absence. I contend that the primary variable accounting for differences in these outcomes is the level of internal cohesion in the civil society organization. In the remainder of this dissertation, I demonstrate how eight civil society organizations and elites in the Kivu provinces are able to implement and operate social services. Chapter two is an exposition of the political histories of Goma and Bukavu, as well as a narrative of the collapse of the Zairian state, the weakness of the Congolese state, and the role of the wars of the 1990s and early 2000s in contributing to the current social service delivery environment in each city. In particular, I focus on the shifting dynamics surrounding the role of Tutsi elites and the Tutsi population in each area, and argue that this historical trajectory made it more difficult for churches in Goma and Nord-Kivu to maintain high degrees of internal organizational cohesion, which in turn led to lower degrees of success at organizing social service institutions. Chapter three consists of studies of the Catholic archdioceses of Nord-Kivu I (Goma) and Bukavu. Chapter four includes studies of four Protestant churches, while chapter five is a study of two other civil society organizations.

Finally, chapter six summarizes my findings and proposes an agenda for further comparative study of this and related topics. As the civil society leader quoted at the beginning of this chapter notes, the state's weakness has provided an opportunity for other organizations to step in, take over state functions, and, in some ways, to assume the state's role as a provider of social order. How the authority of non-state actors and civil

society organizations will mesh with that of the state if and when the state reasserts itself is the central problem for the future of public goods provision in the D.R. Congo.

Chapter Two: State Collapse & Social Service Systems in the D.R. Congo

INTRODUCTION

The collapse of the Congolese state precipitated a decline in the quality of health care and education in the eastern provinces. This deterioration was further exacerbated by the 1994 influx of Rwandan genocide refugees into the Kivus, and by the subsequent 1996 and 1998-2002 wars that engulfed the region. In the space of less than twenty years, health care and education in the Kivus went from being of acceptable, and in some cases, quite good, quality to being either non-existent or very deficient. Access to health care and education also declined as families were displaced from their homes and the economic collapse made social services unaffordable for most of the population.

The purpose of this chapter is to provide a general overview of recent Congolese political history, to explain how social service delivery works in the eastern provinces of the country, and to examine in detail the health care and education structures of the "twilight state" that remain in the D.R. Congo. It also attempts to explain how public goods provision works (and does not work) in the eastern Congo. To that end, I first provide a brief overview of Congolese political history since independence and explain the effects of state collapse on the country's social service delivery structures, particularly with respect to the situation in the Kivu provinces. I next trace the histories of the decline in quality of social services in the cities of Bukavu and Goma, and finally describe the current situation in each city.

HISTORY OF THE CONGOLESE STATE

The post-independence hopes that the Congo would be a leader in newly independent Africa were quickly dashed. Although the country's enormous size and mineral wealth made it a natural regional power, those same attributes proved to be a disadvantage to leaders in Kinshasa in their attempts to control the entire territory. After the Belgians left, a series of rebellions broke out across the country, particularly in the east, where most of the country's mineral riches are concentrated. A dearth of educated leaders who were capable of reigning in all the country's political parties, ethnic groups, and interest groups crippled the new government. In addition, few of the country's leaders had any government or business management experience whatsoever. Believing that the Congolese should serve primarily as a labor supply for European-owned enterprises, the colonial regime limited education such that only a handful of Congolese were university graduates by 1960. The government held huge portions of shares in the private corporations that were given huge land concessions, and ran a highly centralized bureaucracy "that incorporated neither internal counterbalances nor open channels for political expression."[62]

It also failed to incorporate the Congolese. Authorities in Brussels had no intention of allowing Congo to follow the path of its neighboring states, which, one by one, were freeing themselves from the colonial rule of Britain and France. Unlike those states, the Belgian colonial model was highly technocratic[63] and did little to prepare Congolese civilians to govern. The idea of Congolese independence was anathema to the Belgian public. Debates within the colonial administration tended towards questions like

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[62] Jean-Claude Willame, Patrimonialism and Political Change in the Congo (Stanford: Stanford University Press, 1972), 12-16.
[63] Newton Leroy Gingrich, Belgian Education Policy in the Congo, 1945-1960. Diss. Tulane University, 1971, 4.

whether bilingual (that is, French and Flemish) education should be encouraged in the Congo.[64] Even the Socialist party only used self-determination for the Congolese as an electoral tool. One of the few researchers to develop a plan for such an outcome "was shunned by all administration figures in Belgium and the Congo."[65] However, the pressures and expense of running the Congo eventually made independence inevitable. Within days of independence, the army rebelled and Katanga seceded, as did South Kasai a month later. Cold War superpowers moved in on the territory as the Belgians abandoned it, and newly chosen President Patrice Lumumba could not control the huge country. Army Colonel Joseph Mobutu overthrew Lumumba in September 1960; Lumumba was assassinated a few months later.

Mobutu, however, also failed to maintain control. Fighting continued in Katanga until UN troops took over in January 1963. A series of other rebellions broke out in rapid secession across the country, the most significant of which were the Kwilu and the Mulelist Rebellions in the Kwilu (now Orientale) and Kivu provinces in 1964. These uprisings eventually left about two-thirds of the country in revolt against the state. Katangan troops stationed in Kisangani rebelled in 1966, the Simba rebellion targeted Banyamulenge in Sud-Kivu's Haut Plateau that same year, and political turmoil continued throughout the 1960s as Mobutu adopted an increasingly authoritarian posture.[66]

In 1973, Mobutu formally began a process of nationalization that eventually engulfed almost every aspect of Congolese society. He called the movement *Zaïrianization*, and loyal members of his party, the *Mouvement Populaire de la Revolution* (MPR) implemented the nationalization project with force when necessary.

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[64] Gingrich (1971), 164-65.
[65] Willame (1972), 17.
[66] Willame (1972), 115-16; 179-82.

All schools, hospitals, and foreign-owned businesses were nationalized. Congolese were required to change their Christian names to "African" ones. Mobutu rejected Western business suits in favor of Mao-style leisure suits as the acceptable form of dress in Kinshasa. To celebrate his newfound appreciation for all things African, Mobutu renamed his country and its namesake river "Zaïre."

The effects of *Zaïrianization* were immediate and disastrous. Successful businesses fell apart in the hands of Mobutu's inexperienced, incompetent MPR cronies. The quality of health care declined so steeply that by the mid-1980s, many doctors and nurses were operating private practices just to make ends meet since the government failed to pay their salaries.[67] Nationalized education was so bad that, in 1977, Mobutu asked the churches to resume responsibility for the administration and management of the public schools. These steps were not enough, however, to restore the quality of Congolese social services to their 1960s levels.

Mobutu's use of patronage not only crippled the social service system, it also left him dependent on external support from his Cold War benefactors. When the Cold War ended and the money dried up, Mobutu could no longer maintain his extensive patron-client networks. He had to bend to domestic and international pressures to democratize, and in 1990, Mobutu finally allowed other political parties to contest future elections.

Those elections became only theoretical, however, when the effects of the Rwandan genocide derailed democratic progress in Zaïre. As between one and two million mostly Hutu refugees crossed the border into the Kivus, Mobutu was incapable of controlling the growing humanitarian crisis. He never ordered the Forces Armeés Zaïrois (FAZ) to stop the Hutu extremist *génocidaires* from militarizing the refugee camps and

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[67] Peter Persyn and Fabienne Ladriere, "The Miracle of Life in Kinshasa: New Approaches to Public Health" in Theodore Trefon, ed., Reinventing Order in the Congo: How People Respond to State Failure in Kinshasa (London: Zed, 2004), 70.

launching raids into Tutsi-controlled Rwanda. This failure prompted Rwanda to invade the eastern Congo in 1996. Meanwhile, professional Congolese rebel Laurent Kabila took advantage of the chaos in the region to launch a full-scale rebellion in late 1996. Kabila allied with Rwanda and its neighbor Uganda, and their combined armies quickly conquered what was left of the Zaïrian army. Mobutu fled the country just before Kabila took control of Kinshasa in May 1997 and died of cancer a few months later.

Mobutu's death did little to end the violence and suffering in the east. Kabila soon had a falling out with Rwanda's leaders and expelled them from the country. They responded by invading again in 1998, ostensibly to protect Rwandan civilians from attacks by the Hutu militants, but also to ensure access to Kivu minerals. Backed by the Rwandan army, a Tutsi-led group called the Rassemblement Congolaise pour la Democratie (RCD-Goma), took over the Kivus, while the Uganda-backed Mouvement de Liberation du Congo (MLC) established control in the gold-rich regions of Congo's northeast. Together, the rebel groups controlled almost two-thirds of Congolese territory. Were it not for the intervention of Angolan and Zimbabwean troops on the side of Kabila, the RCD-Goma almost certainly would have taken Kinshasa, and therefore control of the country. Kabila was assassinated in 2000 by his bodyguard for reasons probably relating to access to minerals and soured relations with the Rwandans.

The 1998 war continued as a stalemate until a peace deal was reached in Sun City, South Africa in 2002. The agreement called for a power-sharing, transitional government that would conduct national elections by 2005. The logistics of conducting an election in a country the size of Western Europe meant the target date had to be moved. It was 2006 before elections could be organized and carried out. Joseph Kabila, Laurent's son and the transitional president, was elected president in two rounds of voting that ended in October 2006. His narrow defeat of Jean-Pierre Bemba (former leader of the MLC rebels) was

not accepted by everyone, and tensions between Bemba and Kabila's troops led to fighting in the streets of Kinshasa in March 2007. Meanwhile, low-intensity fighting over land tenure rights, citizenship for Congolese Tutsis, and against the FDLR Hutu extremists continues in the east. Most recently, more than one million Congolese were displaced by fighting between government forces and Rwanda-backed Tutsi rebels in October-December 2008. Rwandan troops under Congolese command entered the territory in January 2009 with the stated purpose of eradicating the threat of the FDLR Hutu militia. By the time of their departure in late February 2009, it was clear that they had inflicted major losses on the FDLR, though the cost to local populations abused by one party or another during the action was unclear.

One bright spot in the landscape of misery that was the Congo in the late 1990s and 2000s was the development of civil society. The state's collapse made it possible for civil society groups to thrive for the first time. Not only could civil society groups form and develop; their presence was absolutely necessary to operate basic services and to provide some semblance of order in a chaotic atmosphere of control. However, because Mobutu's party had so limited civic activity, few Congolese had experience in running civil society organizations, a problem that still limits civil society actors in the region. "The need, will, and engagement is there, but we still need experienced people, expertise from outside" for "advice" on completing these tasks, notes one Goma civil society leader.[68] Chapter five of this dissertation further explores the role civil society organizations play in civic life in general, as well as in the social service sectors of the eastern D.R. Congo.

[68] Interview. Kakule Molo, President, 3eme CBCA and Member of Parliament for Beni territoire. Goma. 22 June 2007.

SOCIAL SERVICES IN A COLLAPSED STATE

The collapse of the Congolese state did not occur overnight. It was a slow and drawn-out process of decay over a period of thirty years, beginning with the mess created through the nationalization programs of the 1970s. The collapse was greatly exacerbated by the collapse in world market prices for many Congolese goods, particularly copper, in the mid-1980s. Zaïre faced the same structural adjustment pressures from the international financial agencies as did its neighbors and the economy was already in turmoil when the Cold War ended and Mobutu's patronage networks collapsed.

The shock of the Rwandan refugee crisis and the subsequent wars, however, made life far worse for the country's citizens. While after the collapse, the "state was no longer an organism of corruption," the government's inability to control the territory meant that the country in Mobutu's last days was in a state of "disorder."[69] Government institutions ceased to function as agents of the state, the state lost its ability to adequately regulate the activity of hospitals and schools that were under the management of churches, and the judiciary ceased to function without the payment of bribes. Infrastructure management was abandoned, the jungle grew back over roads and rail lines that served as the only shipping routes for huge swaths of the country's southeast, boats ceased to carry goods and people along the Congo and Kasai rivers, and police and the army were completely incapable of providing even the most basic levels of security. Life for many Congolese became quite miserable and short. An estimated 5.4 million people have died of war-related causes since 1998.[70]

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[69] Interview, Molo.

[70] Benjamin Coughlin et al, Mortality in the Democratic Republic of Congo: An Ongoing Crisis (International Rescue Committee, 2008). Available [http://www.theirc.org/resources/2007/2006-7_congomortalitysurvey.pdf]. 25 February 2009.

The major cities of the Kivu provinces and their surrounding areas bore the brunt of the effects of state collapse and the wars. In the following sections, I discuss the nature of state collapse in Bukavu and Goma, with specific reference to the effects of the collapse on the health care and education systems.

STATE COLLAPSE IN BUKAVU

Bukavu's health sector felt the shocks of the state's collapse in the early 1990s. Along with their counterparts in Kinshasa, leaders in Bukavu's *La Societé Civile* played a major role in pressuring Mobutu to democratize. These demands, coupled with the withdrawal of Cold War support from the Belgian and United States governments in every sector, including social services, meant that the health care system lost most of what remained of its functional capacity in very short order. The shock of the 1994 Rwandan refugee crisis further strained Bukavu and Sud-Kivu's infrastructures. By the time the Rwandan army invaded in 1996, the quality of health care in the province had declined to pre-colonial levels. The wars and their aftermath led to further declines in the ability of the health care system to provide even a minimal standard of service. As Interim Provincial Medical Inspector for Sud-Kivu Dr. Dieu-Donné Kalumuna describes it, the system was already in decline by the early 1990s, but the shock of the 1996 war sent the system further into decline. There was a brief stabilization at this low level after the 1996 war, but the system's capacity and quality further plummeted with the 1998 war, and since 2001, it has largely remained at a low-quality level.[71]

[71] Interview. Dr. Dieu-Donné Kalumuna, Médecin Inspecteur Provinciale Interim et Medical Coordinateur Provincial Lepre et Tuberculose, Inspection Provincial du Santé Sud-Kivu. Bukavu. 9 July 2007.

The 1994 influx of Rwandan refugees was the first serious test of Bukavu's infrastructure in the social service sectors, particularly with respect to health care. By late August 1994, approximately 320,000 mostly Hutu refugees took shelter in a series of camps around Bukavu.[72] By all accounts, the refugee crisis put a strain on Bukavu's infrastructure and ecosystem that caused a dramatic decline in the quality of health care services available. This decline was further exacerbated by the 1996 war and the 1998 war, which led to rebel control of the territory. Hospitals and other health facilities fell into disrepair, doctors lacked essential medications and equipment to treat illnesses, and many health centers in the rural areas closed due to insecurity.[73] Most of the care that was available was emergency aid from international NGO's such as Médecins Sans Frontières, which began operations in Sud-Kivu at the end of the decade.[74]

When the RCD-Goma controlled the territory, the rebels did not attempt to assert authority over the health system in any meaningful way, thus administrative decisions were largely made by the Provincial Health Inspector without reference to Kinshasa's directives. One observer attributes the ability of the provincial health authority to continue operating during the rebellion to the Provincial Health Inspector's strength of personality, saying that he had a "certain authority" and respect from the rebels, even though he was not one of them.[75] As the wars progressed and began to reach a stalemate, and as the MONUC peacekeeping force strengthened, more and more international

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[72] "Attacks Spread at Rwandan Refugee Camps." The New York Times 27 August 1994. Available [http://query.nytimes.com/gst/fullpage.html?res=9B07E1D91139F934A1575BC0A962958260&n=Top/Reference/Times%20Topics/Subjects/I/Immigration%20and%20Refugees]. 26 February 2009.
[73] Interviews, health officials and health workers. Goma and Bukavu. 2005-2007.
[74] Interview. International health NGO worker. Bukavu. 24 July 2007.
[75] Interview. Dr. Ghislain Bisimwa, Coordinateur du Sud-Kivu, Cemubac. Bukavu. 13 July 2007.

NGO's arrived to provide financial and logistical support for social service structures, a pattern that continues today. In the next sections, I discuss the current nature of the education and health care systems in Bukavu.

Education in Bukavu Today

When Bukavu's social service systems functioned, state and provincial education and health officials would regularly visit schools, hospitals, and clinics under their jurisdiction for inspections. Theoretically, state officials were supposed to provide ongoing education for teachers and doctors, and the state was supposed to pay teacher, health professional, and administrator salaries. While the payment of salaries ended long before the state fully collapsed, the inspection regime was effective, particularly in education. Government officials collected extensive statistics on the schools and had the final say over decisions about hiring and firing personnel. Each provincial education ministry office, the Division d'Enseignement Primaire, Secondaire, et Professionelle (EPSP), managed urban and rural offices that regulated schools at the local level.

Following the state's collapse, however, state education officials lost most of their capacity to manage the inspections program. The lack of reliable transportation and fuel for vehicles and the expense of communications equipment are the primary problems for most officials charged with keeping track of the schools in a territory. Statistics are collected (and copied for researchers) by hand. While state and provincial education officials still maintain offices in both Bukavu and Goma, their efforts are significantly hampered by their near-total lack of enforcement powers. If, for example, a school or church bureaucracy fails to report its enrollment statistics for a term, there is little the

education officials can do but wait for the school to comply. Education officials in the church bureaucracies are essentially free to manage their schools and personnel with little reference to the EPSP or the Ministry of Education. As one Protestant education official put it, "Officially, it's the state who does [inspections]. In principle, the state should train personnel. …[But it is] the educational counselors [of the churches] who do the same work as the inspectors. They visit the schools, train the teachers, and do internal evaluations. …The state cannot do it."[76] Church administrators widely report that they hire and fire personnel directly, and that the official state approval of these decisions is simply a rubber stamp on decisions that have already been made.

One area in which the state education system is still effective is the national exam system. As Tull (2005) notes, "it needs to be emphasized that public authorities have not altogether withdrawn from the sector of education."[77] The Congolese value state-approved diplomas above all others, and it is almost impossible to find formal employment or to gain entrance to a university without an official state diploma. The only way to obtain a state diploma is to take the national exams at the end of the school term, and the only way to pass the national exams is to enroll in a school that follows the national curriculum. Most parents and students demand that the church schools prepare their students to take the national exams. Even during the war, national exams were carried from Kinshasa to Nairobi by MONUC troops and then transported to the eastern,

[76] Interview. Meschac K. Vunanga. Coordinateur Provencial des Écoles Conventionelles Protestantes. Eglise du Christ au Congo, Sud-Kivu office. Bukavu. 16 July 2007. My translation.
[77] Tull (2005), 216.

rebel-controlled territories so that students there could take the state exams. They succeeded in this task in four out of the five years of the 1998 war.[78]

Education in the D.R. Congo is not organized by geographic zones or districts. Instead, parents send their children to the best schools they can afford. Thus a child who lives in Kadutu, one of Bukavu's large, crowded neighborhoods, might travel several kilometers each day to attend College Alfa Jiri or another elite institution. Poorer families who can still afford tuition payments tend to send their children to neighborhood schools, as the cost of transport is also a major concern. In Bukavu, schools tend to be located in areas where there is a high concentration of church members, or where the church already owns property. Thus many schools are adjacent to or meet on the grounds of churches.

According to officials at the EPSP Sous-Division Urbaine Bukavu, there are 233 schools in the three communes that comprise Bukavu. Of these, 155 are primary schools and 77 are secondary schools with a total enrollment of 173,000 students for the 2006-07 school year. There are also an indeterminate number of kindergartens and private schools that may or may not use the national curriculum or prepare students to take national exams. Most of the public schools in Bukavu and Goma are operated by the Catholics and Protestants, however there are also schools run by Muslim and Kimbanguist faith groups.[79]

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[78] Interviews, education officials. Goma and Bukavu. 2006-07.

[79] Interview. Ibrahim Salehe, Responsible de Celule Statistique, EPSP Sous-Division Urbaine de Bukavu. Bukavu. 30 July 2007; and author's observations, Bukavu. 2005, 2007.

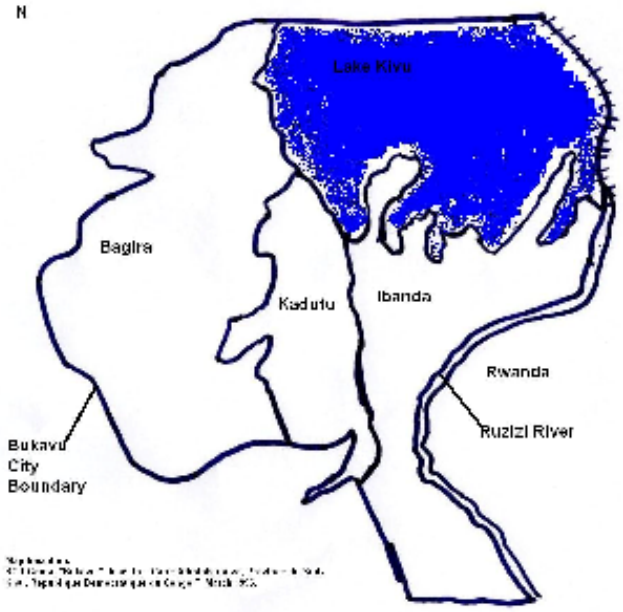
Health Care in Bukavu

Officially, Bukavu's health system is part of the government's overall Primary Health Care plan, which divides the country into various administrative districts under the authority of national, provincial, regional, and local officials. Although these government structures would be powerless were it not for partnerships with international and local NGO's, churches, and international funding agencies, partner agencies are very careful to insist that they are rebuilding government capacity rather than operating in the absence of the state.

Health care in each Congolese province is under the authority of the Provincial Health Inspection, which is headed by a Provincial Health Inspector. Below this level is the Health District, which is headed by a District Medical Chief. Finally, the lowest level of government organization of health care is the health zones, local areas that, at a minimum, are supposed to have a general reference hospital, to which local health centers, dispensaries, and health posts refer their more complicated cases. The general reference hospital for a health zone may be a state hospital or it may be entirely supported and run by a private entity, such as a church group or an international NGO. In rural areas, there is usually only one hospital for a given health zone to begin with, but in urban areas, where there are multiple hospitals, one hospital is named the general reference hospital for the zone. Typically, the hospital that was in the best shape in terms of infrastructure, types of services offered, and staffing at the time of the formation of the Primary Health Care system (the mid-1980s) was named the general reference hospital,

and there has been little change in this since that time, despite the fact that some general reference hospitals are no longer the best hospital in their respective health zones.[80]

Three or four health zones comprise a health district. There are five health districts in Sud-Kivu.[81] Until 2003, Ibanda, Kadutu, and Bagira were all one unified Bukavu health zone, but since the reorganization of the government's health zone structure, these three health zones operate separately under the supervision of the District Medical Chief.[82] Nine public and 43 private hospitals in Bukavu serve an estimated 2006 population of 608,465.[83]



Map 2: Health Zones in Bukavu

[80] Interviews, health officials. Goma and Bukavu. 2006-07.
[81] Interview. Dr. Mutuapikay Kabongo, Médecin Chef de District Sanitaire du Bukavu. Bukavu. 11 July 2007.
[82] Interview, Kalumuna,
[83] Inspection Provinciale de la Santé District Sanitaire de Bukavu. "Couverture Sanitaire." 2006.

As shown in Map 2, the city of Bukavu and its corresponding health district are divided into three health zones: Bagira, Ibanda, and Kadutu.[84] Kadutu and Ibanda contain most of the urban neighborhoods, while Bagira's health zone is centered in a nearby, more rural town that is still technically part of Bukavu city. The following sections describe the nature of each health zone and the major health structures found in each commune.

Ibanda Health Zone

The large Ibanda health zone borders the Ruzizi River, the national boundary with Rwanda, and contains the easternmost sectors of Bukavu, stretching south from Lake Kivu to the Panzi neighborhood, a thirty-minute journey by car. All five of Bukavu's peninsulas are contained in Ibanda health zone and are connected by Avenue Patrice Lumumba, which runs from the Ruzizi border post along the northern edge of the lake out to the tip of the westernmost peninsula. Being among the most scenic properties in the city, the peninsulas are home to the bulk of international aid agency offices, the main MONUC compound, the city's nicer hotels, and the homes of wealthy local elites and expatriates. The northern part of Ibanda also contains much of the city's central business district, many provincial and city government offices, College Alfa Jiri (eastern Congo's best secondary school), and two of Bukavu's largest markets. Many local non-governmental organizations and several church bureaucracies also have their headquarters in northern Ibanda. In general, population density increases and household wealth decreases the further one moves south from Avenue Patrice Lumumba. Thus,

[84] Map based on BCD Goma, Bukavu, map. Inset in "Carte Administrative: Province du Sud-Kivu, Republique Democratique du Congo." (March 1996).

most of the health care infrastructure for Ibanda is concentrated in the southern sectors of the health zone. The quality of other infrastructures on the lakefront tends to be higher than elsewhere in the zone; homes along the peninsula generally have indoor plumbing with a fairly consistent water supply and functional sewers. Electricity is rationed, but is usually supplied to Ibanda's wealthiest neighborhoods every night, and while many of the roads in northern Ibanda are not paved, they tend to be in fairly good condition in wealthy neighborhoods. Most of Avenue Patrice Lumumba is in good condition by Congolese standards; it is paved, and potholes are not too large in the downtown business districts. In southern Ibanda, roads are in significantly worse condition, with large potholes and little paving. Electricity is very inconsistent in those homes and businesses that are wired, and most homes lack running water. Sewage systems vary from neighborhood to neighborhood, but often consist of semi-covered drainage ditches, if they exist at all.

Ibanda health zone is supported by the 8eme CEPAC church and a number of international NGO's, including Norwegian Church Aid, Louvain Développement, Catholic Relief Services/Projet Axxes, Association Santé Familiale, the BDOM, GTZ Santé, UNICEF, the World Food Program, and the World Health Organization.[85] In addition to serving Ibanda's population as the zone's general reference hospital, Panzi Hospital is the primary regional treatment facility for victims of violent rape who have developed fistulae. As such, the hospital receives support from many international

[85] Interview. Dominique Matabaro, Infirmiere Supervisieur, Bureau Central de la Zone de Santé Ibanda. 12 July 2007.

donors.[86] In addition to Panzi Hospital, Ibanda health zone has three hospital centers and ten health centers serving an estimated population of 245,142. There are also approximately 43 private health clinics in Ibanda health zone.[87]

Ibanda health zone's major hospital is Panzi General Reference Hospital. The hospital was started in 1999 by a gynecologist who had been displaced from his previous post at a hospital in the interior of Sud-Kivu by the ongoing war with Rwanda. Panzi today is Bukavu's most well-equipped and well-funded hospital. Since it is part of the 8eme CEPAC church's health structures, the hospital is profiled in more depth in chapter four.[88]

Kadutu Health Zone

Kadutu sits to the west of Ibanda and comprises Bukavu's most densely populated neighborhoods, as well as the hilltop headquarters of the diocese of Bukavu and the archdiocese of Sud-Kivu, a number of other Protestant church headquarters, the Université Catholique de Bukavu, an elite, Catholic girls' secondary school, and several technical institutes of higher education. Although some elites live in Kadutu, the bulk of the health zone's population is very poor. Periodic riots and other mass uprisings tend to happen in Kadutu more often than they do in other parts of the city. Kadutu's terrain is primarily steep hills connected by dirt roads that are difficult to navigate during the rainy seasons. Most of Kadutu's residents live in neighborhoods on these hills, while low-

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[86] Interview. health worker, Panzi Hopital General de Reference. Bukavu. 12 July 2007.
[87] Interview. Dominique Matabaro, Infirmiere Supervisieur, Bureau Central de la Zone de Santé Ibanda. 12 July 2007. Bukavu.
[88] "Our history." The Panzi Hospital of Bukavu website. Available: [http://www.panzihospitalbukavu.org/about.php?weblang=1]. 21 January 2008; and "Dr. Denis Mukwege." The Panzi Hospital of Bukavu website. Available:

lying areas closer to downtown are home to Bukavu's main industrial area. Along the lakefront, the Provincial General Reference Hospital sits opposite a commercial district, which backs up to the city's main port. Kadutu health zone reaches south from the lake through a series of heavily populated hills to the significantly more rural Chiriri neighborhood, about a twenty-five minute journey by car from central Bukavu. Kadutu's physical infrastructure is also weak, with unpaved, rough roads in most of the health zone, an inconsistent supply of electricity in those areas that have wiring, and little or no running water in most homes, with semi-covered drainage systems.

Kadutu health zone has one general reference hospital, three hospital centers, eleven health centers, and several other health posts, private health clinics, and two specialist centers for psychiatric disorders and for handicapped individuals serving a population of 271,575.[89] The health zone has partnerships with the BDOM at Chiriri General Reference Hospital and with Louvain Développement for the health zone, as well as with Catholic Relief Services and Médecins Sans Frontieres.[90] The BDOM manages Chiriri General Reference Hospital.[91] Many of the hospitals in the city were rebuilt and repaired after the war using World Bank funds.[92]

As Bukavu's most populous health zone, Kadutu has the highest concentration of hospitals and health centers. There is one general reference hospital, three hospital centers, eleven health centers and health posts, eighteen private clinics, and two specialty

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[http://www.panzihospitalbukavu.org/drmukwege.php?weblang=1]. 21 January 2008; and Interview, health worker. Panzi General Reference Hospital. 12 July 2007. Bukavu.

[89] Interview. Godéfroid Kadusi, Superviseur Nutritionelle, Bureau Central de la Zone de Santé Kadutu. Bukavu. 12 July 2007.

[90] Interview, Kadusi.

[91] Interview. Dr. Justin Kabonjo, Medecin Directeur, Hopital General de Reference Rau-Chiriri. Bukavu. 12 July 2007.

centers, one for psychiatry and another serving the handicapped. These facilities serve a population of 271,575 in an area of 15 square kilometers.[93]

The general reference hospital for Kadutu health zone is the Chiriri General Reference Hospital. Chiriri is somewhat unusual in that it was started and constructed by an expatriate German, Dr. Rau. He began construction on the hospital in 1980; it was completed in 2000.[94] The hospital is situated well outside of the city of Bukavu, up a series of large hills and on the opposite slope from Kadutu's population centers in a setting that is more rural than urban. Because of the difficulty of access, the hospital has some problems attracting patients; nonetheless, it serves as the general reference hospital for the health zone.

Chiriri General Reference Hospital has five doctors, four generalists and one orthopedic surgeon, and 30 nurses. Staff are technically hired by the Congolese state, but hiring is done in collaboration with the BDOM. There are 130 beds in the hospital and in 2006, Chiriri's staff treated 8,229 patients. In addition to the four traditional services - internal medicine, gynecology and obstetrics, pediatrics, and surgery – the hospital has a laboratory, a imagery section with x-ray and ultrasound capabilities, an ophthalmology section, dentistry, and a pharmacy, along with technical support and a social service administration.[95] Medications are supplied primarily by the BDOM and the Kadutu

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[92] Interviews, health officials. Bukavu. July 2007.
[93] Interview, Kadusi.
[94] Interview, Kabonjo.
[95] *Ibid*.

health zone's central office. Chiriri also gets drugs from private pharmacies in Bukavu, 8eme CEPAC, and other sources.[96]

Because the BDOM is the primary partner for Kadutu health zone, Chiriri enjoys considerable support from the organization, and also gets some assistance from Louvain Développement.[97] Staff salaries are obtained through *auto-finance* fees for services and also through a bonus system, because, as chief of medicine Dr. Justin Kabonjo notes, the state has not paid salaries for more than 20 years.[98]

Kadutu General Hospital is a hospital center located in one of the most populous parts of Bukavu. The hospital has 100 beds and typically has 65 hospitalized patients and does 1,400 consultations per month. Five doctors, including four generalists and one surgeon, serve the population along with 37 nurses, six of whom are A1 level, nine of whom are A2 level, and twenty-two of whom are A3's. In addition, the hospital employs one laboratory specialist.[99] Kadutu General Hospital offers all four traditional health services: internal medicine, gynecology and obstetrics, pediatrics, and surgery. In addition, they have a laboratory, a pharmacy, and an emergency room. The hospital's facilities were renovated by the World Bank in 2005, but aside from that, the only other external partnership enjoyed by Kadutu General Hospital is one with Médecins Sans Frontieres in HIV/AIDS programs. Otherwise, all salaries and other monies for running the hospital come from the *auto-finance* system.

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[96] *Ibid*.
[97] *Ibid*. In the midst of my interview with the Chief of Medicine, a television crew burst into the room to film a segment on Chiriri's work for two national television stations. I was asked to stay in the room for the interview. Some of the information here was gleaned from the television interview as well as from my own interview.
[98] *Ibid*.

Kadutu's other hospital center is the Bukavu University Hospital, a teaching hospital affiliated with the Université Officiel de Bukavu. The hospital is housed in a facility that dates to 1930, when it was reserved for white settlers. At independence, the facility closed and fell into disrepair. After the wars of the 1990s and early 2000s, the hospital was refurbished by the World Bank at a cost of $350,000 ($200,000 to rebuild the structure, and $150,000 for equipment). Bukavu University Hospital officially opened in July 2005.[100]

The hospital has 80 beds, with space for 120 beds, and is typically about 60% occupied. The hospital sees 600 patients per month on average. Doctors at the hospital offer the four traditional Congolese medical services (internal medicine, pediatrics, gynecology/obstetrics, and surgery), as well as dentistry, x-ray, endoscopy, ultrasound, and laboratory and pharmacy services. Medicines are purchased form local sources. Eleven doctors staff the facility. Seven are generalists, and there is one doctor each for pediatrics, internal medicine, surgery, and gynecology/obstetrics. There are approximately 43 nurses; eighteen are at the A1 level, twenty are A2 nurses, and five are A3 nurses.[101]

As a teaching hospital, Bukavu University Hospital offers insight into the typical education obtained by a Congolese nurse or doctor. The Université Officiel du Bukavu offers three degree programs at the hospital in medicine, pharmacy, and public health. The medical program involves three years of postsecondary study, followed by three

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[99] Interview. Dr. Polepole Tshomba, Medecin Directeur, Hopital General de Kadutu. 12 July 2007. Bukavu.
[100] Interview. Dr. Olivier Ngadjole, Médecin, Hopital de l'Université de Bukavu (Université Officiel de Bukavu). Also Secretaire, Faculté de Medecin et Pharmacie. 13 July 2007.

years of training for the degree of doctor. At the Université Officiel du Bukavu, as of 2007, 281 students were enrolled in the first three years of medical training, and 147 were studying for their doctoral degrees, for a total enrollment of 428. In the pharmacy program, which requires three years of postsecondary study plus two years of study for the degree of *Licence Pharmacie*, 80 students were enrolled in the first level of study, while 41 were working for their pharmacy degree, for a total enrollment of 121. The public health program began in 2007 with the first class enrolling 138 students.[102]

Congolese doctors who complete this level of medical training then complete a one-year residency, either in a Congolese hospital or abroad. South Africa is a popular choice for residencies. However, due to the high enrollment numbers in Congolese medical schools, many new doctors have difficulty finding employment.[103]

Finally, the Provincial General Reference Hospital of Bukavu is physically located in the Kadutu health zone, but it is not the main hospital for the health zone. Instead, cases that cannot be treated at the general reference hospitals in any health zone in Sud-Kivu, Nord-Kivu, or Maniema (the three provinces that were once the unified Kivu province) are referred to the Provincial General Reference Hospital. According to the protocols of Congo's Primary Health Care system, patients should have already been treated at one of these lower-level hospitals before being referred to the Provincial General Reference Hospital of Bukavu. As such, the Provincial General Reference Hospital of Bukavu (hereafter, PGRHB) should theoretically be the best-equipped hospital in the province, but, as previously noted, Panzi Hospital is much better funded

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[101] *Ibid*. Interview subject gave numbers of nurses as approximate ("plus-or-minus").
[102] *Ibid*.

and equipped. Cases that cannot be effectively treated at the PGRHB are supposed to be referred to Mama Yemo hospital in Kinshasa, the general reference hospital for the country.[104] The logistics and cost of transporting patients to Kinshasa are so challenging, however, that it is unlikely that most patients can make this journey.

The PGRHB is a state hospital, but when the state became incapable of doing so, the Bureau Diocesian des Oeuvres Medicales (BDOM) of the Archdiocese of Bukavu took over its management. The hospital has space for 500 beds, but as of 2007 only had 346 available. Patients are served by 23 doctors, ten specialists and thirteen generalists. There should be 50 doctors in order to fully staff the hospital, but, as Chief of Medicine Dr. Marcel Mweze Changa notes, it is not possible to pay salaries for a full medical staff because the state has not paid salaries in a very long time. Staff members are only paid "bonuses," 40% of which comes from patient fees and 60% of which comes from a donor agency. The PGRHB offers the four traditional services that each Congolese hospital is supposed to offer: internal medicine, pediatrics, surgery, and gynecology/obstetrics. Specialist doctors at the hospital also offer ophthalmology, dentistry, physiotherapy, oncology, sonography, scans, and imagery services. In addition, there is a laboratory and a pharmacy on-site, as well as an emergency room.[105] In 2006, approximately 73% of beds were occupied, and about 253 patients were treated per month.[106]

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[103] Interviews, health professionals and medical students. Goma and Bukavu. 2006-07.
[104] Interview. Dr. Marcel Mweze Changa, Médecin Directeur et Ophtalmologiste, Hopital Provincial General de Reference du Sud-Kivu. Also Secretaire Academique, Faculté de Médecine de l'Université Catholique de Bukavu (Chef de Travaille). 13 July 2007.
[105] Interview, Changa.
[106] Data obtained at administrative offices of the Provincial General Reference Hospital of Bukavu. 13 July 2007. Bukavu.

Since the bulk of PGRHB patients are very poor, the hospital struggles to collect sufficient fees to pay for its services. The hospital itself lacks external partners, so it only gets funding from the BDOM in providing equipment and maintaining infrastructure. However, the Belgian Université Catholique de Louvain partners with the on-site Université Catholique de Bukavu and provides some equipment for the training of medical students.[107] This medical training program graduates approximately 30-40 new doctors per year.[108]

Bagira Health Zone

Bagira health zone is to the west of Kadutu and reaches beyond Bukavu's urbanized areas into the town of Bagira, on the opposite slope of a range of hills. Bagira was originally conceived as a working-class suburb for Bukavu, but the economic collapse and insecurity of the 1990s and early 21st century mean that, as in Bukavu, the vast majority of Bagira's residents are not employed in the formal sector. Bagira is accessed by traveling west from Kadutu along the lakefront, past the Pharmakina pharmaceutical manufacturing plant and a brewery/bottling company for about 10 minutes, then turning south into the hills overlooking Bukavu. It takes about 25 minutes to reach Bagira from central Kadutu by car. Bagira's residents are also generally very poor. Bagira's roads are not paved and electricity is very inconsistent.

Bagira health zone has one general reference hospital and eight health centers serving 137,502 individuals as of 2006. The zone has four doctors and 37 nurses, and is supported primarily by CEMUBAC. Bagira health zone also has international support

[107] Interview, Changa.

from Medecins Sans Frontieres-Holland (primarily for assistance with reconstruction of hospitals and health centers and HIV/AIDS prevention and treatment efforts), Association Santé Familiale (family planning), Catholic Relief Services (general institutional support, including child and maternal health), and the local Catholic BDOM agency (which assists with care in the health centers).[109] Bagira health zone only has one hospital, the Bagira General Reference Hospital. For the entire zone, serving an estimated population of 137,502, there are four doctors and 37 nurses. Of those nurses, seven are at the A1 level, indicating completion of three years of university-level education, five are at the A2 level, indicating completion of four years of secondary school and four years of technical school for a diploma that is the equivalent of a six-year secondary education, and twenty-five are at the A3 level, indicating the completion of a four-year high school course in nursing.[110,111] Of the doctors in the health zone, one is the Médecin Chef du Zone and another is employed by Médecins Sans Frontieres.[112] Through Projet Axxes, Catholic Relief Services supports the work of health centers in Bagira health zone.[113]

Bagira General Reference Hospital was refurbished by the World Bank after the wars and enjoys several partnerships with international actors. Belgian NGO

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[108]Interview. Gustave Rwizibuka, Secrétaire Administratif, Faculté de Médecin, Université Catholique de Bukavu. 13 July 2007. Bukavu.

[109] Interview. Hamahami Hababwetla Miderho Platon, Superviseur Programme Enlarge de Vaccination, Bureau Central de la Zone du Sante Bagira. Bukavu. 12 July 2007.

[110]Interview, Platon.

[111] A3 nurses follow a nursing-specific curriculum at special high schools designed to train medical professionals. While they are not fully qualified nurses, they are also slightly more educated and do tasks including, but also above that of an orderly. Congo no longer trains A3 nurses. Source for information about nursing degrees: Lyn Lusi, Program Manager, Heal Africa Hospital, Goma.

[112] Interview, Platon.

[113] Interview, Birembano.

CEMUBAC runs a nutrition program at the hospital, and Médecins Sans Frontières - Hollande works in HIV/AIDS treatment and does some small rehabilitation projects.[114]

These relationships have greatly benefited the hospital in that it has gained an ambulance, an echograph, operating tables, and other medical equipment, as well as painting the facilities and creating a drainage system. The hospital has two doctors, both of whom are general practitioners, and 21 nurses, most of whom are A3 level nurses. The hospital has a capacity of 61 beds and generally treats between 170-200 patients per month. It offers three of the four traditional medical services: internal medicine, surgery, and gynecology and obstetrics. In addition, the hospital has an ambulance service, ultrasound and x-ray capabilities, and a pharmacy.[115]

Staff salaries are generally paid through the fee-for-service *auto-finance* system. An overnight stay in Bagira General Reference Hospital is $10 per night, and a consultation is $4 overnight and $2 for outpatient care. Approximately $2,000 - $2,500 per year from MSF-Hollande is used to supplement staff salaries through a bonus system, pay for medications, and to generally support hospital operations. Patients must pay for most of their own medications.[116]

Despite the fact that Bagira General Reference Hospital enjoys external support and has a better infrastructure than most Congolese hospitals, the hospital still lacks some basic medical equipment, radios, and other necessary supplies. As Chief of Medicine Dr. Freddy Birembano notes, the lack of consistent electricity in Bagira is a significant

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[114] At the time of this interview, MSF-Hollande was preparing to restructure its involvement at Bagira General Reference Hospital. Interview. Dr. Freddy Birembano, Medecin Directeur, Hopital General de Reference du Bagira. 12 July 2007.
[115] *Ibid*.

problem that interferes with the hospital's capacity to treat patients. The hospital has an incubator, for example, but cannot use it due to the lack of electricity.[117]

International Non-Governmental Organizations

The post-2001 landscape of health care in Bukavu is marked by the presence of international non-governmental organizations. As of 2006, fourteen international NGO's and other agencies were partnering with one or more of Bukavu's three health zones in areas ranging from HIV/AIDS prevention to the provision of essential medications and salary bonuses for health zone officials. International NGO's and other international agencies operating in Bukavu's health zones are Association Santé Familiale, Caritas, GTZ/Santé, Médecins Sans Frontieres – Hollande, Louvain Développement, CEMUBAC, the International Committee of the Red Cross, Norwegian Church Aid, the International Rescue Committee, Catholic Relief Services, Family Health International, PMU-Interlife, World Vision, and the World Health Organization.[118]

The World Health Organization is perhaps the most important international agency involved in health care in Sud-Kivu. In addition to vaccination campaigns, HIV/AIDS prevention, and cholera surveillance, the WHO supports all thirty-four Sud-Kivu health zones in one form or another.[119] In Bukavu, CEMUBAC, a Belgian agency, is the primary international partner for Bagira health zone.[120] Since 2005, the Bukavu health district, comprised of the city's three health zones, has been supported by Louvain

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[116] *Ibid*.
[117] *Ibid*.
[118] UNOCHA. "Cartographie Actualissee des Intervenants dans la Santé au Sud Kivu." Novembre 2006.
[119] Interview. Jerome Lubala, Sécretaire Administratif et Financier, Organisation Mondiale de la Santé. Bukavu. 10 July 2007.

Développement.[121] Funded by Cooperation Belge, the Belgian government's international aid agency, and administered by the Université Libre de Bruxelles, CEMUBAC has been active in South Kivu since 1963 and runs a research center in the interior of the province as well.[122]

There is no question that international NGO's and other agencies intervene because, as one World Health Organization official puts it, "the state is no longer capable" of doing so.[123] The Congolese state is simply incapable of operating its public health care system, thus it is up to a wide variety of international donors and local leaders to organize services in collaboration with the shell of the state's health care apparatus.

Finally, it should be noted that there is a major effort from the United Nations Office of the Coordinator of Humanitarian Affairs (OCHA) to coordinate action taken by international and local assistance agencies through the cluster system. Since 1996, the health cluster has sponsored a monthly meeting at which all NGO's and local groups involved in health care can coordinate their activities so as to avoid unnecessary duplication of services and to coordinate with the state.[124]

STATE COLLAPSE IN GOMA

Similar effects of the state's collapse are present in the health and education structures at the other end of Lake Kivu. Resting on the far southeastern border of the

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[120] Interview. Dr. Mutuapikay Kabongo, Médecin Chef de District Sanitaire du Bukavu. Bukavu. 11 July 2007.
[121] Interview, Kabongo.
[122] Interview. Dr. Ghislain Bisimwa, Coordinateur du Sud-Kivu, CEMUBAC. Bukavu. 13 July 2007.
[123] Interview. Jerome Lubala, Sécretaire Administratif et Financier, Organisation Mondiale de la Santé. Bukavu. 10 July 2007.
[124] Interview. Claude Mululu, Chargé de Liaison, Office of the Coordinator of Humanitarian Affairs (UNOCHA). Bukavu. 20 July 2007.

province in an area that is isolated by mountains and rebels from the bulk of the provincial population, Goma is the capital of Nord-Kivu. In contrast to the province's secondary economic centers, Beni and Butembo, which sit in the far northern reaches of the province, Goma is easily accessible from Rwanda and Uganda. The city rests directly on the Rwandan border and abuts the Rwandan town of Gisenyi on the northeastern shore of Lake Kivu. In the colonial era, these twin towns functioned virtually as one, with both settler and local populations being free to move across the border at will. Today residents of northwestern Rwanda and the Goma area only require an easily obtained permit to cross the border to shop in the other city's markets.

The contrasts between the two sides of the border are stark. Gisenyi is a very orderly town with well-maintained roads, a palm tree-lined avenue along the beach at Lake Kivu that leads to a four-star hotel, a functioning post office and banks, and a police-regulated bus station. The minute one crosses the border into Goma, however, the effects of twenty years of state neglect, war, and collapse are immediately evident. The road along the lake, where the main border crossing is located, is in some places impossible to navigate, extreme poverty is visible, and it quickly becomes clear that no one, including the police and army, exercises real, enforceable, coercive authority.[125] As the center of power for the RCD-Goma rebel government during the 1998 war, the city experienced very serious decline in the health and education sectors.

In 2002, Mt. Nyiragongo, one of two active volcanoes that rest north of the city in Virunga National Park, erupted. The impact of the 2002 eruption on Goma' healthcare

[125] It is, for example, entirely possible to simply drive away when a traffic police officer stops one's car. The police lack vehicles and weapons and cannot enforce their authority to a significant degree.

system cannot be underemphasized. The lava flow progressed directly through the town center, and destroyed Virunga General Reference Hospital and the DOCS (later renamed Heal Africa) hospital.[126] It also destroyed most of the city's central business district and infrastructure. In the period immediately following the eruption, most efforts to address Goma's crisis focused on emergency relief. What little of the formal economic sector that remained after the war was almost totally transferred to the informal economy, with international organizations and NGO's offering most of the city's formal employment opportunities.[127] Goma's public health care system became increasingly intertwined with the city's community of international and local non-governmental organizations (and the international donors who fund their activities), such that it almost no longer makes sense to make a formal distinction between the two. As one observer puts it,

> The contemporary reality of Goma can no longer be described in terms of 'government,' 'administration,' 'justice,' or even 'education' and 'health care.' The common meaning of these terms and concepts no longer corresponds with the realities of this city anymore. There is no more formal urban planning in Goma. Structural or spatial mutations are the result of incremental changes.[128]

A peace deal ended the war in 2002-03 and some sense of normalcy began to return. Health structures were rebuilt, and attempts to reassert government control of the health system have met mixed success. As in the rest of the D.R. Congo, however, without the support of local churches and NGO's, the social service system would not

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[126] Peter J. Baxter and Anne Ancia, "Human Health and Vulnerability in the Nyiragongo Volcano Crisis Democratic Republic of Congo 2002." Report to the World Health Organization (June 2002). Available [http://whqlibdoc.who.int/publications/2002/a88434_eng.pdf]. 27 March 2007. p. 16.
[127] Anna Verhoeve, "Conflict and the Urban Space: the Socio-Economic Impact of Conflict on the City of Goma" in Koen Vlassenroot and Timothy Raeymaekers, eds., Conflict and Social Transformation in Eastern D.R. Congo (Gent: Academia, 2004), 110.
[128] Verhoeve (2004), 110.

operate. This is particularly evident in areas of the province that lack external support or partnerships. Social service facilities there typically lack medication and school supplies, doctors, teachers, or other trained health professionals, and sometimes even functional buildings.

Education in Goma

As in Bukavu, the education system in Goma is almost entirely the provenance of the churches. Likewise, parents in Goma send their children to the best schools they can afford, regardless of location or religious affiliation. If a Baptist parent can afford to send her child to a Catholic school, all but the most devout will do so. The Catholic archdiocese runs Goma's best schools, but the 2002 volcanic eruption destroyed many Catholic school structures along with the cathedral and some diocesan offices.

In 2004-05, Goma's three communes were home to a total of 278 schools. Of those, forty-two are kindergartens, 154 are primary schools, and 82 are secondary schools. Total enrollment in Goma's schools for the year was 97,990, with the bulk of enrollment in the primary schools. They were served by 2,652 teachers and administrators.[129]

[129] Data obtained from the Sous-Division Urbaine de l'Enseignement Primaire, Secondaire, et Professionnel Goma. Goma. April 2006.

Health Care in Goma

With an estimated population of approximately 500,000,[130] Goma is divided into two health zones: Goma and Karisimbi.[131] Goma health zone comprises about half of the city of Goma, with Lake Kivu as its southern boundary, the Sake Road as its northern boundary, the Rwandan border as its eastern border, and the limit of *Goma-ville* as its western border. This geographic division makes the Goma health zone quite diverse. It comprises both the Mikeno/Birere section of Goma, one of the city's oldest commerce areas and home to thousands of poor families, as well as the lakeside neighborhoods of Himbi and Volcans, where wealthy Congolese and expatriate aid workers live and international and local NGO's house their offices. Other heavily populated neighborhoods in Goma health zone include Katindo, which lies along the south side of the Sake road, and Keshero, the westernmost part of Goma.[132] Both the public Université de Goma (a branch of the Université de Kisangani that has two campuses, both in Goma health zone) and the private, Protestant Université Libre de Pays de Grand Lacs are in Goma health zone, as is the port and the Birere market, Goma's second largest.

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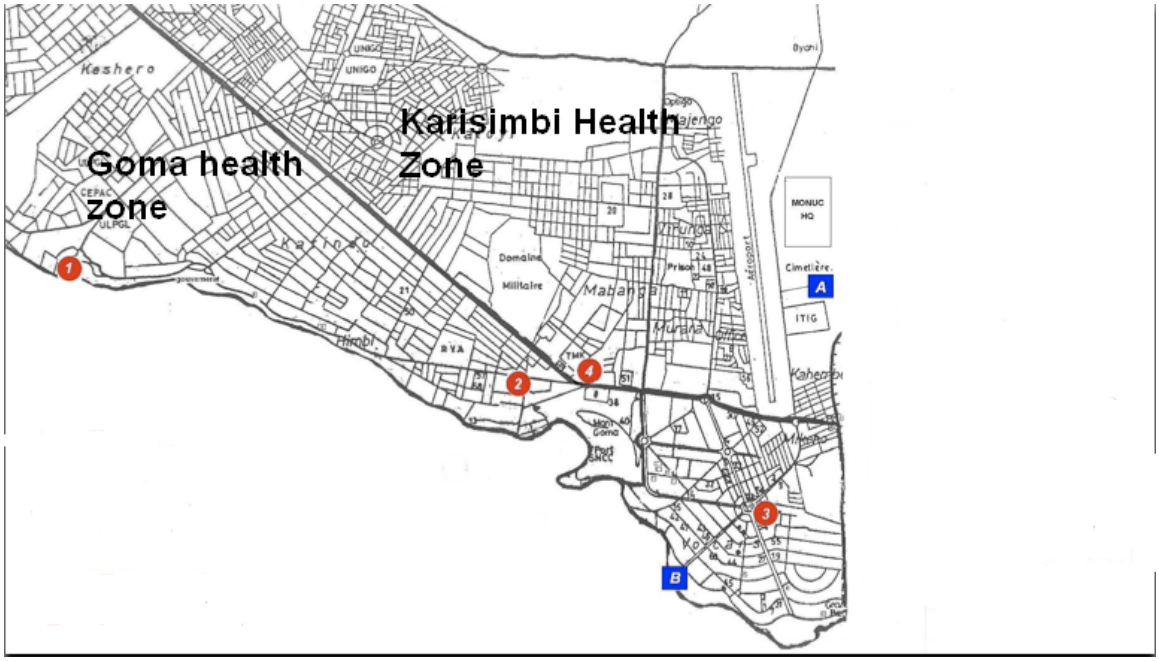
[130] All population data in the Democratic Republic of Congo is suspect. Current population statistics are extrapolated from the results of the country's last census, which was taken in 1984. Since I completed fieldwork in August 2007, Goma's population has certainly risen with an influx of internally displaced persons who fled fighting between government forces, CNDP rebels, FDLR rebels, and Mai Mai rebels in the interior of Nord-Kivu in 2007-08. Joint actions by the Congolese and Rwandan armies in January-February 2009 also likely prompted large numbers of internally displaced persons to seek refuge in Goma. It is not clear how much of the IDP population will decide to permanently resettle in Goma.

[131] Theoretically, there is a third rural health zone just to the north of Karisimbi health zone, Nyiragongo, but it is inoperative.

[132] Map based on Ville de Goma Plan d'Evacuation, map. Available: [http://mindtangle.net/wp-content/uploads/2007/12/picture-3.png]. (January 2008).



Map 3: Health Zones in Goma

Karisimbi health zone lies to the north of the Sake road and is also bordered by Rwanda to the east, and stretches to the city limits of Goma, which reach to the edge of the Bukumu Chieftaincy to the north and to Mugunga in the west. Karisimbi health zone is home to the Goma airport, the main MONUC compound, the Congolese army camp, Virunga market (the city's largest), the headquarters of the Catholic diocese and several Catholic schools, and the main football stadium. Its residential neighborhoods are uniformly poor; hundreds of thousands of people live in shacks and on the streets in the Mabanga, Virunga, Kasika, Katoyi, and Ndosho neighborhoods.

The populations served by Goma's two health zones are not terribly different, although Karisimbi health zone has a much larger population to serve. Although the population is more concentrated in Karisimbi, most of the city's hospitals are in Goma

health zone, and patients from Karisimbi often seek care there. In general, expatriates and wealthy Congolese seek medical treatment outside of the country, although most get emergency care at Heal Africa Hospital if the need arises. Members of the UN mission and its affiliated agencies can get care at the MONUC Level III military hospital in Goma health zone. Those Congolese in the Goma health zone who seek treatment at the zone's official health centers and hospitals are typically poor.

The new health district system is not as well-defined or operative in Goma as it is in Bukavu. Although health districts are only supposed to be made up of three to four health zones, in Nord-Kivu, there are only four health districts for 34 health zones. These districts are the same geographic areas as Nord-Kivu's four *territoires*, an administrative distinction that is roughly equivalent to a county. The city of Goma is in the Rutshuru health district, thus both Karisimbi and Goma urban health zones are part of this district, along with four functioning rural health zones and three non-functioning rural health zones. Since the health district is not yet fully operational, the health zones remain the most important state entity in Goma's health structure.

The new Congolese decentralization program, in which authority is to be devolved to provincial authorities, is also thus far inoperative in Goma. Ministers of Nord-Kivu's provincial government have offices in a former hotel, but their roles are as yet undefined. It is unclear how authority will function in the health sector at the provincial level, because the sector will continue to use the centralized Primary Health Care system in which the Ministry of Health in Kinshasa theoretically gives directives to Provincial Medical Inspectors, who then supervise the activities of the health zones. This will not stop, but the Provincial Health Minister will also apparently have some authority

over the provincial health sector. No one seems to know exactly what form that authority will take, or whether the Provincial Health Minister will have the resources available to effectively operate.[133]

On the provincial level, Nord-Kivu's health system depends largely on partnerships with churches. Provincial Health Inspector Dr. Dominique Baabo estimates that more than 50% of the province's health structures are supported by various churches. Because the state lacks capacity to finance and otherwise support the provincial health system, the role of churches and external NGO's is crucial.[134] The province has 24 general reference hospitals, 40 hospital centers, and 450 health centers that are integrated into the national health care system. The Provincial Health Inspector's office does not keep records on the number of private health clinics in the province.[135] Theoretically, the Provincial Health Inspector and his office have authority over the health districts, which in turn exercise authority over their respective health zones.[136] In reality, however, the Provincial Health Inspector deals directly with the health zones to the extent that it is possible. Insecurity and lack of transportation mean that the Provincial Health Inspector is not always able to visit each of the province's health zones on a regular basis.[137]

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[133] Interviews. Emmanuel Rugarabura, Ministre Provincial de l'Interieur, Decentralisation, et Affairs Contumieres and President Ancien, La Société Civile du Sud-Kivu. Bukavu. 11 July 2007; Felicité Kalume, Ministre Provinciale de l'Environnement, Tourisme, Information et Presse, Province du Nord-Kivu. Goma. 2 July 2007.
[134] Interview. Dr. Dominique Baabo, Provincial Health Inspector, Medecin Inspecteur du Province. Goma. 13 June 2007.
[135] Interview, Baabo.
[136] "Organigramme de L'Inspection Provinciale de la Santé Nord Kivu Version 2003." Internal document provided to author by the office of the Provincial Health Inspector Nord-Kivu. Goma. June 2007.
[137] Interviews, health officials. Goma and Bukavu. 2006-2007.

Karisimbi Health Zone

Karisimbi health zone serves an estimated population of 357,000,[138] although the actual number of residents of the zone has certainly grown much higher since the beginning of hostilities in Nord-Kivu in August 2007, and the escalation of those hostilities in November 2007. Despite a peace deal that was reached in January 2008, fighting continues in the province's interior, and many residents fled their villages to live with relatives in Goma. Despite being home to the bulk of Goma's population, the health zone only has one major hospital for the general public, Virunga General Reference Hospital, and 20 health centers, which are staffed by 17 doctors, 73 A3 nurses, 125 A2 nurses, 82 A1 nurses, and 3 A0 nurses.[139] In addition, the Catholic BDOM supports Mungano hospital center in the zone.[140] Karisimbi health zone is also home to Goma's Military Hospital, but that facility is generally only open to soldiers and their family members. Karisimbi health zone's primary partner for financing and operating the health zone and its structures is the Communaute des Baptistes au Centre d'Afrique (3eme CBCA). The health zone is also supported in part by eight other churches, including the Catholic archdiocese, the Neo-apostolic Church, and the 8eme CEPAC Pentecostal church. UNICEF supports vaccination campaigns in the health zone and efforts to prevent the transmission of HIV/AIDS from mothers to infants at birth. The World Health Organization is also active in supporting disease surveillance programs, especially for

[138] Interview. Dr. Luis Kisughu Kamate, Medecin Chef du Zone, Zone du Sante de Karisimbi. Goma. 2 July 2007.
[139] *Ibid*.
[140] Interview. Dr. Florent Kalenga, Coordinateur, Bureau Diocesian des Oeuvres Medicales (BDOM – Diocese de Goma/Caritas). Goma. 20 June 2007.

measles.[141] International NGO Médecins du Monde also supports anti-HIV/AIDS efforts in the zone, where they operate a voluntary testing center.[142] Another international NGO, Association Santé Familiale, is active in reproductive health projects.[143]

As Karisimbi health zone's only major hospital, Virunga General Reference Hospital is particularly significant. It is located in the middle of one of the most populous neighborhoods in Goma, and began as a poste de santé (a clinic with very limited treatment capacities), then evolved up the ranks of the Congolese health system to become a health center, a reference health center, and a hospital center, before being named the general reference hospital for Karisimbi health zone in 2004. As a part of the 3eme CBCA church's health structures, Virunga General Reference Hospital is profiled in chapter four.[144]

In addition to the challenges posed by the collapse of the state and the extreme poverty of the population it serves, Virunga General Reference Hospital had the misfortune of lying directly in the path of the lava flow from the 2002 eruption of Mt. Nyiragongo. The lava destroyed most of the surrounding Virunga neighborhood, and 80% of the hospital's buildings were completely destroyed. The only remaining structure was one small building which was used as a school, while the hospital itself was closed. Citizens of Karisimbi health zone had to rely on the Goma Provincial Hospital for about

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[141] Interview. Dr. Luis Kisughu Kamate, Medecin Chef du Zone, Zone du Sante de Karisimbi. Goma. 2 July 2007.
[142] Interview. Dr. Pierre Etse Ditri Sallah, Médecins du Monde HIV/AIDS Medical Program Coordinator Goma. Goma. 14 April 2006.
[143] Interview, Kamate.
[144] Interview. Dr. Jason Nzanzu Kikuhe, Medecin Directeur, 3eme CBCA Hôpital General de Reference Virunga. With Urie Kahundu, Directeur de Nursing. Goma. 29 June 2007.

four months until reconstruction began. Reconstruction of Virunga General Reference Hospital was financed by foreign churches through the Baptist World Alliance.[145]

Karisimbi health zone also includes the Goma Military Hospital, which is located in the army camp in north-central Goma, just north of the Sake Road. The military hospital is only open to members of the FARDC, the Congolese national army, and family members of service personnel, and serves as the health facility for Congo's 8th Military Region, which is headquartered in Goma. The hospital offers internal medicine, surgery, pediatrics, gynecology/obstetrics, and a triage service, as well as housing a laboratory and a pharmacy. Five doctors and 46 nurses treat an average of 30-60 hospitalized patients each month. Support for the pharmacy comes from ASRAMES, and Heal Africa/DOCS has also donated some supplies to the hospital.[146] In general, however, the Goma Military Hospital is in very poor shape, perhaps the poorest of any of Goma's hospitals. It has little equipment, and relies on fees-for-services. Salaries are not usually paid by the state, as is the case in the army as a whole.[147]

Goma Health Zone

Goma health zone has one general reference hospital and four hospital centers, as well as nine health centers and forty-nine private clinics. In total, 72 doctors and 131 nurses serve the zone's population of 147,985.[148] The five hospitals in the Goma health zone are the Goma Hospital, the Charité Maternelle, Heal Africa, Bethesda Hospital, and

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[145] Interview, Kikuhe, Medecin Directeur.
[146] Interview. Major Dr. Fataki, Commandant, Hôpital Militaire de Goma. Goma. June 19, 2007. With Dr. Moise, Medecin Chef du Staff and Captain Arunza Mutudu, Administrateur Gestionaire.
[147] *Ibid*.
[148] Interview. Kasareka Musavule, Administrator Gestionaire, Zone du Santé Goma. Goma. 19 June 2007.

8eme CEPAC Hospital.[149] The following section explains the nature of health care available at Goma Provincial Hospital, the Charité Maternelle, Heal Africa, and 8eme CEPAC Hospital. I did not access Bethesda Hospital in the course of field research.

Goma Hospital serves as the provincial reference hospital for Nord-Kivu,[150] although serious cases are referred to the Provincial Reference Hospital in Bukavu. The hospital has 31 doctors and 81 nurses, including specialist doctors in pediatrics, internal medicine, gynecology, surgery, and dentistry. The hospital also houses a pharmacy. Constructed in 1983 and located on the south side of the Sake Road in a busy business district, Goma Hospital has 204 beds; approximately 50% of these are occupied each month. A public hospital, Goma Hospital is completely reliant on fee-for-service payments from patients. According to the hospital's chief of medicine, if a patient is unable to pay, the hospital has to pay.[151]

Goma Hospital lacks much significant external support. It formerly had an agreement with the European Union to provide medications for payments, but that agreement expired in 2005. It does work with ASRAMES, a local NGO that sells pharmaceuticals.[152]

The Charité Maternelle is the general reference hospital for the Goma health zone. Located in downtown Goma, it opened in 1987 as a maternity health center, but eventually grew into a hospital center and is now the zone's general reference hospital. The compound also houses a health center for handicapped individuals and a nutritional

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[149] *Ibid*.
[150] Interview. Dr. Charles Kabuyanga, Medecin Directeur, Hôpital de Goma. Goma. 26 June 2007.
[151] *Ibid* and authors' observations. Anecdotal evidence from residents of Goma suggests that patients are often held at the hospital essentially as prisoners until they or their families can pay the fees.

center. Seven doctors and twenty-five nurses provide approximately 550 consultations per month and hospitalize about 350 patients each month. The hospital offers internal medicine, pediatrics, surgery, and gynecology/obstetrics, as well as x-ray, laboratory, and pharmacy services. One doctor is a specialist in internal medicine; the rest are generalists.[153]

The Charité Maternelle relies primarily on the fee-for-service *auto-finance* system. Although the hospital is part of the state health structure, staff members do not receive the state salaries to which they are entitled.[154] However, the hospital has been supported by the Catholic Bureau Diocesian des Oeuvres Medicales (BDOM) since the 1990s.[155]

The Heal Africa hospital, formerly Doctors on Call for Service and still commonly referred to as DOCS, is generally regarded as the hospital providing the best care to the general public in the city. It is a non-governmental organization registered in the DR Congo and the United States, and is financed by international funding agencies, other non-governmental organizations, and private donations, primarily from American and Canadian churches. The hospital has 150 beds and provides a wide variety of treatments. Heal Africa Hospital is discussed in detail in chapter five.

8eme CEPAC Hospital is located on the outskirts of western Goma. Also known as the Centre Medicale Keyeshero, the hospital was constructed in 2003. It is primarily

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[152] Interview, Kabuyanga.
[153] Interview. Dr. Emmanuel Busha, Medecin Chef du Staff, Charité Maternelle. Goma. 21 June 2007.
[154] Interview, Busha.
[155] Interview. Dr. Florent Kalenga, Coordinateur, Bureau Diocesian des Oeuvres Medicales (BDOM – Diocese de Goma/Caritas). Goma. 20 June 2007.

financed by fees collected from patients for services, but also receives some support from international NGO's.[156]

In addition to its five public hospitals, Goma health zone also houses the MONUC Level III Hospital. The MONUC Level III Goma hospital hosts the most technologically advanced and modern facilities in Goma, but is not open to most members of the public.[157] Housed in a former hotel in Goma, the hospital offers a wide variety of emergency and specialized care. More serious cases are referred to a Level-IV hospital in Pretoria, South Africa.[158] The MONUC Level III Goma hospital has fifteen specialist doctors, including three general surgeons, one orthopedic surgeon, two anesthesiologists, two general medicine doctors, one gynecologist, one pathologist, one dermatologist, and one ophthalmologist on staff. There are also five medical officers (who are also doctors) and five nursing officers. The hospital capacity is approximately 50 patients, including 4 beds in an intensive care unit. Its staff is capable of performing 10-12 surgeries per day, although as of July 2007 it had never been at full capacity. It is operated by the Indian battalion, and medical officers and doctors rotate in and out approximately every six months.[159]

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[156] Interview. Dr. Milinganyo, Centre Medicale Kayeshero, Medecin Directeur Interim. 8eme CEPAC. Goma. 17 June 2007.

[157] "Level III" indicates that the hospital is capable of providing basic surgical care. In the UN peacekeeping system, Level I hospitals are located in the field and treat minor field injuries. Troops who have gunshot wounds or other problems that cannot be treated in the field are referred to Level II or III hospitals, which have surgical teams. The primary difference between Level II and Level III hospitals is that Level III hospitals have higher capacity. Interview. MONUC official. Goma. 4 July 2007.

[158] Mohammad Wahab, "Monuc Goma Hospital Catering for the Local Population." MONUC News (21 March 2007). Available: [http://allafrica.com/stories/printable/200703210301.html]. 21 March 2007. Also, interviews, MONUC officials. Goma, 2006-2007.

[159] Interview. MONUC official. Goma. 4 July 2007.

MONUC's Level III Goma hospital fully opened in March 2005. In general, only members of the peacekeeping mission (including civilian staff) may be treated at the facility, as may employees of other United Nations agencies. In very serious emergencies, locals are occasionally treated at the hospital. The MONUC Level-III Goma hospital also provides some training lectures for local physicians and support for doctors at the Heal Africa hospital.[160]

There are many commonalities in the health care and education systems of Bukavu and Goma, but important distinctions exist. In the next section, I discuss another dynamic that differs greatly between the two cities: the role of ethnicity in political and social life.

ETHNICITY IN THE KIVUS

It is impossible to understand political and social systems in the Kivu provinces without having some grasp on the regional dynamics of ethnicity. While it would be a mistake to blame atavistic hatreds as the source of conflict in the Kivus, there is no question that the natural cleavages provided by linguistic and cultural distinctions do matter, and that politicians and warlords frequently use ethnicity as a front for larger ambitions involving land tenure and mineral access rights. Ethnicity is also often a key to access to foreign assistance; as Tull notes, churches in particular receive benefits from external organizations that tend to be distributed according to "clientelist patterns shaped by ethnic (and sometimes regional) identity." This maldistribution gives ethnic factions within churches and other civil society organizations a strong incentive to fight for

[160] Wahab (2007).

control of the organization.[161] In this section, I provide a brief overview of the major ethnic group dynamics in the Kivu provinces, including the extreme tensions over the role of Kinyarwanda-speaking Tutsis and Hutus in the region.

The dominant ethnic group in Goma is the Nande. The Banande ("Nande people") settled in the Mitumba Mountains, on the western edge of the upper Semliki Valley of Nord-Kivu sometime between the late sixteenth and early eighteenth centuries.[162] Organized into clans, the Banande were historically forest agriculturalists, meaning that they cleared wooded land for cultivation. Their establishment in the region apparently changed pre-existing regional land tenure structures that created patronage systems that make current cultivators of the land dependent on the person who originally cleared the land. Packard (1981) postulates that this system "may have given the Nande settlers an organizational advantage over their forest hosts by providing a means for mobilizing support on a territorial basis."[163] By sheer force of population, as well as longevity in the land, the Banande became the dominant group in the area, a position they still occupy today. Moreover, the strength of Banande soon began to influence political and economic life elsewhere in the region, particularly with respect to politics in Goma. However, the Banande had to compete for group dominance in the southern half of the province with the Banyarwanda.

While the Banande have long dominated life in northern Nord-Kivu, the Banyarwanda were the largest ethnic group in Rutshuru territory, an area north of Goma

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[161] Tull (2005), 255.
[162] Randall M. Packard, Chiefship and Cosmology: An Historical Study of Political Competition (Bloomington: Indiana University Press, 1981), 1, 57-8.
[163] Packard, 66.

that borders Uganda and Rwanda to the east, Masisi territory to the west, and Lake Edward to the north, including large sectors of Virunga National Park. Kinyarwanda-speaking Tutsis arrived in the Kivu in the 19th century, and at least some were present prior to the establishment of the Congo Free State in 1885. In Sud-Kivu, these Tutsis became the core of a group that is now identified as the Banyamulenge.[164]

While Kinyarwanda speakers have lived in North Kivu for hundreds of years, large-scale migration from Rwanda to the Kivu by both Hutus and Tutsis did not occur until later in the colonial period, when the Belgians brought both into Masisi territory as a labor source. The pre-colonial Hutu presence was primarily in Rutshuru, while there is solid evidence that Tutsis were living in Masisi in the late 19th century. A Rwandan chefferie was established at Gishari in the 1930s, where Tutsis lived as pastorialists alongside other agriculturalist inhabitants of the area. They eventually came to dominate the other tribes living in southeastern Nord-Kivu, demanding taxes from those populations that were then directed to the Rwandan king, the *Mwami*. This did not make the Tutsis particularly popular among their fellow inhabitants of the region.[165]

How far Rwandan/Tutsi dominance extended into Nord-Kivu is a matter of heated historical debate with a series of mythologies that claim citizenship and land tenure rights for the ethnic group of the history's author. This matter is further complicated by the fact that the colonial boundaries between Congo and German East Africa, which affected the delineation of the Congo's borders with Uganda, Ruanda-Urundi, and Burundi, were not settled until 1910. Prior to that agreement, the Congo extended to Ruhengeri, in present-

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[164] Thomas Turner, The Congo Wars: Conflict, Myth and Reality (London: Zed, 2007), 78-9.
[165] *Ibid*, 108-09.

day northwestern Rwanda.[166] These matters are important primarily because, at various times, Congolese/Zaïrian citizenship laws have determined citizenship for all Kinyarwanda speakers on the basis of whether their ancestors were settled in Congo prior to the proclamation of the colony, or the independence of the state. Proving whether or not Kinyarwanda speakers were in the Kivu at those times appears to be a full-time occupation for a number of Congolese, Rwandan, and foreign scholars.

Regardless of whose history is a correct recounting of events, by 1976, everyone understood that Rwandans, primarily Tutsis, made up a large percentage of the population of Nord-Kivu. In Masisi territory, they comprised an enormous 70.6% of the total population, while in Rutshuru and Goma territories their numbers were considerably smaller (24.4% and 23.7% of the total population, respectively). Kinyarwanda-speakers still made up a significant percentage of the population.[167] The collapse of the state, the Rwandan refugee crisis, and the wars significantly shifted Goma's Tutsi population. During the wars, the Tutsi-led RCD-Goma-controlled government was backed by Rwanda's Tutsi-controlled regime.

Tutsis who were supportive of the RCD-Goma movement enjoyed prosperity, power, and, most importantly, access to land during the war years. The RCD-Goma redistributed Nord-Kivu's excellent, fertile ranch and farmland to its members during the war, often taking prime cropland or established dairy and ranching operations by force. As Vlassenroot (2004) notes, "land became a crucial element of a powerful Banyarwanda

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[166] *Ibid*, 109.

[167] Willame (1997), 54, citing Leon de Saint Moulin, Atlas des collectivités du Zaïre (Kinshasa: Presse Universitaire du Zaïre, 1976).

coalition for its building and consolidation of a new complex of power, profit and protection."[168]

During the transition, RCD-Goma leader Azarias Ruberwa, a Kinyarwanda-speaker from Sud-Kivu, negotiated his way to a vice-presidency. Eugene Serufuli, a Banyarwanda of Hutu descent born in Rutshuru with close ties to the Rwandan government, became governor of Nord-Kivu. Serufuli's appointment was no mistake; he was chosen in order to keep the Hutu Banyarwanda from joining the FDLR Rwandan Hutu militants operating in the Kivus. As Luca Jourdan explains, his appointment was a way of maintaining unity in the Banyarwanda community. It also let Rwanda's Tutsi government keep power over the Banyarwanda.[169]

After the transition, voters in Nord-Kivu summarily dismissed Serufuli and most other Banyarwanda politicians. Not surprisingly, the Nande-dominated province elected Nande candidate Julien Paluku to the governor's office in 2006. Without the RCD-Goma in power, Goma's citizens in particular felt free to air their grievances – and in some cases, outright hostility – towards Banyarwanda leaders, particularly Tutsis. Some Tutsis in Goma feared for their lives, and many left Congo altogether.[170] In late 2008 when the conflict between dissident Congolese Tutsi general Laurent Nkunda's CNDP forces and the Congolese government brought fighting to Goma's doorstep, almost all of the city's remaining Tutsis left. A few business owners continued working in the city, but slept in Gisenyi, on the Rwandan side of the border, at night.[171] It is unclear what place Tutsis

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[168] Koen Vlassenroot, "Land and Conflict: the Case of Masisi" in Koen Vlassenroot and Timothy Raeymaekers, Conflict and Social Transformation in Eastern D.R. Congo (Gent: Academia Press, 2004), 96.

[169] Luca Jourdan, "New Forms of Political Order in North Kivu: The case of governor Eugene Serufuli." Unpublished conference paper presented at "Beside the State: New Forms of Political Power in Post-1990's Africa" (Milan, December 2005), 5. Available [http://www.ceri-sciencespo.com/themes/re-imaginingpeace/va/country/congo_newforms_jourdan.pdf]. 16 March 2009.

[170] Interview, Tutsi businessman. Goma. June 2007.

[171] Author's email exchanges with civil society contacts in Goma. 2008.

and all Banyarwanda will have in Congolese society as efforts at establishing peace in Nord-Kivu continue.

The dynamics of ethnicity in Bukavu are somewhat less complicated. The Bashi are the dominant group in the city. While the Kinyarwanda-speaking Banyamulenge are present in Bukavu, most of the political and conflict situations over their status play out to the south on the Haut Plateau and in Sud-Kivu's second largest city, Uvira, which sits on the shores of Lake Tanganyika.[172] Kinyarwanda-speakers and the Rwandan government are not popular in Bukavu, due to the wars and, most recently, to the May 2004 invasion of the city by Nkunda and other Banyarwanda rebels. The RCD-Goma government, however, headquartered itself in Goma, and its rise and decline had consequences for local Kinyarwanda-speaking elites there to a much greater extent than it did for those in Bukavu. Bukavu's elites divide along religious lines more than by ethnic cleavages, and the views of its elites have remained generally consistent and continuous since independence. Ethnicity matters in Goma to a much greater extent than it does in Bukavu at present, and, as will be demonstrated in the following chapters, the ethnic makeup of a civil society organization has a great deal to do with that CSO's level of success at organizing social services.

CONCLUSION

Social service structures in Bukavu and Goma have changed significantly since the collapse of the state. No longer is the state capable of regulating and managing its own hospitals and schools. Instead, local churches and other civil society organizations manage and operate the structures as virtually independent entities. Ethnic cleavages also affect social service provision by civil society organizations.

The next three chapters in this dissertation examine eight of these local civil society organizations in order to determine what makes some groups more capable of providing social services than others. Chapter three examines the role of the Catholic Archdioceses of Bukavu and Nord-Kivu I (Goma). Chapter four assesses the impact of four Protestant churches in the two cities. Chapter five looks at the role of two local civil society organizations, one involved in health care and the other in education.

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[172] For an excellent summary of the dynamics of Banyamulenge political engagement, see Koen Vlassenroot, "Citizenship, Identity Formation, & Conflict in South Kivu: the Case of the Banyamulenge." Review of African Political Economy 29:93/94 (September – December 2002), 499-515.

Chapter Three: Social Services, Civil Society, & the Catholic Church in the Kivus

INTRODUCTION

Churches are the primary providers of social services in both Kivu provinces. In Bukavu, politics and civil society have long been dominated by competing factions of the Catholic and Pentecostal churches, while Goma's Protestants (particularly the Nande-dominated *3eme Communauté Baptiste au Centre d'Afrique* (3eme CBCA)) and Catholics play a significant role in providing social services to the region. In this and the following chapter, I discuss the role of the churches in providing social services to the residents of Goma and Bukavu, as well as the role of significant church communities in the political sphere in each city. In these chapters, I present a series of studies of the role of different churches as social service providers in each city. Each demonstrates the level of internal organizational cohesion of the church institutions as evidenced in their ability to successfully deliver social services. I evaluate the relative strengths of each church group according to the indicators of each variable outlined in chapter one. In this chapter, I first briefly trace the history of Congolese Catholicism, then I analyze the role of the archdioceses of Bukavu and Nord-Kivu I (Goma) in their role as public goods providers. Chapter four is a study of four Protestant communities in the two cities.

I take an historical-institutional approach to this study, and assess the role of churches in social and political networks over a long span of time, from the pre-independence era during which foreign missionaries dominated most of the region's churches (and, by extension, all educational and health structures), through independence and nationalization to the international wars that enveloped the region from 1996 to 2003, as well as the postwar transitional period and the current situation in the region.

The primary argument of this dissertation is that civil society groups with higher levels of internal organizational cohesion are more likely to successfully organize health and education structures in situations of state collapse, and thus to contribute to the maintenance of basic order in the state's absence. In this chapter, I demonstrate that the high level of internal cohesion found in the Archdiocese of Bukavu explains why it is among the most successful of the CSO's in this study at organizing social services and maintaining order. I argue that this high level of cohesion can be attributed to the Church's favorable institutional history as a recipient of state subsidies in the colonial period, as well as the Archdiocese's greater ability to maintain its separation from the Mobutist state and the rebel government of the late 1990s. The Bukavu Archdiocese's high level of internal organizational cohesion is also favorably impacted by its low degree of ethnic homogeneity and high degree of external support.

By contrast, the Nord-Kivu I Archdiocese (which comprises Goma and the Masisi and Rutshuru territories of southern Nord-Kivu) has a lower level of internal organizational cohesion, despite the fact that it enjoys a similar favorable institutional history to that of the Bukavu Archdiocese, as well as a low degree of ethnic homogeneity. This lesser degree of internal cohesion can be explained, I argue, by the low level of external support attained by the Archdiocese of Nord-Kivu I and differences in the extent to which the archdioceses benefited from state patronage networks under Mobutu's regime. Mobutu gave the Archdiocese of Nord-Kivu I large tracts of land in Masisi, which drew the church into long-standing local conflicts over land tenure and citizenship, thus giving the Goma district of the church a significant disadvantage in its level of internal organizational cohesion.

EARLY MISSIONARY ACTIVITY IN CONGO & THE KIVU

Catholicism first arrived in the Congo basin in 1483, when Portuguese explorer Diego Cao arrived at the Congo River and claimed its basin for his country.[173] However, as the Portuguese lost political interest in the Kongo Kingdom and focused trade efforts on Angola, Catholicism died out in the region.[174] Some crucifixes and other emblems of the church remained present in the Kongo Kingdom's urban centers, but Christianity effectively died out for the next 200 years. No seminaries were opened in the region, and although the Capuchins worked to create a strong group of catechists, these "could not effectively sustain [the church] without the priests' pastoral activity."[175] Aside from a few intermittent efforts by Franciscans, Dominicans, Capuchins, and other French missionaries in the late 18th century, no serious, sustained Christian mission effort was made in the Congo territory until the 1870s, when the Holy Ghost Fathers decided to restart mission activity on the Congolese coast at Landana.[176]

Catholic missionaries in the late 19th century were engaged in a competition with Protestant churches to establish missions and win souls throughout the vast territory. Belgian King Leopold was supportive of Catholic efforts, particularly when those Catholics were Belgian, as he saw them as another tool for establishing control over the territory.[177] As time passed, the interests of the state and those of the Church became increasingly interwoven, until they were essentially one and the same. Part of this was due to the fact that the Congolese Catholic Church was the most significant provider of social services in the pre-independence colony. In many places, Catholic services – a

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[173] Ruth M. Slade, English-Speaking Missions in the Congo Independent State (1878-1908) (Bruxelles: Academie Royale des Sciences Coloniales, 1959), 19.
[174] Slade (1959), 21-22.
[175] Louis Ngomo Okitembo, L'Engagement Politique de l'Eglise Catholique au Zaïre, 1960-1992 (Paris: l'Harmattan, 1998), 23. My translation.
[176] Slade (1959), 22-24 and Okitembo (1998), 23.
[177] Slade (1959), 140.

dispensary or a primary school – were the only social services at all.[178] The state depended on these services to manage the local population. As part of the Belgian Congo's "colonial trinity," Church schools were heavily subsidized by the state. In exchange for the state's generosity, Catholic schools taught values of hard work, loyalty, and basic literacy skills to Congolese whose labor was needed to build the state and benefit the *metropole*.[179] Moreover, since state subsidies were limited to Catholic schools until after World War II, the Catholics had much lower operating costs and were therefore able to extend their educational network much farther than were the Protestants. Catholic schools for whites opened in 1946, and schools for promising Congolese students selected by the missionaries began operating shortly thereafter.[180] The first non-seminary higher education provided in the country was through the Catholic Church,[181] which opened the Catholic University of Lovanium in 1954. It was the first full-fledged university in Congo. Catholics also established a medical education program through FOMULAC (Fondation Médicale de l'Université de Louvain au Congo), supported by the University of Louvain in Belgium.[182]

More than one hundred public hospitals were also established by the colonial state. Doctors in those hospitals were Belgian and not typically missionaries, but their efforts were supported by upwards of 2,000 Catholic nuns with a nursing vocation.[183] The Church's Marian Franciscans and the Sisters of Charity of Gand worked in state-

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[178] Wamu Oyatambwe, Eglise Catholique et Pouvoir Politique au Congo-Zaïre: la Quete Democratique (Paris: l'Harmattan, 1997), 21.
[179] Crawford Young, Politics in the Congo: Decolonization and Independence (Princeton: Princeton University Press, 1965), 10-20.
[180] Clement Makiobo, Eglise Catholique et Mutations Socio-Politiques au Congo-Zaïre: La contestation du regime Mobutu (Paris: l'Harmattan, 2004), 22.
[181] Oyatambwe (1997), 21.
[182] Slade (1959), 394-95.
[183] Fountain, 85.

subsidized hospitals, which made up about 60% of the country's total health infrastructure by 1966.[184]

Catholic missionaries had always focused their efforts on creating an independent class of Congolese priests, catechists, and lay leaders who could maintain the Church's presence without a long-term need for missionary support. However, missionaries were firmly in charge of Congo's Catholic institutions throughout the colonial period, and early efforts to organize the churches into a colony-wide conference were always missionary-led and missionary-focused.[185]

As part of the "colonial trinity," the Church did not openly oppose the brutal tactics of Leopold's colonial regime. While Protestant missionaries began a global campaign to end the regime's practices of forced labor and cutting off hands of villagers who failed to collect enough rubber, the Catholic Church tried not to upset the balance in its relationship with the state. As Congolese scholar Wamu Oyatambwe points out, Catholic missionaries had much to lose in terms of improvements to the colony's infrastructure if relations with the state turned sour.[186]

The Church remained fully engaged as a pillar of the colonial trinity until the mid-1950s, when it began to pull back due to growing agitation for independence, much of which came from the Church's Congolese bishops. Monsignor Joseph Arthur Malula was a leading figure in the Church's growing opposition to the colonial government, coining a popular phrase, "We want a Congolese Church in a Congolese nation." As of 1958, about 80% of the Congo's population was Catholic, thus the bishops represented the vast majority of the country. Independence prompted a crisis in administration and social order in the Congo. For the Church, independence made clear the divisions in its

[184] Makiobo (2004), 24.
[185] Okitembo (1998), 30-31.
[186] Oyatambwe (1997), 15-16.

goals as opposed to those of the political hierarchy. However, as the educator of more than 75% of the country's educated population, and as the only institution that had educated university graduates, the Church and its members were able to play a significant role in the country's political direction.[187]

THE CATHOLIC CHURCH IN NATIONAL POLITICS

Comprising around 50% of the population, Catholics in Congo-Zaïre are the dominant religious demographic.[188] Moreover, as the Catholic Church is one of the few institutions in Congo that has not collapsed or significantly weakened after twenty years of civil unrest, economic failure, and war, it is a center of power in the post-conflict state. As the colonial period ended and independence arrived, the new Republic of Congo was immediately thrown into a tumultuous five-year period of revolts and contestations of land, access to minerals, and political power. The era's turbulence was further exacerbated by the involvement of Cold War superpowers in the country, who meddled in political fights and tried to influence events to favor their national interests. As one of the few strong institutions in the country in this period, the Church initially worked with the government to restore stability, but growing tensions over President Mobutu Sese Seko's nationalization programs eventually led to a deep rift between Catholic leaders and the state.

When Col. Joseph Mobutu took over and began to attempt to restore stability to the territory, Congolese Catholics initially took a conciliatory tone. Monsignor Mulula, who would later become the regime's chief critic, issued a statement recognizing the military regime's authority. Mulula's reasoning was that all authority comes from God,

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[187] *Ibid*,18-20, 25-7.
[188] Okitembo (1998), 13.

thus the Church has a responsibility to respect whoever is in control. The Church also expected Mobutu to restore order.[189] Relations between Malula and Mobutu were generally good.[190] For his part, Mobutu viewed the Catholic Church as "one of the [country's] rare standing institutions…that could actively participate in building the country."[191]

Tensions quickly developed, however, as Mobutu began early nationalization programs. As early as 1966, Mobutu began to speak of the development of a "national conscience" that would contribute to national development.[192] Although Mobutu showed signs of increasing authoritarianism, Catholic leaders in the Kivu and in the Congo as a whole were still supportive of his efforts to develop and stabilize the country. Mgr. Mulindwa issued a statement of support from the bishops for Mobutu just prior to the 1970 presidential elections, in which Mobutu was the only candidate.[193]

Catholic opposition to Mobutu soon grew, however, particularly when the MPR, Mobutu's political party, announced a plan to bring every sector of society, including the Catholic schools, under the MPR's direct influence.[194] Reactions to a student uprising at Lovanium and Kinshasa's *instituts superieurs* in June 1969 further confirmed the growing conflict between Mobutu and the national Catholic Church. In June 1970, Malula gave a homily in honor of the tenth anniversary of Congolese independence. Speaking in a period when the MPR was becoming increasingly powerful, and legislative and presidential elections were upcoming, Malula delivered "a severe critique of the western channels of development and of the resulting risks of colonization for African

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[189] *Ibid*, 113.
[190] Oyatambwe (1997), 33
[191] Okitembo (1998), 113. My translation.
[192] Quoted in Okitembo (1998), 114. My translation.
[193] Okitembo (1998), 115-16.
[194] Oyatambwe (1997), 34-36.

peoples."[195] This public statement about the Mobutist regime's growing dependence on Western aid from the U.S. and Belgium was Malula's first significant, harsh criticism of Mobutu.

Mobutu, meanwhile, moved to take control of the Church's service structures. In 1971, he ordered the university's rector to make Lovanium part of the new *Université Nationale*. Later that year, he renamed the country "Zaïre" and embarked on the new program of nationalization. At the end of 1971, all youth movements except for the MPR's (the Jeunesse du Mouvement Populaire de la Révolution (JMPR)) were banned. The party demanded that all students join the JMPR, and that all other youth movements, including religious ones, should be subsumed under the party's umbrella organization. It was represented in every Catholic school and seminary.[196] In January 1972, tensions between the Church and Mobutu's government finally came to a head. The reason was Mobutu's decision to require citizens to be more "authentic" in their African identity, a campaign that meant Zaïrians had to drop their Christian names given at baptism.[197]

The decision infuriated Church leaders. They quickly adopted the motto that, "Christianity is the source of authenticity" and issued numerous protests against the new law. Malula refused to accede to the requirement to drop Christian names, and opposed the MPR's plan to establish a presence in every church. In response, state press outlets began denouncing Cardinal Malula, referring to him as a "renegade archbishop." The MPR stripped Malula of his honorary membership in the National Order of the Leopard, Zaïre's highest civilian honor, and the party threatened to throw Malula out of the

[195] Okitembo (1998), 124-25; 139-142. My translation.
[196] Michael G. Schatzberg. "Fidélité au Guide: the J.M.P.R. in Zaïrian Schools." Journal of Modern African Studies 16:3 (September 1978), 420.
[197] *Ibid*, 179-90.

country.[198] Malula lived in exile in Rome until a solution to the crisis that allowed him to remain in Zaïre was finally reached.

Mobutu's nationalization program progressed in the mid-1970s to include "Mobutuism," the idea that everyone in Zaïre should try to be like Mobutu. Meanwhile, non-governmental groups that were not affiliated with Mobtutu's political party, the *Mouvement Populaire de la Revolution* (MPR), were banned. Mobutu could not ban the churches, but virtually all Protestant groups were required to legally organize as one church comprised of different "communities," the *Église du Christ au Zaïre* (ECZ). At the end of the 1974-75 school year, the government implemented a requirement that all high school graduates give one year of service to the country, either in the military, through political education, or by working in agriculture. Furthermore, university admission would henceforth be dependent upon a student's level of involvement with the party. Theology departments at the universities were to be under the authority of the Universite Nationale, and religion was no longer allowed to be taught in any school in the country.[199] Mobutu also nationalized all church-run schools, hospitals, and foreign-owned businesses. He ordered Zaïrian elites to withdraw their children from Kinshasa's international schools and enroll them instead in Zaïrian schools. As the daughter of one of one former prime minister described the experience, "it was a catastrophe."[200]

The Catholic Church's response to the 1975 nationalization of education was carefully formulated to assure the state that the Church had "no intention of posing as a rival power to the state."[201] However, the bishops made it clear that they saw the

[198] Okitembo (1998) 192-200.
[199] *Ibid*, 249.
[200] Interview. NGO worker. Goma. July 2007. My translation.
[201] Okitembo (1998), 252. My translation.

authenticity movement as anti-Christian and, while complying with the requirement to disengage from education, the Church clearly opposed Mobutu's move.[202]

The effect of Zaïrianization was indeed immediate and disastrous. Quality of education in the schools plummeted as their management was taken out of the hands of qualified, church-supported professionals and given to beneficiaries of Mobutu's patronage networks. There were book shortages and in some schools, education in French halted altogether, putting those students at severe disadvantage for future employment.[203] Likewise, most health professionals, unable to earn a livable salary from the corrupt state bureaucracy and the country's declining economy, began dedicating much of their time to private practice, whether such was allowed by the terms of their employment contracts or not.[204]

By 1977, Mobutu recognized that his attempt to nationalize education had failed. He signed separate conventions with the leaders of the Catholic, Protestant, and Kimbanguist churches.[205] Under the conventions, most Zaïrian public schools were placed under the management of church-run non-profit associations, with the churches assuming responsibility for the day-to-day operations of the schools. The churches were also to provide some component of "public moral" education, which included instruction in church teachings on marriage, respect for authorities, human dignity, and honesty in business dealings. Although they could teach religious devotion, the schools were not to function as parochial schools per se, but were to instill general good character in their students, who did not have to be members of a particular church to enroll in a school managed by that church. The government, for its part, was to be responsible for school

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[202] *Ibid*, 252-55.
[203] Interviews, education officials and civil society leaders. Goma and Bukavu. 2006-07.
[204] Peter Persyn and Fabienne Ladriere, "The Miracle of Life in Kinshasa: New Approaches to Public Health" in Theodore Trefon, ed., Reinventing Order in the Congo: How People Respond to State Failure in the Congo (London: Zed, 2004), 70.
[205] A later agreement included Congo's Muslim communities.

construction and maintenance, for paying the salaries of teachers and administrators, and in having final say over personnel decisions.[206]

The state never completely fulfilled its obligations under the 1977 conventions, despite the fact that they still govern the management of the vast majority of Congo's "public" schools today. Frequent refrains of complaint are heard from administrators, teachers, and parents because the government is not capable of upholding its side of the agreements. Instead, parents pay teachers' salaries through a tuition scheme that must be labeled a "bonus" system since the schools cannot directly pay "salaries" to their employees. Likewise, if a new school is necessary or a school needs to be reconstructed because of war damage, either the church must obtain external support for the construction, or parents must raise the money themselves.[207] Similar conventions now govern the management of Congo's health zones, although many of these were negotiated and signed after the wars. For example, management of Bukavu's Kadutu Health Zone is under the control of the Catholic Archdiocese of Bukavu as stated in the terms of a convention signed in 2006.[208]

The MPR and the state made their merger official in 1982, when the MPR declared itself the "'only source of power and legitimate politics in Zaïre."[209] Catholic leaders were horrified by this development.[210] As the 1980s progressed, conditions in Zaïre grew worse and worse as Mobutu and his cronies stole from the state budget with impunity. The Catholic Church continued its social and humanitarian work, but

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[206] Interviews. Goma and Bukavu. 2006-07. Also Bureau de Coordination Nationale des Écoles Conventionnees Catholiques "Écoles Conventionnees Catholiques." Document provided to author by the Bureau de Coordination des Écoles Conventionnees Catholiques, Bukavu. Also "Aperçu Historique de l'Enseignement Protestant et la Convention de Gestion des Écoles Nationales en RDC." Document provided to author by the Bureau de Coordination des Écoles Conventionnees Protestantes, Bukavu.
[207] Interviews. Goma and Bukavu. 2006-07.
[208] "Convention de Partenariat." Document provided to author by health care staff of the Archdiocese of Bukavu. Bukavu.
[209] Quoted in Oyatambwe (1997), 51.
[210] Oyatambwe (1997), 52.

politically, Catholic leaders were much less engaged than they had been in earlier eras. Instead, many began internal debates about liberation theology in the global Catholic Church. Church leaders also began accepting gifts from Mobutu, the most popular of which were Mercedes delivered to Cardinal Malula and other Congolese bishops. In Nord-Kivu, Mobutu gave the Church large tracts of land for ranching operations that enriched the church, and Mobutu hosted a party for the new president of the Episcopal Conference of Zaïre on his yacht in 1989.[211] The institution that for so long had been a formidable critic of Mobutu, was, it seems, not exempt from the politics of the belly.[212]

Cardinal Malula died in June 1989 and was buried with great pomp and circumstance in the cathedral at Lingwala. Mgr. Etsou, Malula's replacement, came from the same area as Mobutu and felt a strong allegiance to the president.[213] However, the Cold War was ending and the sources of funding for the patronage networks Mobutu had used to maintain power for so long began to dry up. The subsequent national debate over democratization would lead the Catholic Church back into a position of opposition to the state, and the state's collapse and the turmoil of local, civil, and international war meant that the national Church and its local component institutions would increasingly take on the role of state substitutes.

One of the major reasons that Catholic leaders were able to remain independent from the Mobutist state for so long is that, despite the Church's participation in the colonial state's paternalistic policies, Catholic Church leaders still "received a training comparable with that given to Catholic priests in any part of the world." While Protestant missionaries were often reluctant to give up control of their missions to African leaders (even though doing so was almost always their stated goal), Catholic missionaries

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211 *Ibid*, 62-65, 87.
212 See Oyatambwe's (1997) discussion of Bayart, 68-70.
213 *Ibid*, 88, 90-95.

planned all along to make themselves irrelevant, and to leave behind an indigenous class of educated leaders who could manage the Church's affairs at the national and subnational level.[214] When independence arrived unexpectedly soon in 1960, there were fewer than twenty university graduates in the country, but there were also hundreds of educated, articulate priests and other church leaders spread throughout the country. This made it possible for the church to continue as one of the society's strongest institutions even after Belgian Catholic priests, monks, and nuns fled the country during the civil disturbances of the mid-1960s. In addition, the Church's long history as an independent institution gave it experience in managing non-state activities. During the colonial era, associations and other groups were outlawed by the colonial powers, so religious life was often the only place that Congolese could go to have any kind of engagement with public life.[215]

As the Cold War ended, support from the West dried up and pressure grew on Mobutu to allow political opposition to exist. The result was the 1992 *Conference National Souverain* (CNS), a gathering held to discuss multipartyism and democratization. A group of Catholic civil society leaders, who came to be known as the Groupe Amos, played a major role in helping the conference to come about by writing an influential letter to Mobutu. Groupe Amos drew on the liberation theology of Latin American Catholics and set itself up as a representative of the "base" of Zaïre's population. At the conference itself, *La Société Civile* nominated Mgr. Laurent Monsengwo, archbishop of Kisangani, to the governing body of the conference; he was chosen for the provisional bureau while the presidency of the conference went to the

[214] Slade (1959), 395-96.
[215] Makiobo (2004), 43.

minister of the interior.[216] The Church suspended its involvement in the conference in September 1990 over conflicts regarding Monsengwo's appointment.[217]

CATHOLICS IN THE KIVU

The Kivu's location at the center of the African continent, made inaccessible by the Great Lakes, Rwanda's mountains, and the great rainforest of the Congo basin, meant that it was one of the last areas in Congo to attract missionary activity. The first Catholic missionaries, members of the Order of the Fathers of the Sacred Heart, established a presence around Beni in 1906. The Sacred Heart Fathers were not able to seriously extend their efforts south for ten years. They finally established a mission in Lubero in 1925. Their work was taken over by the Augustines of the Assumption in 1929.[218] For virtually all of this period, there were no Protestants in the Kivu, though this region would be effectively penetrated by their missionaries by 1939.[219] The Catholics, however, enjoyed an early monopoly on mission activity in the Kivu in the first third of the 20th century.

After independence, Congo experienced five tumultuous years of civil war and other outbreaks of instability. A series of rebellions exploded in the Kivu, where the movements of rebels and soldiers also affected the Catholic Church and its work. Especially in the first years after independence, these attacks were primarily directed at Europeans and other whites living in the Kivu. Whether Belgian or not, whites were seen as colonial oppressors, and even priests and nuns were not exempt from the wrath of angry mobs and rebel groups. In January 1961, for example, participants in the

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[216] Okitembo (1998), 310-16; 333-34.
[217] Oyatambwe (1997), 116.
[218] Nelson, 25.
[219] Slade (1959), 393.

Kashamura rebellion expelled white priests and monks of the unfortunately-named White Fathers, as well as members of the young Xavierian and Legion of Mary movements from Bukavu. The 1964 Mulelist rebellion devastated Bukavu.[220] The Catholic Church in Bukavu, however, would remain strong and continue to serve as a dominant actor in regional political and social life.

INTERNAL ORGANIZATIONAL COHESION IN THE ARCHDIOCESE OF BUKAVU

The Catholic Church is a powerful force in Bukavu's social organization and civic life. Its agencies operate one of the city's health zones, two elite high schools, and the region's best private university. Both as official church institutions and in independent capacities, Catholic lay leaders operate a wide variety of other education, health, non-governmental, and community development organizations, which engage in a variety of activities. They run a radio station that produces programs on good governance, teach effective agronomy techniques in rural areas, and operate a job creation program that produces high calorie foods for malnourished children. While competition from Protestant-run organizations is significant and the two sides are sometimes bitterly divided over civic issues, the Catholic Church in Bukavu enjoys advantages of institutional history, a low degree of ethnic homogeneity, significant external support, and a tradition of civic engagement that give the local archdiocese a high level of internal organizational cohesion. This high level of cohesion, I argue, explains why the archdiocese is able to effectively organize social services and to influence social order in the city. In the following sections, I examine each indicator of the independent variable, internal cohesion.

[220] Okitembo, 55, 111-12.

Institutional History

The first Catholic missionaries were Jesuits who arrived near present-day Bukavu in the early 20th century. Among their most significant early activities in the city was the 1939 establishment of College Alfajiri, the most elite high school in the eastern Congo.[221] As with Catholic structures throughout the colony, the state heavily subsidized Bukavu's Catholic schools, giving them a significant advantage over their Protestant and private competitors in infrastructure and quality of instruction.

Beyond the service sector, Bukavu's Catholics have a long history of involvement in city and regional civil society organizations. However, as civil society leaders like Severin Mugangu, dean of law at the Catholic University of Bukavu, describe it, civil society was very limited in its existence prior to the National Conference of 1992.[222] There had been a few groups that formed in and around Bukavu in the 1960s, but these were primarily credit and business cooperatives. The first non-governmental organizations established in Sud-Kivu formed in response to the famine that resulted from the series of rebellions that affected the east in 1964-65. The state asked the Catholic and Protestant churches to help with the malnutrition crisis, and the churches responded by opening nutrition centers throughout the region. International support for these programs quickly developed; Catholic Relief Services began operating in the region in 1974, and UNICEF, Oxfam, and the World Health Organization began supporting health and nutrition efforts.[223]

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[221] Alfajiri was created to educate the sons of European colonists. It eventually opened to the Congolese population after independence and to girls in the 1980s. Author's interview, Catholic educator. Bukavu. July 2007 and "Un mot sur l'Histoire du College Alfajiri." College Alfajiri website. Available: [http://alfajiricollege.ifrance.com/histoire.html]. 5 August 2008.

[222] Interview, Severin Mugangu, Doyen, Faculte de Droit, Université Catholique de Bukavu, and Director, Centre d'Étude sur la Gestion de la Prevention du Conflit. Bukavu. July 2007.

[223] Interview, Mathilde Nuhindo, Coordinatrice, Centre Olamé. Bukavu. July 2007.

The nutrition crisis prompted efforts to find long-term solutions to the region's problems, which were expected to continue since, in the 1970s, Sud-Kivu already had an extraordinarily dense population, estimated at about 284 persons per square kilometer. In Bukavu, the Centre Olamé began work in the 1980s as the Catholic Church's primary response to the nutrition crisis. As an official agency of the Archdiocese, Centre Olamé operates partly as an educational and health center for malnourished individuals, but also as a producer of high-calorie cookies that sell in the local market at a low cost.[224] However, aside from organizations like Centre Olamé, non-governmental groups were still rare in Zaïre up until the 1990s.

While pressure had mounted on Mobutu to allow democratic opposition to his party in the late 1980s, it was not until the National Conference that the term "civil society" was first used and formal organizations really took hold. Led by Pierre Lumbi in Bukavu and Dr. Sarge in Kinshasa, early civil society was "a civil society of opposition" to Mobutu and his policies. It was dominated by people who were leaders of organizations on the margins of Zaïrian political life; that is, those whose backgrounds or politics had prohibited their participation in politics through the MDC, which was the only party that was allowed to exist under Mobutu. Paradoxically, though, the focus of the early civil society was dominated by political figures rather than those engaged in humanitarian, development, or women's activities.[225]

After the state returned management of the schools and hospitals to the churches, there was a brief period in the early 1980s when the quality and condition of social service structures in Bukavu improved. However, economic pressures created by the collapse of world market prices for copper and hyperinflation of the currency made it

[224] Interview, Nuhindo.
[225] Interview., Mugangu.

difficult for the Church to sustain higher quality levels of social service delivery, especially since the state did not meet its financial obligations under the conventions governing the Church's management of the schools and health systems. In this period, the Church established a Diaconate of Development to address the population's growing needs, and also began partnering with external organizations.[226]

When the wars of the late 1990s began, there was essentially no collaboration between the churches and the state in the health and education sectors. Churches in the east were independent and generally free to do as they chose. This *modus operandi* suited the rebels who controlled the territory as it left them free to extract the region's minerals for their own enrichment.[227] The churches were left to their own devices to satisfy the population's health care and education needs.

One additional reason for the Archdiocese of Bukavu's high degree of internal organizational cohesion has to do with the fact that Bukavu is the center of the east's ecclesiastical province. There are nine ecclesiastical provinces in Congo, and Bukavu's history as the capital of the old, unified Kivu province made it a natural choice to be the Catholic Church's primary point of reference as well.[228] The archdiocese has a long history and experience of engagement in public life and the provision of public goods. This historical trajectory gave the Church there a favorable institutional history, which in turn has strengthened the institution's level of cohesion. It is not surprising that the Archdiocese is the most successful of Sud-Kivu's civil society organizations in providing social services to the population. Because of the Church's long-standing presence as a center of power in Bukavu, I code a "1" for the colonial presence indicator. As was true

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[226] *Ibid*.
[227] Interviews, health officials and health workers. Goma and Bukavu. 2007.
[228] Okitembo, 32-33.

throughout the colony, Bukavu's Catholic schools were heavily subsidized by the colonial regime. It receives a score of "1" for the subsidies indicator.

Divisions & Ethnic Homogeneity

As a Catholic institution subject to Rome's authority and that of the national Catholic hierarchy, the Archdiocese of Bukavu and its churches cannot divide along ethnic lines. Given that ethnic tensions in the Kivu provinces are so high, particularly between Kinyarwanda-speaking Congolese and other Congolese groups, we might expect that a higher degree of ethnic heterogeneity in the archdiocese would mean that individuals within the Church are unable to effectively work together to organize and manage social service organizations. This, however, is not the case, and the fact that the Catholic Church is so ethnically heterogeneous in Sud-Kivu is actually a strength rather than a hindrance. The Archdiocese's ethnic diversity means that the institution can rely on a wide basis of financial and general support from the community at large. It also means that leaders who are trying to achieve a political goal in the city can count on a wide basis of support. Although ethno-linguistic identity is important in Bukavu, whether an individual is Catholic or Protestant is also widely viewed as a significant indicator of one's political and social loyalties.

Ethnic heterogeneity may also be favorable for strengthening internal organizational cohesion in the Archdiocese because the region's main conflict that features ethnic cleavages is more removed from Bukavu than it is from Goma. Bukavu and Sud-Kivu are very ethnically diverse, with more than 40 local languages spoken in the provincial capital alone.[229] Despite this, however, Bukavu's politics and society are

[229] Didier L. Goyvaerts, "Power, ethnicity, and the remarkable rise of Lingala in Bukavu, eastern Zaïre." *International Journal of the Sociology of Language* 128 (1997), 25-43.

dominated by the Bashi, whose ancestral roots are in the Bukavu region. More importantly, the region's main ethnic conflict between Kinyarwanda-speakers and other Congolese is more removed from Bukavu than it is from Goma. In Sud-Kivu, conflicts over land and citizenship rights for Kinyarwanda-speakers are centered in the Haut-Plateau, which is much closer to Sud-Kivu's second-largest city, Uvira, than it is to Bukavu. In addition, the Tutsi-controlled, Rwanda-backed RCD-Goma rebel government that controlled the east during the second war was centered in Goma, not Bukavu.

Although Bukavu's residents are ethnically diverse and although the Tutsi are just as hated there as they are elsewhere in the Kivu, tensions over the land and citizenship issues are not as immediate as they are in Goma and other areas where politics and society were once dominated by Tutsi who still have claims to land and other rights closer to the city.[230] Furthermore, the refusal of Bukavu's Catholic leaders, namely Archibishop Kataliko, to "cooperate" with the RCD-Goma[231] (and the RCD-Goma's inability to effectively silence Bukavu's civil society as they did in Goma) enabled the Bukavu Archdiocese to maintain its independent voice and moral authority. The Church's strength continued to be demonstrated throughout the occupation, through actions such as Church NGO-organized strikes. Catholics suffered a setback when Mgr. Kataliko died after being taken into RCD-Goma custody in early 2000.[232] However, the lack of immediate proximity to the areas that are still conflict-ridden makes it easier for Bukavu's Catholics to maintain a highly cohesive organization. Thus for both the ethnic divisions indicator and the ethnic homogeneity indicators, I code a "1."

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[230] It should be noted that several Banyamulenge were killed in Bukavu in the violence of May 2004. My point here is that the concentration of Banyamulenge is and has been lower in Bukavu than in Goma, and that the conflict over the rightful place of Kinyarwanda-speakers in Sud-Kivu is less focused on Bukavu than on the Haut Plateau and other areas in the province.

[231] Mgr. Kataliko told the leader of the Rwandan force in Bukavu that telling his parishioners to submit to the occupying force would cause him to "lose all legitimacy." Gerard Prunier, "The Catholic Church and the Kivu Conflict." *Journal of African Religion* 31:2 (May 2001), 158.

[232] Prunier, 156.

External Support

The Archdiocese of Bukavu also enjoys a high level of external support, which contributes to the institution's strength and cohesion. Much of the support from outside sources comes from other Catholic organizations, but the archdiocese also gets funding from USAID, UNICEF, and other international donors. The Bukavu Archdiocese and its associated agencies are particularly adept at obtaining funding from other external sources. Because the organization is so cohesive and strong, it follows that outside donors are more likely to perceive that their financial and logistical support will be used well, which in turn strengthens the organization even more. This is precisely what happened in the Archdiocese of Bukavu. A strong, highly cohesive civil society organization that has a long history of providing social services is appealing to donors in the post-conflict era, which in turn has made Catholic institutions even stronger. They are able to provide better services, employment, and to contribute to a higher level of social organization in an area where the state is very weak. This section provides a brief overview of the external support that the Archdiocese enjoys, and explains how these measures of support strengthen the institution as a whole.

A large percentage of the Bukavu Archdiocese's funding comes from the global Catholic Church's relief and development agencies. Catholic Relief Services (CRS) is the official international humanitarian agency of the American Catholic community. As a humanitarian agency, its primary mission is to support the local Catholic Church's development and relief efforts, which are managed by the local Caritas office. In Bukavu, CRS primarily supports health care programs and the BDOM. Its work is not limited to these sectors; the agency also supports Caritas and other Catholic development, nutrition, and justice programs. CRS Bukavu supports Projet Axxess, a USAID-funded

program to support most of Sud-Kivu's government health zones. Funded since September 2006, CRS has sponsored 21 health zones, while World Vision covers another seven, leaving six of the provincial health zones without sponsorship. In addition to general support for health programs and personnel, CRS partners with the BDOM and Fondation Femme Plus, a local, non-religious NGO on a program that helps HIV/AIDS victims and their family members.[233]

Caritas Bukavu, the Archdiocese's development agency, is primarily involved in supporting the Catholic Church's education programs. Working in conjunction with the Coordinator des Écoles Conventionees Catholiques, Caritas rehabilitates schools that were damaged or neglected during the war and the state's collapse, provides equipment for schools, and provides schooling for orphans. The agency also has support from the World Food Program to provide meals at school canteens. Other support for Caritas' work comes from the global Caritas network, CAFOD, Catholic Relief Services, Spanish Caritas, the UN Food and Agriculture Organization, UNICEF, and a small Italian organization. Caritas Bukavu's work began in the mid-1990s as a direct result of the wars. They began rehabilitating schools and assisting orphans in 1996, although population movements caused by the fighting made the rehabilitation process difficult. The school canteen program began in 2004 as a way to combat Sud-Kivu's massive malnutrition rates.[234]

Along with support provided by global Catholic organizations, the various agencies of the Archdiocese of Bukavu have also been able to obtain other funding from outside sources. The Coordination des Écoles Conventionelles Catholiques, for example,

[233] Interview. Luke King. Head of Office, Catholic Relief Services Bukavu. Bukavu. July 2007.
[234] Interview. Serge Bingane Marwangu, Director, Caritas Bukavu. Bukavu. July 2007.

gets American USAID funding through the PAGE program.[235] PAGE, Pour une Approche Globale de l'Education (For a Global Approach to Education), is administered in Bukavu by the International Rescue Committee. It focuses on capacity building for administrators and state education officials, promoting active learning approaches in the classroom, and increasing community involvement in local schools.[236] The BDOM is supported by CORDAID (the Dutch branch of Caritas), Spanish Caritas, Secors Catholique (a French group), Cooperation Belge, Louvain Développement, Solidarités Mondiale, the World Bank, the World Health Organization, UNICEF, Malteser, USAID, and other Catholic groups in Europe.[237] Due to the large amount of external support that the Archdiocese and its health care and education agencies receive, I code a "1" for the external support indicator.

Patronage

Finally, the Archdiocese of Bukavu is a highly cohesive institution in part because it received fewer benefits from Mobutu's patronage networks. Unlike its counterpart in Goma, the Archdiocese did not receive a number of titles to large ranches in Masisi and other fertile areas of the Kivu. Because it avoided the taint of patronage, the Archdiocese was able to maintain an opposing stance to the Mobutist government. This in turn helped to develop the active civil society tradition noted above, which made the institution more cohesive and better able to operate social services after the war, when institutions that

[235] Interview. Abbé Jean-Marie V. Kitumaini, Coordinateur des Écoles Conventionnelles Catholiques, Archdiocese de Bukavu. Bukavu. July 2007.
[236] Interview. Emmanuel Bashizi, Provincial Coordinator, Programme PAGE Sud-Kivu. Bukavu. July 2007.
[237] Interview. Charles Mushagalusa, Superviseur Medical du BDOM and Charge des Projets Sante, BDOM Bukavu. Bukavu. July 2007.

had done Mobutu's bidding were looked upon with less favor by the public and the international community. Therefore I code a "1" for the patronage indicator.

Internal Cohesion in the Archdiocese of Bukavu: Summary

In this section, I have argued that the Archdiocese of Bukavu is a highly cohesive civil society organization, as indicated by its colonial history, lack of ethnic divisions, receipt of government subsidies, low degree of ethnic homogeneity, ability to obtain external support, and lower degree of engagement with the Mobutist state. Table 3.1 summarizes my findings in this regard, and shows each indicator with respect to the additive scale outlined in chapter one that is used to distinguish the degree of cohesion within each CSO in this study.

Table 3.1: Internal Organizational Cohesion in the Archdiocese of Bukavu

IV Indicators	*Archdiocese of Bukavu*
Colonial Presence	1
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	1
Low Ethnic Homogeneity	1
Obtained External Support	1
Benefited from Patronage	1
Internal Organizational Cohesion	**High (6)**

Successful Service Organization

On the dependent variable, the Archdiocese of Bukavu presents a high degree of success at organizing social services. In education, the Bureau de Coordination

des Écoles Conventionnelles Catholiques is overseen by Abbé Jean-Marie Kitumaini. According to the abbé, in 2006-07, the schools served 185,229 students in nine kindergartens, 298 primary schools, and 108 secondary schools in the Archdiocese. They also employed more than 4,500 teachers in the Catholic schools.[238] Among these schools is College Alfajiri, Kivu's most important high school, which served about 3,800 of those students.[239] Another elite Catholic high school, Lycee Wima, serves girls exclusively.

The Bureau Diocesian des Oeuvres Medicales (BDOM) is the archdiocese's health care organization. It oversees two local BDOM units in Sud-Kivu, the BDOM Bukavu and the BDOM Uvira. Of the 25 functioning health zones in Sud-Kivu, the BDOM is responsible for the management of ten. It is a major player in health care, and runs 10 general reference hospitals and 153 health centers. In Bukavu, the BDOM administers the Kadutu health zone and its general reference hospital. It also provides financial support for three health centers in the Ibanda health zone and four in the Bagira health zone.[240]

BDOM has been active in Bukavu since 1974. The organization signed its first agreement with the Zaïrian state in 1984, after it was clear that the nationalization program had wreaked havoc on the country's health care structures. In that first convention, the BDOM agreed to take over the management of three hospitals in Sud-Kivu – Nyangezi, Kabare, and Idjwi. With the restructuring of the Zaïrian health system in the 1980s under the Primary Health Care program, civil society groups that administered general reference hospitals automatically became responsible for the accompanying health zone, so the BDOM was in charge of managing health structures in

[238] Interview. Abbé Jean-Marie V. Kitumaini, Coordinateur des Écoles Conventionnelles Catholiques, Archdiocese de Bukavu. Bukavu. July 2007.
[239] Interview, Catholic educator. Bukavu. July 2007.
[240] Interview, Mushangalusa.

Nyangezi, Kabare, and Idjwi zones. In 1995, as the Rwandan refugee crisis pushed Bukavu's infrastructure to total collapse, the state ceded management of the Provincial General Reference Hospital to the BDOM. After the wars, six other health zones were turned over to the BDOM for management.[241]

BDOM has been successfully managing health care structures for more than twenty years in Bukavu, and it is not surprising that they would be well-equipped to do so in the post-war era. Likewise, the Catholic Church has been the largest and most important institution in education in Bukavu since the colonial period. The Archdiocese's ability to sustain the management and operation of health and education programs through the periods of state collapse and war indicates that the institution is able to successfully organize services at a high level.

Table 3.2 shows the values assigned for each operational indicator of the dependent variable according to the additive scale outlined in Chapter 1.

[241] *Ibid*.

Table 3.2: Operational Indicators of the Dependent Variable: Archdiocese of Bukavu

Operational Indicators	*Archdiocese of Bukavu*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	3
TOTAL	**17 (high)**

On every indicator, the Archdiocese of Bukavu is assigned the maximum score. The Church has one of the strongest infrastructures of any organization in this study, and it operates on a scale that makes it one of the most significant social service providers in the city. The Archdiocese is also operationally efficient, with a large bureaucracy and staff members who are regularly paid for their services. The CSO's efficiency, scale, and well-maintained infrastructure give it a strong reputation with both local and international observers. The Archdiocese of Bukavu is widely considered to run the best public schools in the city, it operates a large number of schools, and its hospitals are in relatively good condition according to local standards.

INTERNAL ORGANIZATIONAL COHESION IN THE CATHOLIC CHURCH IN GOMA

In this section, I argue that the Archdiocese of Nord-Kivu has a lower level of internal organizational cohesion than does Bukavu. Although the archdiocese is able to organize social services to a moderate extent, its institutional history in the colonial period, ability to access external funding, and the taint of patronage from the Mobutist era means that the institution is less cohesive than its counterpart in Bukavu. I also contend that this explains why Catholics in Goma are relatively less successful at organizing social service delivery, as evidenced by the more moderate levels of sustainability and longevity in its institutions.

Institutional History

While an important institution in the city, particularly in the service sector, Goma's Catholic archdiocese is not an almost singular center of political and social power in the city. Part of this is due to the fact that, up until independence, Goma was not the seat of an archdiocese. Instead, it was a constituent diocese of the ecclesiastical Province of Bukavu, along with Butembo-Beni, Kasongo, Kindu, and Uvira.[242] Bukavu, not Goma, was the center of Catholicism in the Kivu. Catholics in the colonial period established their elite schools for white children in Bukavu, and the city's status as the administrative center of the region further enhanced the Church's status as a dominant social actor.

Due to Bukavu's relative inaccessibility, however, Catholic missionaries first arrived in Nord-Kivu near present-day Beni, in 1906.[243] They worked their way south to

[242] Makiobo, 59.

[243] Bukavu is hemmed in by mountains on the east and by difficult terrain to the west. The only practical route for reaching the city in an era of limited infrastructure was overland travel from Lake Tanganyika via Uvira, or from the north by Lake Kivu. Early mission activity in the eastern Congo was concentrated

Lubero by 1925 and continued to push south to Lake Kivu and to Goma.[244] Health care and education were part of the missionaries' work almost from the beginning, and the Church became formally involved in education as a recipient of state subsidies for education in the colonial era. Since subsidies were reserved for Catholics only, this fact gave Catholic educational institutions in Goma an early historical advantage.

Writing in 2004, Tull argued that "North Kivu's Catholic Church is a major player in the social realm and, in all likelihood, the organization with the most extensive and effective institutional set-up."[245] While I agree with Tull that the Catholic Church is an important social institution in Goma and the province, my goal here is to explain why it seems to be less robust and cohesive than its counterpart in Bukavu. Catholic social service institutions in Nord-Kivu received colonial-era subsidies just like Bukavu's Catholic social service institutions. The Church in Goma cannot divide along ethnic lines, just as the Church cannot divide in Congo as a whole, or in Bukavu. And yet there is a disparity in the level of internal organizational cohesion and the ability to successfully organize social services between the two institutions. Part of this disparity can be explained by the setbacks suffered by Goma's Catholic Church when much of its major infrastructure, including the cathedral, some diocesan offices, and several Catholic schools, were destroyed by the 2002 eruption of Mt. Nyiragongo. But many of these structures have been rebuilt, and Catholicism is still the dominant religion in Goma.

The fortunes of Goma's Catholic Church as a service provider are tied to the ability of any local civil society groups to affect political and social order in the city. Civil society in Goma is less vibrant than that of Bukavu.[246] There are fewer civil society

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around present-day Ituri because it was more easily accessible from the Indian Ocean, generally via Mombasa, Nairobi, and Kampala.

[244] Nelson, 25.

[245] Tull (2005), 226.

[246] Interviews and observations, Goma and Bukavu, 2005-07. Also see Tull (2004).

groups, especially in the political sectors. Part of this is due to the fact that, as in Sud-Kivu, there were no political civil society groups in Nord-Kivu prior to the post-Cold War period of pressure for democratization. Goma's civil society was targeted by the RCD-Goma rebel government as a source of opposition, and its leaders were subjected to a high level of harassment during the RCD-Goma occupation. Likewise, ethnic identity has been at issue in Nord-Kivu civil society groups almost since their inception. Civil society groups in Goma tend to be ethnically homogeneous.[247]

Goma's political situation during and after the wars was considerably more turbulent than that of Bukavu, with major shifts in power between members of different ethnic groups. Goma's Nande-dominated politicians and civil society leaders (many of whom, as Tull notes, are one and the same since several politicians "sought shelter within the protective confines of development-oriented social organizations" when their political fortunes turned sour) were staunchly opposed to the RCD-Goma government, and in the post-occupation era, to sharing power with Tutsis.[248] Add to this the tensions of the war, in which rebel groups split and multiplied seemingly overnight, and the need for a neutral mediator was clear. Unfortunately, "the Church could not respond as a homogeneous body because the bishops themselves embodied the ethnic and political divisions of the conflict." The bishops of Goma and Uvira were Tutsis. The Archbishop of Bukavu, Christophe Munzihirwa, was killed in the 1996 Rwandan invasion by Banyamulenge militiamen.[249]

The Catholic Church and local civil society in Bukavu were strong and resilient and therefore able to maintain a high degree of internal organizational cohesion. In

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[247] Tull (2005), 157-59; 234-238.
[248] Tull (2005), 158-59 and interviews, Goma, 2006-07.
[249] Gerard Prunier, "The Catholic Church and the Kivu Conflict." *Journal of African Religion* 31:2 (May 2001), 156-57.

Goma, divisions were further exacerbated by the RCD-Goma's successful maneuvers to defuse Goma's civil society. Today, there are virtually no Tutsi politicians in power in Goma, and what few Tutsi civil society leaders remain in the city are very subdued. The October 2006 provincial elections saw Nord-Kivu's Tutsi governor, Eugene Serefuli, removed from power and replaced by a Nande, Julien Paluku. Other Tutsi politicians who ran for regional and national office were almost uniformly defeated, notably among them Victor Ngezayo, a prominent Nord-Kivu businessman from the Beni-Butembo area who now resides in Goma.[250]

As Tull predicted in 2004, it now seems clear that civil society in Goma was significantly weakened by the RCD-Goma's tactics.[251] While there is obviously no longer a need to act as an opposing social force to the rebels, Goma's civil society groups lack the level of authority and influence enjoyed by their counterparts in Bukavu.[252] Given the level of turmoil in the city's civil society and political leadership, it is not surprising that institutions like the Catholic Church would have a harder time influencing political and social life. Goma's Catholic Church, while certainly not a weak institution, is located in a city in which a high level of social turbulence has made it difficult for any civil society group to have a dominant influence and to maintain a high level of internal organizational cohesion. That the level of internal cohesion in the city is more moderate explains why the Church is less successful at organizing social services than its counterpart in Bukavu.

While the Church's history has paralleled the tumultuous history of Goma, its long-standing presence in the region means that the organization receives a score of "1"

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[250] Interviews and observations, Goma, 2006-07.
[251] Tull (2004), 162.
[252] Interviews and observations, Goma, 2006-07.

for the colonial presence indicator. It also received subsidies from the colonial regime, for which indicator I code a "1."

Divisions & Ethnic Homogeneity

Related to the general instability in Goma's politics and civil society is the role of ethnicity in the city and the Church. Goma is dominated by members of the Nande ethnic group, but the long history of Tutsi competition for power which culminated in the RCD-Goma rebel occupation has prevented the Nande – at least until now – from having a solid lock on political, economic, and social power. In addition, due to continuing instability in the countryside, Goma is flooded with internally displaced persons of every ethnic group who come to the city seeking shelter, thus increasing the level of diversity in the city and in the Catholic Church. Goma's Catholic Church exhibits the same low degree of ethnic homogeneity found in Bukavu, but only a moderate level of internal organizational cohesion. I have argued that low degrees of ethnic homogeneity should correspond with a high level of internal organizational cohesion, so Goma's Catholic Archdiocese is somewhat anomalous. I contend that this incongruity can be explained by the city's turbulent political history and shifts in ethnic dominance which kept most organizations, including the Catholic Church, from being able to develop a high level of cohesion. Therefore, for the ethnic divisions indicator, I code a "1." I do the same for the ethnic homogeneity indicator.

External Support

Catholic social service institutions in Goma are severely lacking in external support, a key component in ensuring the successful organization of service delivery.

Why does Goma's Catholic bureaucracy get less funding and support from international donors than those of Bukavu, even from the Catholic relief and development world? Part of the reason may be the self-reinforcing ability of strong institutions to obtain grants from international donors, who in turn only want to donate to institutions that are already strong, meaning that the same few local groups get international support over and over again. Another reason may be that donors are unwilling to give to areas in which fewer institutions in general are able to obtain external support. Goma health zone does not have an external funding partner. The health zone gets some assistance in specific areas from Fondation Damien and CEMUBAC, but the zone does not have an external agency that supports the operation of hospitals and pays salary bonuses to nurses and doctors. This poses enormous problems for the health zone in terms of quality of care.[253] Likewise, most Catholic schools lack external funding, although some have gotten assistance from international organizations for rebuilding structures after the volcanic eruption of 2002.[254] This inability to obtain external support is an indicator of a lower degree of internal cohesion. As such, I code a "0" for that indicator.

Patronage

The Catholic Church in Goma, and in Nord-Kivu as a whole, was a major beneficiary of Mobutu's extensive patronage networks, particularly in the 1980s when national Catholic leaders began accepting "gifts" from the president they had formerly opposed. The church's landholdings in Nord-Kivu were a source of income for the church and employment for local citizens. However, Church leaders who were supposed to maintain neutrality as a moral force, were instead, as Prunier puts it, "thoroughly

[253] Interview, Musavule Kasareka.
[254] Author's observations, Goma, 2006-07.

zaïrianized" in that "the clergy tended to reflect the ethnic and political tensions of the society in which it operated."[255]

This phenomenon happened in Sud-Kivu as well as Nord-Kivu, but its effects were more pronounced in the population-dense, highly contested rural areas of Nord-Kivu, particularly in the extremely fertile land of the Masisi massif, about 70 kilometers northwest of Goma. The close proximity and direct involvement in the ownership of contested land tainted Goma's Catholic leaders, especially in the post-conflict era when ties to Mobutuism are inviolable. The Church in Bukavu managed to maintain a higher degree of autonomy and moral authority throughout the war than did their counterparts in Goma, a factor that has contributed to the higher degree of internal cohesion seen in the Bukavu Archdiocese. I therefore code a "0" for the patronage indicator.

Internal Organizational Cohesion and the Archdiocese of Nord-Kivu I: Summary

The Archdiocese of Nord-Kivu I's level of internal cohesion is moderate. Table 3.3 shows the values assigned to each indicator of internal organizational cohesion according to the scale outlined in chapter 1. As the table makes clear, a low degree of external support and the taint of having benefited from Mobutu's patronage networks contribute to the greater organizational fragmentation of the Archdiocese of Nord-Kivu I. While the institution is certainly not weak or failing, it is less engaged in providing social services in the city than its counterparts in the Protestant churches and in Bukavu. The Church faces significant competition from Protestants, particularly the CBCA Baptists who are studied in chapter five, and the destruction of the Church's central infrastructure in 2002 by the volcano further weakened the institution's level of cohesion. Finally, the

[255] Prunier, 156.

high degree of turnover in the city's political and social leadership also affected the Catholic Church and its ability to successfully organize services.

Table 3.3: Internal Organizational Cohesion in the Archdiocese of Nord-Kivu I

IV Indicators	*Archdiocese of Nord-Kivu I*
Colonial Presence	1
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	1
Low Ethnic Homogeneity	1
Obtained External Support	0
Benefited from Patronage	0
Internal Organizational Cohesion	**Moderate (4)**

Successful Service Organization

As Table 3.4 indicates, the Archdiocese of Nord Kivu I is more moderately successful at organizing social services in Goma than is its counterpart in Bukavu. The discrepancy in successful service delivery between Bukavu and Goma is attributable to two primary factors: the inability of the Archdiocese of Nord-Kivu I to obtain substantial external funding for its programs, and the related problem of its inability to regularly pay salaries to many of its employees, especially in the health sector. Because the Archdiocese does not get external funding for its programs, it receives a null value for the indicator "longevity of external support." Likewise, the Archdiocese is assigned a negative value for the indicator "regularly paid salaries." The lack of internal organizational cohesion is evident in these indicators.

Table 3.4: Operational Indicators of the Dependent Variable

Operational Indicators	*Archdiocese of Nord Kivu I*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members paid?	-1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	2
TOTAL	**14 (moderate)**

In terms of organizational bureaucracy and scale, the Archdiocese of Nord-Kivu I is only slightly less robust than its counterpart in Bukavu. In education, the Catholic Church in the city of Goma educated 34,200 students at the kindergarten, primary, and secondary levels in 49 schools in the 2006-07 year. In the same school year, Catholic schools employed 836 teachers.[256] These enrollments account for a lower percentage of the overall school enrollment rate in the city, where Catholic schools account for roughly one-third of school enrollment in the city.[257]

[256] "Donnees Statistiques 2006-2007." Document provided to author by Mgr. Daniel Kitsa, Coordinateur des Écoles Conventionelles Catholiques Goma. Goma. July 2007.
[257] Tull (2005), 213. Tull's numbers are for 1997/98.

In health care, the Bureau Diocesian des Oeuvres Medicales (BDOM) operates five general reference hospitals, including one of Goma's, the Charite Maternelle, and seven other hospitals, with a total of 45 health structures in the diocese. In Goma health zone, the BDOM runs one health post, one health center, and the Charite Maternelle. In Karisimbi health zone, which is also in Goma, BDOM runs one health post, three health centers, and one hospital center at Mungano.

All of the Goma BDOM's activities are financed by patient payments.[258] The BDOM is not a primary partner of either of Goma's two health zones; Protestant church support is far more important to each zone's ability to function.[259] The Charite Maternelle is the general reference hospital for the Goma health zone. It opened in the 1990s,[260] in the midst of the chaos of the Rwandan refugee crisis and the wars. It has no external support from any outside agency, and, like most of Goma's health care structures, suffers from a lack of equipment and medication with which to effectively treat patients.[261]

The Archdiocese of Nord-Kivu I's infrastructure is somewhat weaker than that of Bukavu, but this is largely due to the fact that many of the Church's major social service structures (along with the city's cathedral) were directly in the path of the lava flow from the 2002 volcanic eruption of Mt. Nyiragongo. Because of that, and because of the significant rebuilding of schools that has since taken place, I still code the Archdiocese's infrastructural indicators with a value of "1."

This moderate degree of success in organizing social services corresponds to my expected findings. Since Goma's Catholic Church is a moderately cohesive institution, it

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[258] Interview, Dr. Flaurent Kalenga, Coordinateur, Bureau Diocesian des Oeuvres Medicales Goma. Goma. June 2007.
[259] Interview, Musavule Kasareka, Administrator Gestionaire, Bureau du Zone de Sante Goma. Goma. June 2007.
[260] Interview, Kalenga.
[261] Interview. Dr. Emmanuel Busha. Médecin Chef du Staff, Charité Maternelle. Goma. June 2007.

follows that the institution should have moderate success in organizing sustainable social service programs. Such is the case in Goma.

CONCLUSION

Goma's Catholic Church, while an important and influential institution, is not as highly cohesive as is the Archdiocese of Bukavu. As a result of its institutional history, which involves the taint of Mobutu's patronage networks and involvement in a tumultuous political and social history, the Goma Church is only moderately successful at organizing social service delivery. The Archdiocese of Bukavu, by contrast, operates in a long tradition of active engagement by civil society. Its favorable institutional history, high degree of ethnic heterogeneity, and ability to obtain external support give the institution a high degree of cohesion and make it very successful at organizing service delivery in the state's absence. In the following chapters, I examine six other CSO's in this framework: four Protestant church organizations, and two local civil society organizations.

Chapter Four: Protestant Churches, Civil Society, & Social Services in the Kivus

INTRODUCTION

It is difficult to overstate the importance of the churches and their leaders in the social and political histories of both Kivu provinces. In this chapter, I will discuss the role of the Protestant churches in providing social services to the residents of Goma and Bukavu. I begin by tracing the development of Protestant Christian mission activity in the Congo in general and the Kivus in particular, before turning to a series of studies of the Protestant churches in each city. As in the previous chapter, I follow the development of these institutions over a long period of time. The cases examined in this chapter are Goma's 3eme Communaute Baptiste au Centre d'Afrique (3eme CBCA) and the 55eme Communaute des Eglises Baptistes au Congo-Est (55eme CEBCE) and Bukavu's 8eme Communaute des Eglises du Pentecoste en Afrique Centrale (8eme CEPAC) and 5eme Communaute des Eglises Libres du Pentecoste en Afrique (5eme CELPA).

The primary argument of this chapter is that civil society organizations are more likely to successfully organize social services if they have higher levels of internal organizational cohesion. Likewise, CSO's with high levels of internal fragmentation are unlikely to successfully organize health care and education programs in their communities. To test this argument, I use the evaluative scales outlined in chapter one. I evaluate the independent variable, level of internal cohesion, according to a series of six indicators: presence during the colonial era, a history of division along ethnic lines, receipt of colonial subsidies, level of ethnic homogeneity, whether the group has obtained external support, and whether the group benefited from Mobutu's patronage networks.

The dependent variable, successful organization of social services, is evaluated according to fifteen operational and structural variables.

PROTESTANT MISSIONS IN THE CONGO AND THE KIVU

When the first Catholic missions in the Congo died out and the Portuguese trade presence shifted to Angola in the 1500s and 1600s, there was no Christian presence of any type in the Congo for more than 200 years. When in the late 19th century the Congo basin opened up to explorers, traders, and, eventually, to formal rule under King Leopold II of the Belgians, Protestant Christians in Europe and the United States became very interested in extending missionary activity into the interior of the African continent. Up to that time, Protestant missions had been almost entirely confined to the coasts of East and West Africa. However, the belief that sharing the Christian message with every person in the world was necessary to facilitate the return of Jesus Christ to earth encouraged many Protestant missionary societies and their supporters to push for penetration into the interior. These views were further reinforced by the journeys of British missionary David Livingstone, whose explorations proved that it was possible for Europeans to reach the continent's core.[262] Thus Protestants, not Catholics, were the first missionaries to arrive in the Congo basin in an attempt to Christianize the region. However, it was not long before the missionaries representing independent British and American Protestant churches found themselves in competition for access routes, land, and souls with state-sponsored Catholic missionaries.

British and American Baptists began trying to reach Stanley Pool as early as 1878. Unfortunately for Leopold II, who hoped that missionaries would help to establish

[262] Ruth M. Slade, *English-Speaking Missions in the Congo Independent State (1878-1908)* (Bruxelles: Academie Royale des Sciences Coloniales, 1959), 26, 31-32.

his authority in the territory, the first Catholics to arrive in the region were French, not Belgian. The arrival of the Holy Ghost Fathers and the White Fathers in the Congo was quite disturbing to Leopold II and his political ambitions, and he quickly requested that Belgium's Jesuits and a group called the Scheut Fathers send missionaries to the territory. Neither group responded to his request until 1885, after the Berlin Conference at which Leopold II solidified his control over what would become the Congo Free State.[263] Protestant Belgian churches would not make plans to enter the Congo until 1909.[264] For Leopold II, the division between Catholic and Protestant missionaries was not nearly as important as was the fact that some were Belgian and others were not.[265]

The earliest Protestant missionaries focused their efforts first on reaching Stanley Pool (a wide point in the Congo River at present-day Kinshasa) and heading into the interior along the Congo and Kasai Rivers. Supported by benefactor Robert Arthington, "the miser of Leeds,"[266] missionaries representing the Baptist Missionary Society (BMS) of the United Kingdom were the first Christian missionaries to reach the Congo in January 1878 on an expedition to determine the feasibility of establishing permanent mission stations.[267] In February of that same year, the Livingstone Inland Mission reached Congo, establishing stations that were eventually turned over to the American Baptist Missionary Union in 1884.[268] Other Protestant mission societies quickly established a presence in the Congo River basin in subsequent years; the Congo Balolo

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[263] Slade, 140.
[264] Jules Rambaud, *Au Congo pour Christ! Esquisse de l'Histoire des Missions Chrétiennes au Congo Belge* (Liege: Group des Amis des Missions de Liege, 1909), 162-63.
[265] Slade, 147.
[266] *Ibid*, 31-32.
[267] Cecilia Irvine, comp., *The Church of Christ in Zaïre: A Handbook of Protestant Churches, Missions and Communities, 1878-1978* (Indianapolis: Department of Africa, Division of Overseas Ministries Christian Church (Disciples of Christ), 1978), 58, and John Brown Myers, *Thomas J. Comber: Missionary Pioneer to the Congo* (London: Partridge, year unknown), 66-80.
[268] Chester Jump and Margaret Jump. *Coming – Ready or Not: Congo Baptists Advance* (Philadelphia: Judson, 1959), 9-10, viii-ix.

mission in 1889, the *Svenska Missionsforbundet* in 1882, the American Presbyterian Congo Mission in 1890, the Christian and Missionary Alliance in 1885, the Darbyist Brothers Mission, and the Christian Missionary Society for Africa and the East in 1895.[269]

PROTESTANT MISSIONS IN THE EASTERN CONGO

Protestant missions soon expanded throughout the entire territory of the Congo Free State, which became the Belgian Congo in 1908 when the Belgian Parliament, embarrassed by a campaign to end slavery and forced labor practices in the Congo, took control of the territory from Leopold II. However, due to the relative inaccessibility of the Kivu, which lacks a water route to both coasts of Africa and is bounded on every side by mountains and thick jungles, formal Protestant missionary activity did not reach that area until well into the 20th century. Protestant missionaries were present in the eastern Congo, however; the Pentecostal Congo Evangelistic Mission began operating in northern Katanga in 1915,[270] and the African Inland Mission established a station in Ituri in 1912.[271]

Social services were part of Protestant and Catholic mission stations in the Congo from the beginning of missionary work there. Baptist missionaries Drs. T.E.C. Scholes and Aaron Sims were in the territory in the 1880s, and American Baptists eventually established hospitals in Bas-Congo and Bandundu, eventually expanding their efforts into

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[269] Rambaud, 118-130, and Irvine, 52-53, 63-67 105.
[270] Harold Womersley, *Congo Miracle: Fifty Years of God's Working in Congo (Zaïre)* (Eastbourne, Great Britain: Victory Press, 1974).
[271] Irvine, 47-48, and Jack E. Nelson, *Christian Missionizing and Social Transformation: a History of Conflict and Change in Eastern Zaïre* (New York: Praeger, 1992), 29-30.

training health personnel.[272] Likewise, educational efforts were also part of the earliest Protestant mission groups, including the Baptists, who, like other Protestants, taught literacy skills to enable new converts to read the Bible.[273] Indeed, in the realm of education, Congo is somewhat unique in that it was "one of the few countries where the government (both colonial and independent) has allowed first the missionaries and then the national church to organize and administer the school system for the rest of the nation."[274]

The first Protestant presence in the Kivu region was established by Swedish and Norwegian Pentecostal missionaries. The *Svenska Fria Missionen* (Swedish Free Mission, known by its French acronym as MLS) and the *Pinsevennens Ytre Misjon* (Norwegian Free Mission, MLN) worked cooperatively to establish a Protestant missionary presence in the Kivus, and arrived at Uvira in 1921. Eventually, the Norwegians established a mission presence at Nya Kaziba, south of Bukavu, in 1922, while the Swedes established their mission at Masisi. The Norwegian Nya Kaziba mission was the first to receive permission from Belgian authorities to operate in the Kivus.[275] These two missions eventually resulted in the birth and development of the Communauté des Eglises de Pentecote du Congo (8eme CEPAC) from the Swedish Pentecostals, and the Communauté des Eglises Libre du Pentecote (5eme CELPA) from the Norwegian Pentecostals. As will be discussed in the studies of CSO's below, both churches still cooperate and are still supported financially by churches in Norway and

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[272] Daniel E. Fountain, "The Health Ministry" in Dean R. Kirkwood, ed., *Mission in Mid-Continent: Zaïre: One Hundred Years of American Baptist Commitment in Zaïre: 1884-1984* (Valley Forge, PA: International Ministries ABC, 1984), 84-85.
[273] Charles R. Moore, "General Educational Work" in Dean R. Kirkwood, ed., *Mission in Mid-Continent: Zaïre: One Hundred Years of American Baptist Commitment in Zaïre: 1884-1984* (Valley Forge, PA: International Ministries ABC, 1984), 69.
[274] Moore, 69.
[275] Irvine, 97-98.

Sweden, and the leaders of both churches are powerful players in political and social life in Bukavu, where both churches are now headquartered.

The mission that perhaps had the most significant effect on social and political life in present-day Nord-Kivu did not arrive in the region until 1928. Missionaries who had split from the Africa Inland Mission (AIM) to form the Africa Unevangelized Mission (AUM) settled in Lubero territory, working among Kinande-speakers initially in Irango and later at major, permanent stations at Katwa, near Butembo and Kisombiro, south of Lubero on the main road connecting Rutshuru and Butembo.[276] These mission efforts were eventually taken over by the American Conservative Baptist Foreign Mission Society (CBFMS) and were the genesis of the present-day Communauté Baptiste au Centre d'Afrique (3eme CBCA) and the Communauté des Eglises Baptistes du Congo-Est (55eme CEBCE), both of which are discussed in the case studies below.

The Baptist and Pentecostal missions enjoyed virtual monopolies on Protestant evangelization efforts in the Kivus for much of the early 20th century. Other mission societies later established a presence in the region. The Congo Union Mission of Seventh-Day Adventists (SDA) established a presence in Masisi and Goma in 1950 and in Shabunda in 1969; the British Anglican Church Missionary Society (CMS) began work in Beni, Butembo, Goma, Rutshuru, Masisi, and Kalemie in the mid-1970s; the Free Methodist Church of North America opened stations at Baraka and Nundu in 1963; and the Berean African Missionary Society (BAMS) worked at five stations, primarily in what is today northwestern Sud-Kivu, beginning in 1938.[277] Other churches, such as the Assemblies of God Pentecostal Missionary Union (which established a presence in Kalembelembe in Sud-Kivu as early as 1920) and the Evangalization Society Africa

[276] Nelson (1972), 29-32.
[277] *Ibid*, 60, 64-66, 72-73, 96-97.

Mission (which started in Walikale and Shabunda in 1922), and the Worldwide Grace Testimony Mission (WGT, which took over a mission in Kama in 1925),[278] began early operations in the Kivus. The MLS, the MLN, and the CBFMS were responsible for the vast majority of Protestant mission stations in the Kivu. The churches which developed from those efforts remain the dominant expressions of Protestantism in this portion of the eastern D.R. Congo today. While there are certainly denominational distinctions between the different Protestant communities in the Congo, they are very ecumenical in nature; as one church leader notes, "It's not the context of 'fighting with the Methodists.' The difference is not that important."[279] Nine Protestant churches are involved in education in Nord-Kivu,[280] while thirteen operate schools in Sud-Kivu, ten of them in Bukavu. The cases included in this chapter are churches which have their primary national or regional headquarters in the provinces.

In the next section of this chapter, I discuss each CSO in-depth and evaluate the roles of each Protestant church in providing social services in the cities of Goma and Bukavu. I provide an overview of the development of each organization and its involvement in social service provision throughout the church's history.

THE 3EME CBCA

Headquartered in Goma, the 3eme Communauté Baptiste au Centre d'Afrique (3eme CBCA) is among the largest churches in the Kivus. In Goma, the church operates the Karisimbi health zone's major health center, the Virunga General Reference Hospital, in addition to several well-regarded primary and secondary schools. In this section, I evaluate the level of internal organizational cohesion in the 3eme CBCA according to the

278 *Ibid*, 78-79, 108-10.
279 Interview, Molo.
280 Phillipe Yalala, Coordinateur des Écoles, ECC, Nord-Kivu. Goma. 17 June 2007.

six indicators outlined in chapter one. I then examine the relationship between the church's level of internal organizational cohesion and its ability to successfully organize social services in light of my theory of internal organizational cohesion.

INTERNAL ORGANIZATIONAL COHESION IN THE 3EME CBCA

In this section, I argue that the 3eme CBCA has a moderate level of internal cohesion. I base this contention on evaluations of the six operational indicators of the independent variable: the organization's colonial presence, receipt of state subsidies, internal divisions, level of ethnic homogeneity, ability to obtain external support, and receipt of state patronage under Mobutu.

Institutional History

The 3eme CBCA's genesis was in the work of the Unevangelized Africa Mission (UAM), which arrived in the Kivus in 1928, led by missionary Paul Hurlburt, Sr., who was accompanied by his wife and children and four other American families. The UAM established stations at Katwa and Kitsombiro, the former near the town of Lubero and the latter just south of Butembo on the main road to Rutshuru. Working primarily among the Nande who dominated life in the northern regions of Nord-Kivu, the missionaries and early converts quickly expanded the mission's work into surrounding territories, including areas in which Catholics were already working. In 1947, the UAM's work was taken over by the American Conservative Baptist Foreign Mission Society (CBFMS).[281] The mission eventually became known as the "Mission Baptiste au Kivu."[282]

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[281] Nelson (1972), 30-33, 51. I rely largely on Nelson's excellent account of the history of Baptist missions in Nord-Kivu for the historical data in this section.

[282] "Evolution Historique de la Coordination des E.C.P./ 3eme CBCA." Unpublished document obtained by author at the headquarters of the 3eme CBCA, Goma, April 2006, 2.

Provision of health care and education were part of the UAM efforts almost from the beginning. In 1929, Dr. Carl Becker came to Kisombiro; he later established a clinic and leprosarium at Katwa. Other missionary doctors arrived in the next decades and two hospitals were established, the Lorimer Memorial Hospital, at Twanguba, and the Palmer Memorial Hospital, at Katwa, which was constructed in the early 1950s. Missionary nurses ran dispensaries at various MBK stations. These hospitals opened with a goal of providing for operating costs and medicines, but not for missionary salaries through a fee-for-service program. Other costs were funded by government subsidies and support from American donors.[283]

Hurlburt, Sr., meanwhile, also established literacy programs alongside classes in Christian doctrine for the purpose of training Congolese teacher-evangelists, who were stationed in villages throughout the countryside to proclaim the church's message. Education was also provided for mixed-race children of European fathers and Congolese mothers at an orphanage opened by UAM in 1934, as well as at a girls' boarding school.[284]

After the CBFMS took over the missions, a Bible institute was opened at Rwanguba in 1948 with the goal of training indigenous pastors. The mission also opened a training school for nurse's aides at Nyankundi in Ituri in 1952. Eventually, missionary teachers developed a network of schools that gave training for two, four, five, or seven years of training, finally opening a school for teachers in 1956 at Katwa, which relocated to Goma after 1960. In 1957, CBFMS/MBK schools enrolled 12,638 students in 1,309 schools, with students paying tuition to attend.[285] Because of the church's longtime

[283] Nelson (1972), 33, 63-64.
[284] *Ibid*, 35-37.
[285] *Ibid*, 60, 64, 67-68.

presence in the region, I assign it a value of "1" for the colonial presence indicator of the independent variable.

As pressure from the Belgian government to improve schools mounted, missionaries and members of the MBK churches debated whether or not to accept government subsidies for the mission schools. The Belgian government, which had subsidized Catholic schools in the Congo since the 1920s, finally capitulated to the Protestant churches' demands and began offering subsidies to their schools in 1948. However, given the Free Church tradition of the CBFMS, which firmly holds that the church should avoid entanglements with the state, the offer of state subsidies for MBK schools provoked considerable controversy and debate. Since only diplomas from state-subsidized schools "were given official recognition by the state," some missionaries – and many Congolese – believed that accepting help from the state was the wiser course of action, not to mention one way for those Congolese who had paid taxes to the colonial state for some time to finally enjoy some benefits of state services.[286]

A controversy arose between the missionaries and their supporters and Congolese Baptists who wanted the mission to accept subsidies (and thus provide its members with diplomas that could help them gain employment in state and other non-mission enterprises) in the 1950s. The fact that some of the Catholic schools in the area had begun to teach French to younger students to prepare them for high school-level instruction (all of which was in French) was also a source of discontent, along with other disparities between the MBK schools and other mission schools. Disgruntled leaders eventually split with the missionaries to form a second Baptist church in Nord-Kivu. The split was long and difficult, and some people lost their lives as government forces had to be called in to serve as a barrier between the two sides. Matters were further complicated

[286] *Ibid*, 65-66.

in 1960 when the post-independence burst of anti-white violence in the east caused most of the CBFMS missionaries to evacuate for one month. Later violence in the Kashamura Rebellion of 1960-61 led to a permanent withdrawal from the Congo for the majority of the CBFMS missionaries.[287]

The departure of most of the missionaries allowed the power struggle in the MBK to continue with substantially less external interference. Struggles over the mission and church's property went hand-in-hand with the struggle for control, and, after mediation by the head of the Eglise du Christ du Zaïre (the umbrella church for all of the country's Protestant communities), the groups split in practice, although the government considered both churches to be the Communauté Baptiste au Kivu, today's 3eme CBCA. Those who had been loyal to the missionaries gained recognition as a separate church in 1979, and became known as the Communauté des Eglises Baptistes du Kivu (later Communauté des Eglises Baptistes du Zaïre-Est, now known as the Communauté des Eglises Baptistes du Congo-Est, or the 55eme CEBCE).[288] Because the 3eme CBCA came out of the pro-subsidy contingent of members of the colonial church, I assign a value of "1" for receipt of colonial subsidies. However, because the division between the 3eme CBCA and 55eme CEBCE was largely on ethnic lines, with most Nande joining the 3eme CBCA side, the indicator for division along ethnic lines is "0."

Ethnic Homogeneity

The 3eme CBCA has a very low degree of ethnic diversity. The split over subsidies and the role of foreign missionaries occurred largely along ethnic lines. Although the church's schools and health facilities serve people of all ethnicities and

[287] *Ibid*, 68-69, 76-138.
[288] *Ibid*, 132-36.

religions, the church and its leadership are dominated by the Nande, Nord-Kivu's largest ethnic group. Thus the 3eme CBCA receives a score of "0" for the ethnic homogeneity indicator.

External Support

The 3eme CBCA has had considerable difficulty attracting support from external donors, particularly in the years since the war officially ended. Expelling the missionaries from the church they founded certainly made it challenging for the 3eme CBCA in its early days as an independent entity. A partnership with the American Baptist Churches in the U.S. is a long-term source of some support for the 3eme CBCA churches. The church's social service structures, however, vary widely in the amount of external support they receive. In the health sector, the church has partnerships for specific activities with the World Health Organization, UNICEF, the World Food Programme, Medecins du Monde, Save the Children, Medecins Sans Frontieres – Hollande, Medecins Sans Frontieres – France, and the International Committee of the Red Cross, which supports church efforts to help the displaced, as well as providing for the rebuilding of health centers that were damaged in the war.[289]

However, those partnerships encompass the 3eme CBCA's work throughout Nord-Kivu, Sud-Kivu, and Orientale. In Goma, the church's record at securing sustained external support is mixed. Virunga Hospital, for example, is almost entirely dependent on patient fees for services. The hospital received assistance from the Baptist World Alliance to rebuild after 80% of the structure was destroyed by the 2002 volcanic eruption, but it lacks formal external partners to help with the costs of medical care. In

[289] Interview. Dr. Jerome Kasareka Muvunga, Coordinateur Medicale, 3eme CBCA. Goma. 3 August 2007.

contrast to most hospitals in the state system, a few staff members receive small bonus payments from the state.[290] The Karisimbi health zone, which is managed by the 3eme CBCA, has some collaboration with UNICEF in child vaccination programs, with the World Health Organization in epidemiological surveys to monitor diseases, and with Association Sante Familiale in reproductive health.[291] The 3eme CBCA's schools, however, lack external partnerships and are dependent on tuition fees for their operating expenses. Because the record is so mixed and because the church's main hospital in Goma lacks a sustaining external donor, I code a "0" for the church for the external support indicator.

Patronage

The 3eme CBCA avoided most entanglement with Mobutu's patronage networks, although it is highly likely some of its members, particularly the wealthy businesspersons who served as the church's financial lifeline, did not. As 3eme CBCA president Kakule Molo notes, Protestant churches in general received far fewer "gifts" from Mobutu than did Catholic leaders. Molo regrets that the Protestant churches did not take a more active stance by using a prophetic voice against Mobutu. He remembers, "We had no model, no experience of how to deal with dictators." As a result of this inexperience, the 3eme CBCA and its counterparts did not issue many statements against Mobutu.[292] While the church failed to stand up to Mobutu, it was not a direct recipient of land or other preferential treatment by Mobutu. Therefore I code a score of "1" for the patronage indicator.

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[290] Interview. Dr. Jason Nzanzu Kikuhe, Medecin Directeur, 3eme CBCA Virunga General Reference Hospital. Goma. 29 June 2007.
[291] Interview. Dr. Louis Kisungu Kamate, Medecin Chef du Zone, Karisimbi Health Zone. Goma. 2 July 2007.
[292] Interview, Molo.

Summary of the Independent Variable

As Table 4.1 shows, the 3eme CBCA has a moderate level of internal cohesion. The church has been present in Nord-Kivu since the beginning of Christian missionary activity in the region, and its reach expanded to Goma within twenty years of the first established 3eme CBCA churches. An internal dispute over whether the church's schools should accept subsidies from the colonial regime led to a division of the church, with the 3eme CBCA representing the pro-subsidy side. The division happened largely along ethnic lines, and the 3eme CBCA's membership today is almost completely Nande. This composition had mixed results. On the one hand, the church avoided entanglement with Mobutu's regime through his patronage networks. On the other, the 3eme CBCA has had difficulty attracting sustained support from external donors.

Table 4.1: Internal Organizational Cohesion in the 3eme CBCA

IV Indicators	*3eme CBCA*
Colonial Presence	1
Ethnic Divisions Experienced	0
Receipt of Colonial Subsidies	1
Low Ethnic Homogeneity	0
Obtained External Support	0
Benefited from Patronage	1
Internal Organizational Cohesion	**Moderate (3)**

Successful Service Organization in the 3eme CBCA

The 3eme CBCA is currently comprised of over 300,000 members spread throughout 342 parishes. These parishes are led by a General Assembly which meets

annually and an Executive Committee which meets semiannually. Although its Goma headquarters were destroyed by the 2002 volcanic eruption, those structures are slowly being rebuilt and the church's major social programs are functional.[293]

The 3eme CBCA has long played a prominent role in education and health care provision in the Kivu region. As one missionary noted, "Wherever we build a new church, the people need, and CBZO [as the group was then known] is expected to build a new school."[294] This role continues to the present day. In academic year 2004-05, the church's schools in Nord-Kivu enrolled 100,276 students in 338 kindergarten, primary, and secondary schools, while 18,329 pupils were enrolled in 76 Sud-Kivu 3eme CBCA schools.[295] The church is also responsible for the management of three general hospitals, twelve surgical centers, 64 health centers, and 66 health posts.[296]

The 3eme CBCA's Medical Coordination office is responsible for 144 health structures in the Kivus and the Orientale province. They run three general reference hospitals, five hospital centers, fourteen reference health centers, 81 health posts, and around 34 other centers (including centers for nutrition, adolescent reproductive health, and voluntary HIV testing). In addition, the church operates four nursing schools and, per an agreement with the state, manages three health zones, including Goma's Karisimbi health zone.[297]

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[293] "Baptist Community in the Center of Africa: Brief Overview of the C.B.C.A." Pamphlet obtained by author at 3eme CBCA headquarters in Goma, April 2006, 2; and Author's Interviews and Observations, 2006-07, Goma.

[294] Charles R. Moore, "General Educational Work" in Dean R. Kirkwood, ed., Mission in Mid-Continent: Zaïre: One Hundred Years of American Baptist Commitment in Zaïre: 1884-1984 (Valley Forge, PA: International Ministries ABC, 1984), 74.

[295] "Idara ya Masomo," (November 2005), 1. Unpublished document obtained by author at 3eme CBCA headquarters, April 2006, Goma.

[296] "Baptist Community in the Center of Africa: Brief Overview of the C.B.C.A," 2.

[297] Interview, Muvunga.

Virunga General Reference Hospital is the both main health structure and, since 2004, the general reference hospital for Karisimbi health zone. The hospital employs three doctors and twenty-nine nurses, and generally hospitalizes about 140-160 patients per month in 84 beds. Its maternity unit delivers about 100 babies per month, and the hospital sees about 700 outpatients each month as well. The 2002 eruption of Mt. Nyiragongo devastated the hospital's infrastructure. Prior to the eruption, the hospital had 184 beds, but 80% of the structure was destroyed by the lava flow.[298]

In the education sector, the 3eme CBCA is highly effective and operates schools that are well-regarded by the general population. In Goma, the church runs two kindergartens, twelve primary schools, and five secondary schools. While enrollment figures are not available for only the Goma schools, in 2004-05, the schools in the Goma-area district enrolled around 18,107 students, making the 3eme CBCA second only to the Catholic Archdiocese of Nord-Kivu I as a service provider.[299]

As Table 4.2 indicates, the 3eme CBCA has been moderately successful at providing social services in Goma. Buildings are in usable condition; many were rehabilitated after the war using funds from international Baptist organizations. They have electricity when the grid is operational and church administrators have computers, cell phones, and other necessary technology to carry out their daily tasks. Church leaders have vehicles and motorbikes for needed transportation. The church's health structures and schools are staffed and used extensively by members of the community; especially with regard to Virunga General Reference Hospital. It is well-regarded by both the local population and international observers. The community's trust in the organization is

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[298] Interview. Dr. Jason Nzanzu Kikuhe, Medecin Directeur, 3eme CBCA Virunga General Reference Hosptial. Goma. 29 June 2007.

[299] "Idara ya Masomo." Internal document provided to author by Jean Kasareka (November 2005); and Interview, Jean Kasareka, Coordinateur des Écoles Conventionelles, 3eme CBCA with Jean Msubao and Simeon Kasareka, 3eme CBCA education staff. Goma. 26 April 2006.

certainly due in part to its long-term presence in the region; 3eme CBCA and its predecessors have been present in the Kivus for fifty years as of 2009.

Organizationally, the church has a very well-developed hierarchy. Nine departments carry out the church's various roles, from health and education to women's issues and evangelism. However, the church lacks the ability to regularly pay staff their full salaries.

Table 4.2: Operational Indicators of the Dependent Variable: 3eme CBCA

Operational Indicators	*3eme CBCA*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	-1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	2
TOTAL	**14 (moderate)**

As a moderately cohesive organization, the 3eme CBCA is moderately successful at organizing social services, an outcome predicted by my theory of internal organizational cohesion. Its history of ethnic division and lack of external funding mean that the church cannot provide social services at the highest level of success.

55EME CEBCE (GOMA)

As noted in the previous section, the Communaute des Eglises Baptistes du Congo-Est (55eme CEBCE) and the 3eme CBCA share a common history. Both churches resulted from the efforts of the Conservative Baptist Foreign Missions Society in Nord-Kivu. In this section, I evaluate the 55eme CEBCE's internal organizational cohesion according to the framework outlined in chapter one. Access to data for this case was not ideal. Most likely because of the history of splits and mistrust within the organization – as well as the unpopularity of Kinyarwanda-speakers in Goma at the time I was conducting field research – I was only able to speak to one 55eme CEBCE health official who agreed to be cited without full attribution. For education data, I rely on information provided by the education bureau of the Eglise du Christ au Congo's provincial office. For historical and other background information, I rely on the work of Jack Nelson (1992) and Denis Tull (2005).

Institutional History

Since the 55eme CEBCE was present in the region in the colonial era, it receives a score of "1" for that indicator. The 55eme CEBCE and its supporters were decidedly opposed to the idea of taking subsidies from the government. Its members and the missionaries they supported believed that churches should remain separate from the state, and that accepting subsidies from the regime would inevitably corrupt the church's mission.[300] Because of this, I code a score of "0" for the subsidies indicator.

The issue of ethnic divisions is a bit more complex. As detailed in the above section on the 3eme CBCA, the 55eme CEBCE was part of a major split that largely occurred along ethnic lines when the churches founded by the Conservative Baptist

[300] See Nelson (1992).

Foreign Missions Society divided over a dispute about whether to accept state subsidies for education and the appropriate role of missionaries in governing the churches. While most Nande Baptists defected to the pro-subsidy group, which is now known as the 3eme CBCA, the majority of Hutu Baptists stayed in the pro-missionary, anti-subsidy group, becoming known as the 55eme CEBCE.

As Tull notes, however, the split with the 3eme CBCA is not the only one the 55eme CEBCE has endured. A few Nande remained part of the 55eme CEBCE after that split, but the Hutus retained leadership positions and had the most authority in the organization. It was twenty years before a Nande 55eme CEBCE member served as the church's president, and a dispute over leadership succession in the mid-1990s further divided the church. Competition between Hutu and Nande factions within the church's leadership led to very contentious organizational meetings that were mediated by American missionaries until the 1998 war began and the missionaries evacuated. As Tull notes, ethnic dimensions of the larger conflict, which many in the region perceived as a fight between the Congolese Nande and foreign or foreign-backed Kinyarwanda-speakers, "sharply exacerbated" … "one of the fault lines of the conflict." Political actors – including members of the RCD-Goma rebel government – became involved, and both Nande and Hutu leaders claimed the legal right to lead the 55eme CEBCE. At the end of the war, the church was essentially divided, if still legally one church.[301]

Due to these splits, the 55eme CEBCE is clearly coded as "0" on the ethnic divisions indicator. Division along ethnic lines clearly weakened internal cohesion in the church.

[301] Tull (2005), 250-52; 259.

Ethnic Homogeneity

Recurring splits within the 55eme CEBCE left the church dominated by members of the Hutu ethnic group. Although a Nande faction remained in the church after the splits of the 1960s, approximately 75% of delegates to the church's conferences in the late 1990s were Hutus, and Tull estimates that "one fourth to one third of the 55eme CEBCE parishes remain under the control of the Nande-dominated side of the conflict.[302] Since Hutus are so dominant in the organization, I code its level of ethnic homogeneity as "0."

External Support

While full data on the church's ability to obtain external support is not available, the church does have some access to external funding from Conservative Baptist International, the American organization formerly known as the Conservative Baptist Foreign Missionary Society.[303] However, because I could not obtain more extensive data on the organization's financial partnerships or lack thereof, I do not code a score for this indicator.

Patronage Networks

As with the 3eme CBCA, the 55eme CEBCE was not a beneficiary of Mobutu's patronage networks. This is in line with the general stance of the 55eme CEBCE's leadership; the church has always eschewed entanglement with the state. Therefore I code a "1" for the patronage networks indicator.

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[302] Tull (2005), 251-52.
[303] See Tull (2005).

Summary of the Independent Variable

Table 4.3 summarizes the level of internal cohesion within the 55eme CEBCE. The organization's history of ethnic division and low level of ethnic diversity, as well as having not received subsidies and the absence of information about its financial support, indicate that the 55eme CEBCE has a low level of internal organizational cohesion.

Table 4.3: Internal Organizational Cohesion in the 55eme CEBCE

IV Indicators	*55eme CEBCE*
Colonial Presence	1
Ethnic Divisions Experienced	0
Receipt of Colonial Subsidies	0
Low Ethnic Homogeneity	0
Obtained External Support	n/a
Benefited from Patronage	1
Internal Organizational Cohesion	**Low (2)**

Due to the low level of internal organizational cohesion, my theory predicts that the 55eme CEBCE should have a low level of success at organizing social services. This prediction is confirmed by the available evidence.

SUCCESSFUL SERVICE ORGANIZATION IN THE 55EME CEBCE

In this section, I examine the ability of the 55eme CEBCE to successfully organize health care and education services. Due to the collection problems as noted above, there is unfortunately a large amount of missing data for this indicator. Ideally, I will be able to obtain more access during future research in the region.

The 55eme CEBCE does have physical structures for its health and education activities, but I was not able to observe these facilities firsthand. Therefore I do not have data on whether the structures are usable. Church personnel have communications equipment and supplies, and services are used by the populations in the areas they serve. The 55eme CEBCE is able to pay salary bonuses to its health employees, which suggests an external funding source is present. Church officials are also able to make decisions about personnel, technically in conjunction with the state, although, as is the case with every other service provider in the two cities, health officials usually automatically approve church personnel decisions.[304]

Since its roots are in northern Nord-Kivu, the 55eme CEBCE has a fairly large presence there. According to Tull, the 55eme CEBCE operates approximately 9% of the schools in Nord-Kivu.[305] Data on the number of 55eme CEBCE schools in Goma proper was not available due to their failure to report statistics to the ECC education bureau.[306] It also runs three hospitals and 44 health centers in Nord-Kivu and Sud-Kivu. However, due to the wars and ongoing insecurity in the province, several 55eme CEBCE health centers in the provinces are non-operational.[307]

The church formerly had support from expatriate medical personnel, but "the expatriates don't do any more [work]." Although its scale of operations in Nord-Kivu is relatively high, the organization's presence in Goma is fairly small. In health care, the church operates three health centers in the city, with a staff of three or four doctors and

[304] Interview, Medical Coordinator for a church association. Goma. 22 June 2007.
[305] Tull (2005), 249.
[306] Interview, Michel Seleabuca, Chef de Services Pedagogiques and Robert Axiliorali, Arrache aux Services Pedagogiques, ECP/ECC. Goma. 19 June 2007. Tull encountered a similar problem during research in 2001. See Tull (2005), 249.
[307] Interview, Medical Coordinator for a church association. Goma. 22 June 2007.

about twenty-five nurses. The church also employs a supervising nurse as an internal regulatory authority.[308]

Due to the church's relatively small presence in the city of Goma, its reputation is good among the local population, but international observers do not often see the organization as being highly functional. Many international observers are not aware of the organization's presence; if asked about major service providers, international observers will mention, "the Baptists," by which they mean the 3eme CBCA. Given its large Hutu membership and the unpopularity of (and outright hostility toward) all Kinyarwanda speakers in the city, it is not surprising that the 55eme CEBCE's presence in Goma is more limited today.

Table 4.4: Operational Indicators of the Dependent Variable: 55eme CEBCE

Operational Indicators	*55eme CEBCE*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	n/a
3. Is the building in usable condition?	n/a
4. Is there electricity?	n/a
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	n/a
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	-1
15. What is the scale of the organization?	0
TOTAL	**8 (low)**

[308] Interview, Medical Coordinator for a church association. Goma. 22 June 2007.

As Table 4.4 summarizes, the 55eme CEBCE has experienced a low level of success at organizing social services. This outcome is predicted by the fact that the organization has a high level of internal fragmentation. Although there is much data missing for this CSO, other indications, including the lack of positive perception in the international community, suggest that the dependent variable is fairly accurately measured. The data problems relating to this case mean that further research is needed in other countries to confirm that a low level of success at organizing social services is caused by low levels of internal cohesion.

THE 8EME CEPAC (BUKAVU)

The Communaute des Eglises du Pentecote en Afrique Centrale (8eme CEPAC) is the major Protestant social service provider in Bukavu. The 8eme CEPAC also operates significant social service structures in Goma, including a hospital in the Goma health zone and several schools. It also collaborates with other Protestant churches in the region to run the Université Libre des Pays des Grands Lacs, one of the region's best institutions of higher learning. However, the organization is headquartered in Bukavu, where its leaders and members play a significant role in civil society and in the provision of health care and education to the population. In this section, I argue that 8eme CEPAC's high level of internal cohesion explains its ability to successfully organize social services in the city and throughout the two provinces. In particular, the church's ability to attract international support and to run one of the region's best hospitals demonstrates the low degree of fragmentation within the organization.

INTERNAL ORGANIZATIONAL COHESION IN THE 8EME CEPAC

In this section, I argue that the 8eme CEPAC has a high level of internal cohesion. I base this argument on the evaluation of the six indicators outlined in chapter one.

Institutional History

The churches now known as 8eme CEPAC began as outgrowths of mission efforts by Swedish Pentecostal groups in the 1930s and 40s. The Swedes, who had already established a presence in the Sud-Kivu cities of Uvira and Lemera, moved into the Haut Plateau region[309] and expanded their reach into Bukavu.

Because the church has a long-standing presence in the region, it receives a "1" for the colonial presence indicator. Although unlikely since the church is in the Free Church tradition that seeks to avoid entanglement with the state, it is unclear whether the church's schools accepted subsidies from the colonial regime; therefore I do not code for that indicator.

Unlike their Baptist counterparts in Nord-Kivu, Protestant churches in Sud-Kivu do not often divide along ethnic lines. The 8eme CEPAC is a case in point. Founded by Swedish Pentecostal missionaries, its membership has never had a significant split over ethnicity. However, 8eme CEPAC is not the only Pentecostal church in the province or the city of Bukavu. Norwegian Pentecostals arrived in the region after the Swedes and established more churches, which are now part of the 5eme CELPA community. Whereas Goma's Baptist churches began as one mission and divided into two churches,

[309] Koen Vlassenroot, "Citizenship, Identity Formation, and Conflict in South Kivu: The Case of the Banyamulenge." Review of African Political Economy 29:93/94 (Sep.-Dec. 2002), 506.

Pentecostals in Bukavu have always been part of two distinct churches that collaborate with one another, particularly in the health care sector.

Part of the reason for the lack of a division along ethnic lines may have to do with the fact that each of the churches has a specific regional base, particularly with respect to Protestantism in the Haut Plateau region. Whatever ethnic differences there are in the churches, the connection between ethnic and territorial identity may have pre-empted divisions. If all the churches were already fairly ethnically homogeneous, there would have been no need for a split. As Vlassenroot (2002) notes, "CEPAC mainly united the Protestants living in Uvira, 5eme CELPA those living in Mwenga and the Bushi, and CLMC [a Methodist denomination] concentrated its activities in Fizi." The CLMC served as a base for many of Sud-Kivu's Banyamulenge, although concerns about discrimination led some Banyamulenge to establish a new church, the Communaute des Assemblees de Dieu au Congo (CADCO).[310]

In Bukavu, this split apparently had no serious effect on the 8eme CEPAC church. There is no open hostility between 8eme CEPAC and 5eme CELPA, and the two churches frequently collaborate on causes of mutual interest, including operating Panzi Hospital. Because ethnic divisions did not affect the 8eme CEPAC church, I code a "1" for the ethnic divisions indicator.

Ethnic Homogeneity

The 8eme CEPAC churches developed with a regional, rather than an ethnic, base. Although historically many members may have come from the same ethnic backgrounds,

[310] Vlassenroot (2002), 506.

the church in Bukavu is ethnically diverse. For this reason, I code a "1" for the ethnic homogeneity indicator.

External Support

The 8eme CEPAC and its programs receive a high degree of external support. Not only does the church have access to funding from the founding Swedish Pentecostal churches which sent missionaries to the region in the early 20th century, but it also enjoys support from a wide variety of international donors. This is particularly true for Panzi Hospital, profiled in the next section. The church also receives a considerable degree of support from PMU Interlife, a Swedish religious organization.[311] Because the church receives a high level of external support, it receives a score of "1" for that indicator.

Patronage Networks

The 8eme CEPAC was not a beneficiary of Mobutu's patronage networks, and therefore avoided the taint of that association. I code a "1" for the relevant indicator in this case.

Summary of the Independent Variable

As Table 4.5 summarizes, the 8eme CEPAC church enjoys a high level of internal organizational cohesion. Its longstanding presence in the region, ability to stay united in an ethnically diverse community, and ability to access large amounts of external funding indicate this high degree of cohesion.

Table 4.5: Internal Organizational Cohesion in the 8eme CEPAC

IV Indicators	*8eme CEPAC*
Colonial Presence	1
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	n/a
Low Ethnic Homogeneity	1
Obtained External Support	1
Benefited from Patronage	1
Internal Organizational Cohesion	**High (5)**

In the next section, I test whether the high degree of internal organizational cohesion within the 8eme CEPAC church makes the church highly successful at organizing social services.

SUCCESSFUL SERVICE ORGANIZATION IN THE 8EME CEPAC

The 8eme CEPAC is the largest Protestant provider of education in Bukavu. It operates seventeen primary schools and six secondary schools. For the 2006-07 school year, the primary schools enrolled 12,499 children taught by 201 educators. In the secondary schools, 129 teachers instructed 3,647 pupils. In Sud-Kivu, 8eme CEPAC operates 332 primary schools and 96 secondary schools, enrolling more than 120,000

311 Interview. Reverend Magadju B. Bantuzeko, Membre du Comitede Direction and Representant Legal. 8eme CEPAC Bukavu. 12 June 2007.

students[312] Countrywide, the church manages about 900 schools. In addition, the church supports Bukavu's Université Evangelique en Afrique, where 2,600 students specialize in medicine, agricultural sciences, economics, or theology.[313]

In health care, the church manages three general reference hospitals, seventeen hospital centers, and 150 health centers and health posts. In Bukavu, the church operates the Panzi General Reference Hospital and two health centers.[314] The Panzi General Reference Hospital is of particular note since it was founded by the son of an 8eme CEPAC minister and is located on land donated by the church.[315] In the following section, I note the importance of the hospital as evidence of the church's ability to successfully provide services.

Panzi General Reference Hospital

The Panzi Hospital of Bukavu is a joint effort between the 8eme CEPAC and 5eme CELPA churches. It opened in 1999 in response to the need for better maternity care during the war with the support of PMU Interlife, a Swedish organization.[316] Despite being located in a suburb of the city, it serves as the general reference hospital for the Ibanda health zone. As Bukavu's best hospital, Panzi is well-known as a center for the treatment of victims of violent rape.

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[312] Interview. Jean-Pierre Kituli Bwami, Conseiller d'Enseignement Secondaire. 8eme CEPAC. Bukavu. 11 July 2007.
[313] Interview. Reverend Magadju B. Bantuzeko, Membre du Comitede Direction and Representant Legal. 8eme CEPAC Bukavu. 12 June 2007.
[314] *Ibid*.
[315] "Our history" and "Dr. Denis Mukwege."
[316] "Our history."

Shortly after its founding, the hospital almost immediately began treating women and girls affected by this horrific epidemic.[317] The problem of rape in the eastern Congo is well-documented.[318] It is used by all sides in the country's ongoing conflicts, including the national army, the FDLR rebels (led by Hutu extremists who perpetrated the Rwandan genocide), Laurent Nkunda's CNDP forces, and others, as a weapon of war against women and girls from infancy to old age. Usually women and girls are gang raped, often intentionally by HIV-positive soldiers, and soldiers very frequently insert foreign objects or fire weapons into their victims' genitals. For many women, the results of these horrific attacks are traumatic vesicovaginal or rectovaginal fistulae, tears in the vaginal wall that cause incontinence. Prior to the Congo wars, most cases of fistulae in the developing world resulted from problems during childbirth. The rape epidemic in the eastern D.R. Congo, however, challenged previous notions about the causes of fistulae and requires a significant medical response. Fistulae may be repaired with surgery, but preparation for and recovery from the procedure takes several months, and many rape survivors must undergo multiple surgeries in order to heal.

Because Panzi Hospital's chief of medicine, Dr. Denis Mukwege, began treating fistula patients relatively early in the conflict, Panzi Hospital became the provincial reference hospital for the treatment of victims of sexual violence in Sud-Kivu and part of northern Katanga. An estimated 50-60% of the hospital's patients are rape survivors.[319] Panzi Hospital is known for treating rape victims and has attracted a great deal of

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[317] *Ibid.*

[318] See, for example, Amnesty International, "Violeé pour avoir soutenu l'opposition." Available: [http://www.amnesty.org/fr/alfresco_asset/b906e418-a2bc-11dc-8d74-6f45f39984e5/afr620172007fr.html].

international funding and support. It is frequently featured in the world press. As a general reference hospital, Panzi is in the government system, but it was entirely built and is managed by 8eme CEPAC. Panzi Hospital's primary partner is 8eme CEPAC. It also receives support from Swedish churches. Other funding comes from the European Union's ECHO program, UNICEF, Norwegian NGO Christian Relief Network, PMU Interlife, Swedish mission L'Chaim, the World Food Programme, GTZ-Santé, and private donors. Because of this external support, victims of sexual violence are treated without charge. GTZ-Santé supports anti-retroviral treatment for HIV/AIDS patients, and PMU Interlife fully funds birthing services. Nutritional assistance is also free to patients; funding comes from the World Food Programme.[320] The hospital also works with the Fistula Hospital of Addis Ababa to train medical staff in fistula repair surgery.[321]

Panzi General Reference Hospital has 334 beds and employs 12 doctors. Another 22 doctors work at the hospital but are paid by other sources or are volunteers. Of the 12 employed by the hospital, two are pediatricians, one is a surgeon, eight are generalists, and one, Dr. Mukwege, is a surgeon. Approximately 60 nurses are employed by the hospital as well. In 2006, the hospital treated 16,098 patients. Its services include gynecology/obstetrics, pediatrics, internal medicine, general surgery, orthopedics, trauma, nutrition, radiology, ultrasound, endoscopy, and dentistry. There is also a pharmacy and a laboratory on-site. In addition, the hospital oversees treatment of 30

2007; Jeffrey Gettleman, "Rape Epidemic Raises Trauma of Congo War." *The New York Times* 7 October 2007; and Kari Barber, "East Congo Violence Fuels Rape Spree." Reuters. 3 January 2008.

[319] Interview. Medical official for a church association. 12 July 2007. Bukavu; and "Our history."

[320] Interview. Medical official for a church association, Panzi General Reference Hospital. 12 July 2007. Bukavu.

[321] "Dr. Denis Mukwege.".

HIV/AIDS patients who are on anti-retroviral treatment, runs a program to prevent mother-to-child transmission of HIV, and operates a voluntary HIV testing center.[322]

Summary of the Dependent Variable

As Table 4.6 indicates, 8eme CEPAC has been very successful at providing social services in Bukavu. It has modern, functional buildings with necessary electricity and medical supplies. The church's facilities are well-stocked with necessary supplies, communications equipment, and vehicles, and the church employs a large cadre of educators and health professionals in its social service structures. It is managed by a strong bureaucracy and can make personnel decisions independently. As with other health and education structures in the country, the state does not meet most of its obligations to pay salaries, so the staff is paid with fees from services.

The 8eme CEPAC is very well-regarded by the local and international communities, particularly with respect to the quality of its health care structures. It serves a relatively large percentage of the population in Bukavu and has a long-standing presence in the region. Based on all fifteen of these indicators, the church is rated as highly successful at providing social services.

[322] Interview. Medical official for a church association, Panzi General Reference Hospital. 12 July 2007. Bukavu; and "Our history."

Table 4.6: Operational Indicators of the Dependent Variable: 8eme CEPAC

Operational Indicators	*8eme CEPAC*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	1
TOTAL	**15 (high)**

THE 5EME CELPA (BUKAVU)

Like its Pentecostal sister church 8eme CEPAC, the 5eme Communaute des Eglises Libre Pentecostistes en Afrique (5eme CELPA) is very active in Bukavu's civil society and is a major service provider for the population. The church is also active in peace and democracy efforts and provides services for a large swath of the city's population through its health care and education programs.

INTERNAL COHESION IN THE 5EME CELPA

In this section, I will argue that the 5eme CELPA church's high degree of internal organizational cohesion accounts for the church's ability to successfully organize social services at a high degree. First, I examine the indicators of the independent variable with

respect to the church. Then, I evaluate the church's degree of success according to fifteen operational indicators.

Institutional History

The 5eme CELPA celebrated the 85th anniversary of its presence in the region in 2007.[323] The church was involved in education and health care efforts from its earliest days in the region in 1922. After the Socialist government came to power in Belgium in 1948 and expanded the subsidy program, 5eme CELPA was among the Protestant churches that accepted subsidies.[324] The 5eme CELPA schools in the Bagira and Ibanda communes (today part of Bukavu) were among the first to have received subsidies.[325] The 5eme CELPA officials seem to have believed it evened the playing field with the Catholics for Protestant churches to receive the subsidies. Unlike their Baptist counterparts in Nord-Kivu, Pentecostals in Sud-Kivu do not appear to have had major divisions over the subsidy question. Because of its long-standing presence in the region and receipt of subsidies from the colonial regime, I code a "1" for each of those indicators.

The 5eme CELPA has not experienced any apparent divisions along ethnic lines. As with the 8eme CEPAC, the church's primary bases are regional rather than ethnic. For this reason, the church receives a "1" for the divisions along ethnic lines indicator.

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[323] Interview. Anne-Marie Totoro, Coordinatrice, Programme Democratie et Paix. With Pastor Domingo, Programme Democratie et Paix. 5eme CELPA. Bukavu. 19 July 2007; and Interview. Zihindula B. Feston Kabeza, Coordinateur des Écoles. 5eme CELPA. 25 July 2007.

[324] Interview. Zihindula B. Feston Kabeza, Coordinateur des Écoles. 5eme CELPA. Bukavu. 25 July 2007; and Interview, Augustin Abangwa Bulase, Superviseur Santé. 5eme CELPA; with Julien Chuma-Kahombera, Superviseur Programme SIDA, 5eme CELPA and Phanuel Ntakwindja Mirango, Animateur National Programme VIH/SIDA, 5eme CELPA. Bukavu. 25 July 2007.

[325] Zihindula B. Kabeza, "Note Ponctuelle sur l'Oeuvre Scolaire de la 5eme CELPA," 1. Internal document provided to author by document author.

Ethnic Homogeneity

Given the fact that the church is headquartered in Bukavu, it is not surprising that many 5eme CELPA members are Mashi-speakers. The Bashi ("Shi people") are the traditionally dominant ethnic group in the rural areas surrounding Bukavu. Since the global and continental trend of urbanization is even more pronounced in conflict zones, it is not surprising that thousands of Bashi now live in Bukavu. I was not able to obtain specific data on the ethnic makeup of the 5eme CELPA church. The church's leadership in Bukavu appears to be dominated by the Mashi. However, the fact that it has an extensive presence in provinces far from the Bushi ("the territory of the Shi") like Maniema, Orientale, and Nord-Kivu, it is not possible that the group is ethnically homogeneous or hostile to those of other ethnicities joining its membership. Therefore I code a "1" for the ethnic homogeneity indicator.

External Support

The 5eme CELPA enjoys strong support from external partners, including relationships with the Norwegian churches who founded the mission that became 5eme CELPA. In the health sector in particular, the church has support from a wide range of non-governmental organizations, including UNICEF, the World Food Programme, Malteser International, the International Medical Corps, the International Rescue Committee, Aide Medicale Internationale, Save the Children, Medecins Sans Frontieres, PYM Norvege, and NORAD (Norwegian Aid). The group is well-regarded as a competent social service provider and therefore receives a wide range of support. For this indicator, I code a "1."

Patronage Networks

The 5eme CELPA was not a beneficiary of Mobutu's clientalist networks. The church is not tainted by association with Mobutu and his cronies, therefore for the patronage indicator, I code a "1."

Summary of the Independent Variable

Table 4.7 summarizes the indicators discussed above.

Table 4.7: Internal Organizational Cohesion in the 5eme CELPA

IV Indicators	*5eme CELPA*
Colonial Presence	1
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	1
Low Ethnic Homogeneity	1
Obtained External Support	1
Benefited from Patronage	1
Internal Organizational Cohesion	**High (6)**

The 5eme CELPA church is highly internally cohesive, which should indicate a high degree of success at organizing social services. In the next section, I test to see whether this hypothesis holds.

SUCCESSFUL SERVICE ORGANIZATION IN THE 5EME CELPA

The 5eme CELPA is highly successful at organizing social services in Bukavu and the province as a whole. The 5eme CELPA schools received subsidies from the colonial regime throughout the 1950s. From independence on, the schools were very strong.

They worked in agreement with the government, which paid teacher salaries. As was the case with other schools, the nationalization programs of the mid-1970s destroyed the public education system, which never fully recovered even after the return of the management of the schools to the churches in 1977.[326] Today the church operates nine primary and five secondary schools in Bukavu, making it the second-largest Protestant education provider in the city.[327] Enrollment figures for Bukavu only were not available, but in 2006-07, the church operated 305 primary schools and 80 secondary schools in Sud-Kivu, enrolling 81,078 primary students and 16,126 secondary students. Enrollment in 5eme CELPA schools has almost tripled at the secondary level since 2001, suggesting that the schools are well-perceived by the population. The church also has a national presence, with schools in Nord-Kivu, Orientale, and Maniema provinces and in Kinshasa. However, the vast majority of students are enrolled in schools in Sud-Kivu, with the next highest enrollment figures in Maniema province.[328]

A large proportion of 5eme CELPA schools are private, which may account for its high enrollment figures and positive perception in the public eye. Of the Sud-Kivu schools noted above, approximately 200 are private, meaning they are not technically financed by the state. The private schools follow the national curriculum and students take the national exams, however. In addition to those schools and the 183 public schools the church operates, the church also has 127 schools in the province that do not operate in "agreement" with the state. This distinction does not necessarily mean that the

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[326] Interview. Kabeza.
[327] Interview. Meshac K. Vunanga, Coordinateur Provincial des Écoles Conventionelles Protestantes. Eglise du Christ au Congo (ECC), Bureau de Coordination Sud-Kivu. Bukavu. 16 July 2007.
[328] Kabeza, "Note Ponctuelle…," 1-2.

curriculum or exam policy is different; "agreement" is a legal term that requires a form of state recognition.[329]

The 5eme CELPA has been involved in health care provision since its 1922 founding. Its first health operations were in Kaziba, in Sud-Kivu. Today the church operates 102 health structures, of which seven are hospitals, 66 are health centers, and thirteen are health posts. Other health structures include seven supplemental nutrition centers, four nutritional therapy centers, two ophthalmology clinics, an orphanage, a center for handicapped treatment, a pharmacy, and a school for medical technicians. Of the church's seven hospitals, two are general reference hospitals in Kaziba and Kalenge, four are hospital centers, and one is a pediatrics and maternity hospital in Kikutu, in southern Sud-Kivu. In Bukavu, the church operates the 5eme CELPA hospital, which is centrally located in the downtown business district.[330]

Along with its more traditional medical practices, 5eme CELPA is an innovator in Bukavu in the treatment of psychological trauma. Treatment of mental disorders is not common in the Congolese health system and there are very few trained professional psychologists and psychiatrists working in the country. This is deeply problematic in a society in which millions of civilians have directly witnessed violence.

The CAMPS (Centre d'Assistance Medico-Psycho-Sociale) is 5eme CELPA's response to the lack of trauma counseling and assistance available to war victims. Located in the 5eme CELPA Bukavu Hospital compound, CAMPS primarily treats victims

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[329] Kabeza, "Note Ponctuelle…," 6; Interview, Kabeza.
[330] Interview. Augustin Abangwa Bulase, Superviseur Santé. 5eme CELPA; with Julien Chuma-Kahombera, Superviseur Programme SIDA, 5eme CELPA and Phanuel Ntakwindja Mirango, Animateur National Programme VIH/SIDA, 5eme CELPA. Bukavu. 25 July 2007.

of sexual violence with funding from PYM Norvege, a Norwegian church group whose efforts are supported by the Norwegian government, the UN Population Fund, the UN Office of the Coordinator of Humanitarian Affairs, and the UN High Commissioner for Refugees. CAMPS works in four locations, including Bukavu, to address mental and physical issues associated with traumatic rape, particularly through the use of counseling, job training, and medical referrals.[331] The 5eme CELPA also supports the work of Panzi Hospital in its treatment of rape victims.

In addition to the church's work in the social service sectors, it is also active in promoting peace and democratic development.[332] Like many other churches in the Kivus, 5eme CELPA played a key role in developing democratic skills in its membership and the general population in preparation for the 2006 elections. That marked the first time most Congolese had ever voted in a democratic election, so training for very simple tasks – how to register to vote, how to mark a ballot, how to choose a candidate – had to be undertaken throughout the country. Civil society organizations, churches, and temporary programs funded by international donors all established democracy programs to complete this task.[333]

The 5eme CELPA also runs a peace program designed to promote reconciliation between ethnic groups and the ideal of "peaceful cohabitation" based on mutual

[331] Interview. Isaie Muka Katabana, Assistant Administratif de CAMPS. 5eme CELPA. Bukavu. 27 July 2007.
[332] Interview. Anne-Marie Totoro, Coordinatrice, Programme Democratie et Paix. With Pastor Domingo, Programme Democratie et Paix. 5eme CELPA. Bukavu. 19 July 2007.
[333] Interviews. Civil society and church leaders. Goma and Bukavu. 2006-07.

forgiveness. Its members are actively involved in Bukavu's *La Société Civile* and some pastors are directly involved in politics.[334]

Table 4.8 summarizes the operational indicators of the dependent variable, successful organization of social services. The 5eme CELPA is highly successful at operating health care and education structures in Bukavu and in the surrounding province. It has good facilities, adequate supplies, and well-trained personnel. The group is well-regarded by both the local population, who use its services readily, and the international community, which entrusts the church's social service bureaucracies with significant financial and logistical assistance.

The 5eme CELPA has a high level of internal organizational cohesion and a high degree of success at providing social services. This case supports my theory and the central argument of this dissertation: that internal cohesion determines a civil society organization's ability to successfully organize social services.

[334] Interview, Totoro.

Table 4.8: Operational Indicators of the Dependent Variable: 5eme CELPA

Operational Indicators	*5eme CELPA*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	1
TOTAL	**15 (high)**

CONCLUSION

As the state collapsed, the Protestant churches of Bukavu and Goma became even stronger actors in the social service sector. Those churches with high degrees of internal cohesion, such as the 8eme CEPAC and 5eme CELPA in Bukavu, tend to be very successful at providing social services. Likewise, the 3eme CBCA church serves as an example of a moderately successful service provider that is also moderately cohesive, and the 55eme CEBCE's high level of internal fragmentation is reflected in its relatively poor ability to organize social services. The Protestant church cases in this study support my central

claim that there is a direct causal relationship between levels of internal cohesion and successful social service organization.

Chapter Five: Independent Civil Society Organizations

INTRODUCTION

As noted in previous chapters, the vast majority of public schools and state health care facilities in the eastern D.R. Congo are operated by churches and their affiliated education and health care agencies. When international humanitarian and development NGO's establish a presence in Congo, they almost always work through church structures to provide health care and education.[335]

There are a few cases, however, in which independent local organizations provide health care and education outside of the formal church structure. This chapter examines two of those CSO's, the Heal Africa hospital in Goma and the École Internationale Enfants du Monde in Bukavu. While both institutions are affiliated with religious groups locally and internationally, they are independent entities that work outside the structures of religious bureaucracies. Heal Africa operates an independent hospital that is part of the state's formal health care infrastructure system, while Enfants du Monde school is private but follows the state curriculum.

Both organizations began operations in the region after Mobutu's one-party state had diminished in importance. During the Mobutist era, civil society organizations and other independent groups were not allowed to exist if they were not affiliated with Mobutu's party, the Mouvement Populaire de la Révolution (MPR), or if they were not

[335] I refer here only to ongoing care in the cities of Goma and Bukavu. Emergency and crisis care in the countryside works very differently, with international NGO's quickly establishing clinics and child protection sites in camps for refugees or internally displaced persons. Médecins Sans Frontieres, for example, generally sets up field clinics independently. They also, however, work in church-run and state-owned hospitals when there is a hospital in a crisis zone.

churches. Enfants du Monde school opened in Bukavu just as the pressure for democratization reached its pinnacle in 1991. Not coincidentally, this was the same period during which organized civil society groups were able to effectively pressure the government for the first time. Bukavu was a center of explosive growth in the prevalence and prominence of civil society organizations in this period, and all types of organizations, from women's groups to political organizations to independent, pro-democracy radio broadcasters, became active very quickly. As the state's capacity to deliver social services continued to diminish, it is not surprising that the Baha'i movement took advantage of the opening of social and economic life to start the Enfants du Monde school.

Goma's Heal Africa hospital, by contrast, opened not in a period of euphoric hope but rather in 1996, just as simultaneous civil and international wars enveloped the eastern D.R. Congo. Its entry into the health care scene was a direct response to the state's near-total loss of capacity to operate, manage, or regulate health care in the Kivu provinces. Heal Africa's founders were particularly interested in building capacity in medical education by providing training in community and rural health for medical and postdoctoral students. Meanwhile, the city's leadership changed during the 1998 war when the largely Tutsi, Rwanda-backed RCD-Goma rebel government took control. The RCD-Goma did not stop civil society groups from working at the time, and by all accounts its leaders generally ignored the social service sectors, focusing instead on looting as much of the region's mineral wealth as possible.[336] Just about any organization that could organize and provide health care in the region had little trouble

establishing a presence. Thus Heal Africa (then known as DOCS) began its training and treatment programs in the context of a very weak state and a somewhat active civil society in a city whose leadership changed rapidly according to the fortunes of the Rwanda-backed rebels.

In this chapter, I discuss the relationship between levels of internal organizational cohesion and the ability to successfully organize social services by the Heal Africa hospital of Goma and the École Internationale Enfants du Monde in Bukavu. In each case, I argue that the level of internal cohesion determines the organization's ability to organize and provide health care or education. The discussion begins with an overview of the development and role of civil society in the social structures of each city. I then discuss the Heal Africa case, followed by the Enfants du Monde study.

CIVIL SOCIETY IN GOMA AND BUKAVU

Under the Mobutist regime, the activities (and existence) of all non-state actors were severely circumscribed. Apart from the Protestant and Catholic churches – which Mobutu and the MPR tried but failed to control – there were no independent civil society organizations in the Zaïrian state. There were a few independent associations like credit and business cooperatives, and in Sud-Kivu, a church-supported organization to respond to the famines that resulted from the rebellions of the mid-1960s.[337] But by and large, few Zaïrians had any experience whatsoever with non-religious associational life prior to the late 1980s and early 1990s. "It wasn't possible with the unitary state."[338]

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[336] Interviews. Education and health officials. Goma and Bukavu. 2007.
[337] Interview. Mathilde Nuhindo, Coordinatrice. Centre Olamé. Bukavu. 17 July 2007.
[338] Interview. Dr. Jeanine Kewang, Professeur de Droit. Université Libre des Pays des Grands Lacs. With Mireille Ntambuka, President. Dynamique des Femmes Juristes de Nord-Kivu. Goma. 26 June 2007.

However, as the state's capacity declined in the 1980s, some local NGO's developed to promote women's rights and human rights, but they could do very little in the face of a dictatorship.[339] Most of these NGO's were started by laity in the churches. In Bukavu, this was particularly true in the Catholic Church. "The Church was marked by this opposition" and there was "a sort of natural complicity between the Church and the NGO's."[340] Another group out of Sud-Kivu, Solidarité Paysean, began pushing for a change in state infrastructure.[341]

The end of the Cold War, the subsequent collapse of Mobutu's patronage networks, and "the advent of Democratic perestroika in Africa"[342] in 1990 changed everything. One Goma lawyer and civil society activist points to April 4, 1990, as the exact day Mobutu was forced to listen to civil society forces.[343] Mobutu realized that he had to allow competition from political parties, and many Zaïrians chose not to associate with a party but with the emerging force that would become known as *La Societé Civile*. As one civil society leader in Bukavu notes, "All the NGO's that existed were prepared."[344] They found their opportunity to push for democratic reform at the Conference National Souverain (CNS) in 1991. "That was the beginning of this word, 'civil society,'" notes a Bukavu academic.[345] The CNS opened the door for dissent against the state for the first time since the early 1960s, and *La Societé Civile* quickly gathered in most types of organizations that had an interest in challenging the

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[339] Interview. Nuhindo.
[340] Interview. Mugangu. My translation.
[341] Interview. Wakenge.
[342] Interview. Kabeza.
[343] Interview, Mireille Ntambuka, President. Dynamique des Femmes Juristes de Nord-Kivu. With Dr. Jeanine Kewang, Professeur de Droit. Université Libre des Pays des Grands Lacs. Goma. 26 June 2007.

government's rule. Most of the group's membership was comprised of independent NGO's. Professional societies, unions, and the churches also joined.[346]

Civil society leaders had many opportunities at the time to take positions of leadership. In Sud-Kivu, leaders of nascent CSO's took full advantage of those opportunities. The most prominent among them was Pierre Lumbi, a native of Maniema, who had been the leader of Solidarité Paysean. Lumbi assumed the presidency of the nascent *La Société Civile* for Sud-Kivu.[347] Lumbi was "the motor of this civil society at the moment of the CNS." However, the organization quickly experienced divisions and an "opposition civil society developed in relationship to proximity with the political position." Members of the opposition civil society wanted to be allowed to engage in politics,[348] by forming a political party,[349] whereas Lumbi's *Société* opposed that sort of engagement with the state. Ironically, it was Lumbi who went on to a career in politics; he currently serves as Minister of the Interior. His situation is not unique; many civil society leaders became politicians, a point of frequent complaint among civil society leaders in Bukavu.[350]

In the early 1990s, hopes that *La Société Civile* could help to enact real change in the Zaïrian government were high, particularly in Bukavu. Bukavu's civil society has always been more active than its counterpart in Goma; this is likely due to the fact that Goma's leaders were engaged in addressing conflicts between Kinyarwanda-speakers and

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[344] Interview. Nuhindo. My translation.
[345] Interview, Mugangu.
[346] Interview. Mugangu.
[347] Interview. Nuhindo.
[348] Interview. Mugangu. My translation.
[349] Interview, Wakenge.

other populations at the same time that civil society became active. There were ethnic conflicts in Sud-Kivu, to be sure, but the dynamics of ethnicity in Nord-Kivu are more proximate to the provincial capital than they are in Bukavu. At any rate, the strong belief in the potential of civil society as a social force drove the organization's development in Bukavu. Civil society groups opened radio stations, including Radio Maendeleo, to promote democratic ideals and educate the population on their rights.[351] *La Société Civile* eventually developed such that it included ten types of organizations: churches, unions, youth associations, women's associations, development associations, economic groups, scientific and research organizations, cultural and sporting organizations, philanthropic organizations, and humanitarian organizations.[352]

While the state weakened, the population's confidence in civil society grew.[353] As the wars finally drew to an end, *La Société Civile* played a major role in the 2002 peace negotiations. The group "researched peace and good governance" to help develop the plan for the transition.[354] Member organizations also started pushing for "second generation rights," including economic and socio-cultural rights.[355] They developed "support structures [for] the transition.[356] Civil society groups assumed a major role in preparing for the 2006 elections by providing voter education, mediating conflicts over

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[350] Interviews. Civil society leaders. Bukavu. 2007.
[351] Interview. Jean Kamengele Omba, Chef de Programmes et Information. Radio Maendeleo. Bukavu. 9 June 2007.
[352] Interview, Emmanuel Rugarabura, Ministre Provincial de l'Interieur, Decentralisation, et Affaires Contumieres and Ancien President, La Société Civile du Sud-Kivu. Bukavu. 11 July 2007.
[353] Interview. Nuhindo.
[354] *Ibid*. My translation.
[355] Interview. Rafael Wakenge, Coordinateur. Institut Congolais pour la Justice et la Paix and President, Reseau des Associations des Droits de l'Homme and Coordinateur Nationale, Coalition Congolais pour la Justice Transitionelle. Bukavu. 9 June 2007.

electoral questions, and participating in election monitoring.[357] *La Societé Civile* also served as a consultative body for sensitive questions involving the elections. For example, when the head of the Independent Electoral Commission, the Abbé Apollinaire Malu-Malu, needed to institute a 30-day delay on a constitutional provision relating to the elections, he first consulted *La Société Civile* to ensure that doing so would not cause problems.[358]

The collapse of the state in Goma and Bukavu made it possible for civil society to flourish in the region, albeit to a much greater extent in Bukavu than in Goma. Civil society organizations' activities were not limited to the political sphere. The state's total incapacity to operate social service structures, govern, or manage the borders caused many problems for the population, but it also made it possible for new organizations to take on those roles. The remainder of this chapter considers the development of two independent civil society organizations in the region, one dedicated to providing health care and the other to education.

HEAL AFRICA HOSPITAL (GOMA)

Registered as a non-governmental organization in the United States, Heal Africa hospital is a community service provider involved not only in medical training and health care, but also in HIV/AIDS prevention and antiretroviral drug therapy, agricultural-based nutrition, family planning, community education, foster care family support, and

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[356] Interview. Manudu Bwenci Djento, Chargé de la Relation Publique. La Société Civile de Nord-Kivu and Commission Verité et Reconciliation. Goma. 16 June 2007.
[357] Interview, Rugarabura.
[358] Interview. Passy Amani, Coordinateur Adjuant. National Democratic Institute Goma and Coordinateur Provincial Nord-Kivu, Reseau d'Education Civic au Congo. Goma. 27 June 2007.

palliative and home-based care for HIV/AIDS patients.[359] Among the hospital's specialties are orthopedic surgery and fistula repair surgery for victims of the rape epidemic. Heal Africa's program to address gender-based violence is the most comprehensive in North Kivu. The hospital provides post-rape care, counseling, and job training to rape victims. As of early 2006, Heal Africa had treated more than 4,200 women and girls in this program.[360] In the following sections, I will argue that Heal Africa enjoys a moderate level of internal organizational cohesion, and that this means that the group's ability to successfully organize social services is also moderate. In 2007, the hospital at Heal Africa became part of the government health zone structure in the Goma health zone. It is classified as a "hospital center," meaning it is not the primary reference hospital for the health zone. However, Heal Africa provides the highest quality health care available to the public in Goma, so its services are very widely used.

INTERNAL ORGANIZATIONAL COHESION IN THE HEAL AFRICA HOSPITAL

In this section, I examine Heal Africa's level of internal organizational cohesion according to the criteria outlined in chapter one. I measure according to six indicators: institutional history (including presence during the colonial era, experience of divisions along ethnic lines, receipt subsidies from the colonial regime), ethnic diversity, access to external funding, and whether it benefited from Mobutu's patronage networks. I

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[359] Since Heal Africa Hospital is a registered U.S. NGO, it is somewhat problematic as a case dealing with questions of collective action on the part of Congolese leaders. However, the organization's primary founders were a Congolese doctor and his British wife, both of whom had lived and worked in the Congo prior to founding the hospital. The organization employs almost all Congolese staff (with a few temporary workers who come from the West) and prides itself on finding community-based solutions to local and regional problems. Because of this emphasis, I argue that the hospital is defined more by its characteristics as a well-funded local CSO more than as a foreign-based charitable organization.

[360] "HEAL Africa Annual Report" (January 2006), 1-2; Interview, Lyn Lusi, Heal Africa Program Manager (March 2006); Heal Africa website. Available [http://www.healafrica.org]. 27 March 2007.

conclude that the level of internal organizational cohesion in the Heal Africa hospital is moderate.

Institutional History

Heal Africa hospital opened in 1996 as DOCS, a training program for Congolese doctors. It was created to train local medical students and postdoctoral students in community medicine and other specialties. Because the doctors needed patients on whom to practice their skills, DOCS began providing medical care in a community clinic which soon grew to be a hospital treating thousands of patients annually.[361] In 2005, the non-governmental organization changed its name to HEAL (Health, Education, community Action, and Leadership development) Africa.

Heal Africa hospital was not present during the colonial era and in fact did not begin operations until the wars of the late 1990s. Therefore its score for the colonial presence indicator is "0." It has not experienced divisions along ethnic lines, thus the group earns a score of "1" for the divisions indicator. Since it only came into existence in 1996, the organization did not receive patronage benefits from Mobutu, earning the group a score of "1" for the patronage indicator.

Ethnic Homogeneity

While it is an independent non-governmental organization, Heal Africa hospital is run by Christians, houses a church on its grounds, and is supported by many Christian churches in the United States, Canada, and around the world. As such, it values ethnic

diversity and makes a point to hire staff and treat patients of all ethnicities. The organization has not divided along ethnic lines, and its staff and administration believe that ethnicity should not be a basis for exclusion or the mistreatment of others.[362] Because of the organization's high degree of ethnic diversity, it is coded as "1" for the ethnic homogeneity indicator.

External Support

Heal Africa enjoys a high degree of international support for its operations. Its financing comes from a variety of sources, including international funding agencies and private donors. The 2005 operating budget for the program was $1.384 million, of which approximately 46% was spent on the gender-based violence program. Private donors gave the organization $427,100 in fiscal year 2005-06.[363] Donors to the organization's work include UNICEF, the World Food Programme, the German Development Bank, Christoffel Blindenmission, Evangelischer Entwicklungsdienst (Germany), USAID, Population Services International, the International Rescue Committee, the Tearfund (UK), Axios, Global Strategies for HIV/AIDS prevention, the Clinton Foundation, and Worldshare (UK). Individual donors and churches also support the hospital's work. In addition, patients are charged nominal fees for their treatment, although rape victims,

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[361] HEAL Africa Annual Report (January 2006). Internal document provided to author, 1-2; Interview. Lyn Lusi, Program Manager, Heal Africa. Goma. 15 March 2006; and Heal Africa website. Available [http://www.healafrica.org]. 27 March 2007.
[362] Observations. Goma. 2006-07.
[363] "HEAL Africa Financial Information." Available [http://www.healafrica.org/financials.aspx]. 27 March 2007.

most of whom are extremely poor and who live in rural areas, are generally not expected to pay for their care.[364]

Because Heal Africa has been able to attract such a high degree of international financial support for its operations, I code a score of "1" for the external support indicator.

Patronage

As previously noted, Heal Africa did not exist before 1996, just as Mobutu's reign ended. The hospital was not a beneficiary of his patronage networks, so I code a score of "1" because the hospital is not tainted by a prior association with the Mobutist state. However, it is interesting to note that a large percentage of the hospital's patients are rape victims, many of whom came from areas in Masisi and Rutshuru territories. These areas, particularly Masisi, are places in which large tracts of land were expropriated by Mobutu and his cronies and redistributed to their loyalists. During the war, members of the RCD-Goma claimed some of this land. Disputes over land claims and the citizenship status of the former occupants of those areas are at the heart of the ongoing conflicts in Nord-Kivu. The attacks on many of the women and girls treated by Heal Africa are directly related to the land and citizenship issues that Mobutu's activities exacerbated. The success of peace settlements that fail to account for these problems is doubtful.

Summary of the Independent Variable

Table 5.1 summarizes the indicators of the independent variable, the level of internal organizational cohesion in the Heal Africa hospital. As it shows, the lack of a

[364] "HEAL Africa Annual Report" (January 2006), 1-5; and Author's observations, Goma. 2006-07.

colonial presence, receipt of subsidies, ethnic divisions, and patronage benefits, along with the school's access to international funding and high degree of ethnic diversity indicate that the organization has a moderate degree of internal organizational cohesion.

Table 5.1: Internal Organizational Cohesion in the Heal Africa Hospital

IV Indicators	*Heal Africa*
Colonial Presence	0
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	0
Low Ethnic Homogeneity	1
Obtained External Support	1
Benefited from Patronage	1
Internal Organizational Cohesion	**4 (Moderate)**

SUCCESSFUL SERVICE ORGANIZATION

My theory predicts that a civil society organization with a moderate degree of internal organizational cohesion like Heal Africa hospital should be moderately successful at providing social services. In this section, I evaluate fifteen indicators of the dependent variable according to the scale outlined in chapter one.

Table 5.2 summarizes these results. For all questions except number fifteen, a positive response to the indicator receives a score of "1," while a negative response is assigned a score of "0." Question fifteen is coded on a progressive scale, with "0" indicating the smallest possible answer and "3" indicating the highest.

Table 5.2: Operational Indicators of the Dependent Variable: Heal Africa

Operational Indicators	*Heal Africa*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	1
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	1
15. What is the scale of the organization?	0
TOTAL	**14 (moderate)**

As the operational indicators of the dependent variable show, Heal Africa hospital is moderately successful at organizing social services. Its infrastructure and communications capacities are strong; the hospital has new, clean buildings that are heavily used. It has regular, generator-backed electricity and extensive communications equipment, including an internet-capable computer lab in which doctors may do research, a required part of their training in community medicine. The hospital's pharmacy is well-stocked with necessary medications and generally has adequate medical and food

supplies for patients.[365] The facility is heavily used by the local population and by those who travel several hundred kilometers for specialized treatment by the large staff of doctors and nurses. The staff is regularly paid good salaries, and the hospital enjoys a strong local and international reputation. International NGO staff in Goma seeks medical treatment at the hospital's outpatient clinic, and Heal Africa is regularly featured in international press reports.

As Table 5.2 indicates, Heal Africa hospital is moderately successful at organizing social services. Its strong infrastructure and positive perception by the international community give it high rankings on the indicators of the dependent variable. Its scale is somewhat limited, however, and it had not yet shown that the organization will have longevity, which would propel the group into the highest level of social service provision. Heal Africa hospital demonstrates that a moderate level of internal organizational cohesion produces a moderate degree of success at organizing social services.

ÉCOLE INTERNATIONALE ENFANTS DU MONDE (BUKAVU)

Established by members of Bukavu's Baha'i faith community in 1991, the École Internationale Enfants du Monde serves children in kindergarten and primary school, which in the Congolese system goes through sixth grade. While the school is private and not officially affiliated with the government, it follows the national curriculum so that students may earn state diplomas. This means the school's official status with the government is "agrée par l'état," or "agreed by the state." Employers and universities

[365] Emergencies stretch the hospital's resources. For example, the hospital was the primary treatment facility for victims of a 2007 plane crash at the Goma airport. They temporarily ran out of some supplies

will accept diplomas earned at the school as valid only because the students have taken the national exams and followed a curriculum that prepares them for those exams. Because they are "agrée," the school is subject to inspections by local education authorities, but the state has no responsibility for instructor and administrator salaries.[366]

In addition to following the state curriculum and preparing students to take the national exams, Enfants du Monde uses a supplementary curriculum based on Baha'i teachings. Adherents of the international Baha'i movement believe that education should teach children to serve humankind, to make sacrifices to help the community, and to realize the child's full potential. Therefore, in addition to standard subjects, such as mathematics, science, and language arts, Enfants du Monde focuses on integrating the intellectual and spiritual development of its pupils. The school also strongly encourages the involvement of parents in teaching the movement's principles at home. School administrators take great pride in the ethnic and religious diversity of the student population; a student need not be a member of the Baha'i faith in order to enroll.[367]

INTERNAL COHESION IN THE ÉCOLE INTERNATIONAL ENFANTS DU MONDE

In this section, I examine the Enfants du Monde primary school's level of internal organizational cohesion. I conclude that the level of internal organizational cohesion in the Enfants du Monde primary school is moderate.

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due to the volume of patients needing treatment.

[366] Interview. Hang Desire, Directeur Adjuant, École Internatioanle Enfants du Monde. With Abuhba Izzat, administrator for Baha'i schools in the Central African Republic and Anicet-Raoul Goudouedia, Manager of continuing education for Baha'i schools. Bukavu. 25 July 2007.

[367] *Ibid*.

Institutional History

The École Internationale Enfants du Monde was established just as the Cold War ended and pressures for democratization were increasing throughout Zaïre. It was an era of much political and social turmoil during which the national economy weakened significantly and quality of life severely declined for most Zaïrians. That turmoil, however, provided an opportunity for the Baha'i movement to promote its ideals of human advancement through spiritual enlightenment. In addition, the weakness of many local schools at the time meant that parents who could afford private education were actively seeking more educational opportunities for their children.

The Baha'i educational movement in Sud-Kivu began in Fizi, a city to the south on the shores of Lake Tanganyika.[368] Since the Enfants du Monde school did not exist in Bukavu during the colonial period, I assign it scores of "0" for that indicator and for not having received subsidies. The organization has never experienced a significant division along ethnic lines, so for that indicator it receives a score of "1."

Ethnic Homogeneity

The Baha'i movement prides itself on being ethnically diverse, and the Enfants du Monde school is no exception. The school enrolls children from a wide variety of religious and ethnic backgrounds, and while administrators and staff are mostly members of the Baha'i faith, they are not ethnically homogeneous. Because of the high degree of ethnic diversity in the organization, I assign it a score of "1" on the scale of indicators of the degree of internal organizational cohesion.

External Support

The Enfants du Monde school does not receive financial support from international non-governmental organizations the way that many of its counterparts in Bukavu do. It does, however, receive extensive support from the global Baha'i movement. This support is both financial and logistical. For example, when I visited the school, a Baha'i education official was in town to conduct a continuing education program for the school's teachers. Since the school provides a high quality education and has much lower teacher-to-student ratios than most competing schools in Bukavu, it can charge higher tuition. This puts the school out-of-reach for most Bukavu families, but it also ensures that classes remain small, the faculty is comprised of talented instructors, and that the school's infrastructure is very strong. Because the school receives support from the international Baha'i movement, it ranks as a "1" on the indicator scale.

Patronage

Enfants du Monde school did not open until the end of the era when Mobutu was able to maintain his patronage networks, therefore the school was not a recipient of the president's largesse. Because of that, the school avoids the taint that is associated with the perception that an organization was affiliated with the Mobutist state, and therefore the school receives a score of "1" on the scale of indicators.

Summary of the Independent Variable

Table 5.3 summaries the indicators of the independent variable, the level of internal organizational cohesion in the École Internationale Enfants du Monde. The lack of a colonial presence, receipt of subsidies, ethnic divisions, and patronage benefits,

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[368] *Ibid*.

along with the school's access to international funding and high degree of ethnic diversity indicate that the organization has a moderate degree of internal organizational cohesion.

Table 5.3: Internal Organizational Cohesion in the École Internationale Enfants du Monde

IV Indicators	*École Internationale Enfants du Monde*
Colonial Presence	0
Ethnic Divisions Experienced	1
Receipt of Colonial Subsidies	0
Low Ethnic Homogeneity	1
Obtained External Support	1
Benefited from Patronage	1
Internal Organizational Cohesion	**4 (Moderate)**

SUCCESSFUL SERVICE ORGANIZATION

Although it is a relative newcomer to Bukavu's education community, the École Internationale Enfants du Monde has a strong reputation as a quality service provider in the field. In this section, I evaluate the school according to the fifteen indicators of the dependent variable, the successful organization of services.

Enfants du Monde enrolls a tiny percentage of Bukavu's students, which is part of the school's appeal to parents who can afford its tuition. In 2006-07, Enfants du Monde enrolled 333 students. Its kindergarten registered 113 students in three classes taught by four instructors, while the primary school consisted of eight classes of 220 students taught by fifteen instructors. Many parents want the school to open a secondary school

and a project to develop a high school program is ongoing.[369] It is therefore possible that the school's scale will grow, but it is simultaneously unlikely that it will become a large school. Keeping enrollment limited is very important to parents and staff.

Another appealing aspect of the school is its facilities. Enfants du Monde occupies a well-maintained building at a prime location just off the Avenue Patrice Lumumba in central Bukavu, next to the city's cathedral. The building is clearly regularly used, has electricity when the grid is operational, and is equipped with sufficient supplies, communications equipment, and staff. Since the school is private, it has full authority over personnel decisions and the staff is paid from tuition funds. Because the school's source of funding is independent and reliable, salaries are paid regularly, thus employment at Enfants du Monde is regarded as a very good job.

Although Enfants du Monde is a relative newcomer in Bukavu, having existed only since the early 1990s, it enjoys a good reputation among the local population. Few international observers appear to be aware of its existence; therefore I do not include a value for their perceptions in the evaluation of the school and its ability to successfully organize service.

Table 5.4 summarizes these results according to the scale explained in chapter one.

[369] *Ibid*.

Table 5.4: Operational Indicators of the Dependent Variable: Enfants du Monde

Operational Indicators	*Enfants du Monde*
1. Is there a building?	1
2. Is the building open/does it appear to be in regular use?	1
3. Is the building in usable condition?	1
4. Is there electricity?	1
5. Is there communications equipment (cell phones, computers, etc.)?	1
6. Are there necessary supplies (books, medications, etc.)?	1
7. Are there personnel (doctors, teachers, etc.)?	1
8. Are there service users (students, patients)?	1
9. Are there working vehicles belonging to the organization (automobiles, motorbikes)?	n/a
10. Is there an organizational hierarchy?	1
11. Does the organization hire and fire personnel of its own accord?	1
12. Are staff members regularly paid?	1
13. Does the local population think it is a functional organization?	1
14. Do international observers think it is a functional organization?	n/a
15. What is the scale of the organization?	0
TOTAL	**12 (moderate)**

According to my evaluation, the École Internationale Enfants du Monde is moderately successful at organizing educational services in Bukavu. While the scale of the organization is small and its longevity is somewhat abbreviated, the school has a well-maintained infrastructure and the capability to provide a quality of education that is perceived as very good by the local community. Since Enfants du Monde's degree of internal organizational cohesion is also moderate, this case serves as another confirmation of the high level of correlation between a civil society organization's level of internal cohesion and its ability to successfully organize social service provision.

CONCLUSION

The rapid development of civil society in the Kivus made it possible for new players to enter the social service sectors alongside traditional church-based providers. While neither organization has a long-standing presence in the region, both the Heal Africa hospital and the Enfants du Monde primary school are moderately cohesive organizations. Each is moderately successful at providing social services, a conclusion that upholds my central argument of a causal relationship between the two factors. In the following conclusion of this dissertation, I summarize the argument and evidence presented in these chapters, and suggest lines of further research that will make it more clear as to why some civil society organizations succeed at providing social services while others fail.

Conclusion

In a situation of state collapse, civil society organizations step in to substitute for the state's role as the provider (and, in many cases, regulator) of social services. In the eastern D.R. Congo, that CSO is most likely to be a church. The state's perpetual weakness in the region has always required the state to "partner" with churches in providing health care and education. However, the collapse of the state and wars of the late 1990s changed the relationship between the churches and the state from a partnership to one in which the state was essentially absent and the churches were largely free to operate as they pleased. The state's collapse also opened the door for other civil society organizations to enter the health and education sectors. These organizations tend to provide services to a small number of clients, but the services are of considerably higher quality than that available to the general public.

Based on the evidence presented in the preceding chapters, I contend that a civil society organization's level of internal cohesion best determines whether that organization will be successful at organizing social services. In this conclusion, I summarize the main argument, reject alternative explanations, outline the implications of this theory, and suggest lines of inquiry for further research.

SUMMARY OF FINDINGS

Based on the eight studies of CSO's presented in this dissertation, it is clear that there is a strong correlation between a civil society organization's level of internal cohesion and its ability to successfully organize social services in a situation of state collapse. This holds true for each of the cases, as summarized in Table 6.1. A high

degree of internal cohesion means that an organization will likely be highly successful at organizing social services. Likewise, a high degree of fragmentation in a CSO suggests that it will be unsuccessful at organizing social services.

Table 6.1: Summary of Findings

Civil Society Organization	*Internal Cohesion*	*Successful Organization of Social Services*
Bukavu Archdiocese	High	High
Nord-Kivu I Archdiocese (Goma)	Moderate	Moderate
3eme CBCA (Goma)	Moderate	Moderate
55eme CEBCE (Goma)	Low	Low
8eme CEPAC (Bukavu)	High	High
5eme CELPA (Bukavu)	High	High
Heal Africa Hospital (Goma)	Moderate	Moderate
Enfants du Monde Private School (Bukavu)	Moderate	Moderate

Highly cohesive organizations have several characteristics in common. They typically have a long history of engagement with the state and were beneficiaries of support from the colonial regime. At the same time, however, they were not tainted by association with corrupt patronage networks. These CSO's also tend to be ethnically diverse and to enjoy a high degree of support from external donors.

CONTRIBUTIONS TO THE FIELD

The conclusion that highly cohesive organizations are successful at organizing social services while highly fragmented ones are not is hardly groundbreaking. But this research makes several contributions to the field, many of which suggest possibilities for further research. First, my "internal cohesion" variable makes it clear that there are a number of necessary, but independently insufficient conditions that determine whether an organization is cohesive. As I noted in chapter one, most explanations of internal cohesion focus only on financial support or internal social networks. My study makes it clear that a number of other historical-institutional factors need to be taken into account to provide a fuller explanation. It matters whether an organization has a long-standing presence in the region. In particular, a civil society organization's past levels of engagement with the state can have a large influence on that CSO's current degree of internal cohesion. Not all means of engagement or entanglement with state bureaucracies affect outcomes equally. In some cases, as with the receipt of subsidies from the Belgian colonial regime, engagement with the state has a positive effect. In others, namely, the receipt of patronage benefits from a now-deposed dictator, it can very negatively affect internal cohesion. Clearly, more work is needed on the sources of cohesion within civil society organizations, and on the relationship between internal cohesion and successful outcomes in CSO engagement in the social service, political, and economic sectors.

My research also suggests that ethnicity matters. As noted in chapter one, a large body of research suggests that ethnically homogeneous communities are better at providing public goods than are ethnically diverse communities. But in my study, organizations with a high degree of ethnic diversity tend to be better at organizing social

services. Of the eight CSO's studied, six have high degrees of ethnic diversity. Two of those, the Archdiocese of Bukavu and the 5eme CELPA, are highly successful at social service provision. The other four, the Archdiocese of Nord-Kivu I (Goma), the 8eme CEPAC, the Heal Africa Hospital, and the École Internationale Enfants du Monde, tend to be better at organizing social services. Moreover, a division along ethnic lines at some point in an institution's history can be irreversibly harmful to the CSO's attempt to provide public goods in the future, as is the case with the 55eme CEBCE. I contend that some ethnically diverse CSO's are more successful at providing social services because they are bound by external institutional hierarchies or social norms that do not permit organizational divisions along ethnic lines. This may confirm previous experimental work suggesting that institutional arrangements can help ethnically diverse communities to overcome barriers to public goods provision.[370] By welcoming in larger and more diverse segments of the community, CSO's are able to draw on the social capital, financial resources, and social networks of more of the community. It makes sense that they would be more effective at providing services, especially when CSO's are the only societal units with the capacity to do so.

The discrepancy in outcomes with prior research may be due to the fact that I examined this question at the institutional level rather than the community level. However, each of the organizations profiled in this study serve diverse communities. There is no discrimination on ethnic lines at hospitals or schools, and there seems to be little self-selection by service users out of a particular CSO's social service structures on the basis of ethnicity. (Service users appear to select their service providers based

[370] Habyarimana et al (2007).

primarily on price and location.) Instead, it is the internal ethnic makeup of a CSO's membership that seems to have an effect on organizational success at providing social services. The *n* in this study is not large enough to make a decisive claim on this issue, but it is a question that warrants much further research in a multi-country study. A finding that ethnic diversity is not a deterrent to effective social service provision has profound implications for the ways that donors structure aid and for the ways that governments in the process of reconstructing their states should direct resources. It would also give CSO's wishing to participate in social service provision an incentive to welcome diverse memberships that are not tightly bound by ethno-linguistic commonalities.

ALTERNATIVE EXPLANATIONS

In chapter one, I outlined three possible alternative hypotheses that could explain why some civil society organizations are better than others at providing public goods: external funding, a long historical presence in the region, and a geographic distinction. Examining these alternative hypotheses with respect to the data presented in this dissertation suggests that each explanation is incomplete, however.

The first alternative hypothesis suggested that organizations that had a long-standing presence in the region were most likely to successfully provide social services. As the summary in Table 6.2 shows, however, the length of a CSO's presence in each city is not a determinant of success at organizing social services.

Table 6.2: CSO Longevity

CSO	*Colonial Presence*	*Successful Service Organization*
Bukavu Archdiocese	1	High
Nord-Kivu I Archdiocese (Goma)	1	Moderate
3eme CBCA (Goma)	1	Moderate
55eme CEBCE (Goma)	1	Low
8eme CEPAC (Bukavu)	1	High
5eme CELPA (Bukavu)	1	High
Heal Africa Hospital (Goma)	0	Moderate
Enfants du Monde School (Bukavu)	0	Moderate

If longevity of operations were the key determinant, we would expect that CSO's with a long-standing presence in the region would always have higher levels of success at organizing social services than organizations that have been in the region for less time. The cases in this study do not support that claim. Civil society organizations with a short-term presence in the region, such as the Heal Africa Hospital and the École Internationale Enfants du Monde, are still moderately successful at providing social services, while the 55eme CEBCE church is not very successful in its efforts despite having been present in the region since the colonial period. While it is clear that a long historical presence is important in determining an organization's level of internal cohesion, longevity alone does not explain why some groups are more successful social

service providers than others. The internal cohesion variable accounts for longevity as one of many necessary factors, and provides a more complete explanation.

The second alternative explanation argues that external funding is the primary determinant of successful service provision by a CSO. Table 6.3 summarizes my findings with respect to this question.

Table 6.3: External Funding

CSO	*Access to External Funding*	*Successful Service Organization*
Bukavu Archdiocese	1	High
Nord-Kivu I Archdiocese (Goma)	0	Moderate
3eme CBCA (Goma)	1	Moderate
55eme CEBCE (Goma)	0	Low
8eme CEPAC (Bukavu)	1	High
5eme CELPA (Bukavu)	1	High
Heal Africa Hospital (Goma)	1	Moderate
Enfants du Monde School (Bukavu)	1	Moderate

If access to external funding were the primary determinant of successful service organization, we would expect to find a consistent pattern showing that groups without access to funding always fail at providing social services. This is not the case with

respect to one case in this study, the 3eme CBCA. Despite having very little external funding or logistical support, the CBCA is still moderately successful at providing social services. It is possible that this case is an outlier. However, the internal cohesion variable also accounts for access to external funding and provides a much clearer explanation of causality. An expanded number of cases should provide more clarity on this question.

Finally, the third alternative explanation suggested that geographic distinctions are the primary determinant of a CSO's ability to successfully provide social services in collapsed states. Given the differences between the histories of the cities of Goma and Bukavu, particularly with respect to the changeover in elites that has occurred in Goma since the war and to the higher degree of civil society engagement in Bukavu, I expected to find significant variation between the two cities rather than at the institutional level. As Table 6.4 shows, that assumption was not entirely unfounded. Of the Goma cases, not a single organization is highly successful at organizing social services according to the indicators of the dependent variable used in this study. All three of the cases in which CSO's are highly successful at providing social services are organizations based in Bukavu.

It does seem to be the case that accomplishing successful service provision is significantly more difficult in Goma than in Bukavu.[371] Goma's historical trajectory, elite turnover, close proximity to an active volcano, and susceptibility to invasion make it challenging to undertake any task there. However, to confirm this hypothesis would require work in several other cities. On the scale of difficulty of accomplishing

Table 6.4: Geographic Variation

CSO	*Internal Cohesion*	*Successful Organization of Social Services*
Nord-Kivu I Archdiocese (Goma)	Moderate	Moderate
3eme CBCA (Goma)	Moderate	Moderate
Heal Africa Hospital (Goma)	Moderate	Moderate
55eme CEBCE (Goma)	Low	Low
8eme CEPAC (Bukavu)	High	High
5eme CELPA (Bukavu)	High	High
Bukavu Archdiocese	High	High
Enfants du Monde School (Bukavu)	Moderate	Moderate

social service provision, Goma is arguably an outlier even by the standards of the eastern D.R. Congo. The city is deeply fragmented along ethnic, socio-cultural, economic, and religious lines. I cannot dismiss this alternative explanation for the phenomenon discussed in this dissertation, but neither can it be accepted without much further study.

IMPLICATIONS

The results of this study have several policy and theoretical implications for those who work and study failed states and post-conflict situations. The most obvious is that external donors should direct funding to highly cohesive organizations. In this sense, the "external funding" indicator of internal cohesion becomes self-fulfilling; organizations

[371] I owe credit for this insight to Pierre Englebert.

that get one grant would be more likely to get another. But the complex dimensions of the internal cohesion indicator suggest that donor agencies and international NGO's should look to a CSO's institutional history as much as they look at its funding history. Knowing more about an organization's historical trajectory – which has much to do with its reputation among the local population – can help donors more accurately predict which local CSO's will best use resources. Asking questions about an organization's ethnic diversity and whether the CSO ever split along ethnic lines could also save donor reputations and help to direct finances more wisely.

Another less positive implication of this study is that for some CSO's, it may be impossible to ever be highly successful at providing social services. This study suggests that there are some historical contingencies – namely, ethnic cleavages that lead to organizational splits – that are very difficult to overcome. Those organizations might be better off directing their resources towards other endeavors and allowing other CSO's to take over the management of their social service structures.

SUBSTITUTION & RECONSTRUCTION

Finally, this study has implications for and raises questions about the nature of authority in failed states where civil society organizations provide public goods in the state's absence. When local and national authorities are extremely weak and unable to enforce the will of the state, CSO's are largely left to their own devices. They manage, administer, and operate schools and hospitals independently, generally get to hire and fire personnel of their own accord, and are subject to only nominal regulation by state authorities who lack enforcement power. The locus of authority is blurred, and different

organizations and individuals have a great deal of authority in specific sectors. There is no entity that truly exercises legitimate authority over all sectors of society.

Although it is impossible to accurately speculate on the long-term effect of such arrangements, it seems clear that the replacement of the state in public goods provision will have far-reaching implications if the state is ever able to reassert its authority. Evidence that populations neither trust nor have high expectations for their government is high. In the D.R. Congo, local populations tend to look directly to service providers for help with problems, rather than the state. Even when problems are outside the purview of a CSO's normal mission, CSO's are often asked to take on additional responsibilities. For example, Heal Africa Hospital, although established as a health care facility and doctor training program, regularly responds to community requests to expand its mission. It now houses subsidiary organizations that do everything from providing sex education in local high schools to exploring agricultural techniques for growing food in rocky volcanic soil.

It is entirely logical for citizens of weak and failed states to look to non-state entities to provide public goods that the state would normally provide or regulate. But when populations ascribe more legitimacy to civil society organizations than to the government in the long term, how can the government ever reassert its authority? As Englebert (2003) and others have noted, the idea of the Congolese state "persists" in the eastern portions of the country despite its actual absence from the territory.[372] My observations and interviews confirm that the people of the eastern Congo want the government to resume its role as the governing power in the territory. (In particular,

most Congolese would be glad for anyone to exercise a monopoly on the legitimate use of physical force.) But how this will happen in a place in which other organizations are widely credited with providing far superior public goods than the state has been able to provide in thirty years is very unclear. CSO's substitute for the state as social service providers, and they are better at it than the state ever was. Despite all the problems with access and quality of Congolese health care and education, the systems currently in place are still better than anything seen in the territory since the colonial-era systems declined. Why would the population – or CSO leaders – return control of the social service systems to a corrupt and incompetent state?

Public goods provision is a key task of the state. A state that cannot provide a basic level of security and regulation is not a state at all. The international community's vision of Congo's future involves building the state's capacity until it is completely reconstructed, meaning that it can police its own territory, defend its borders, regulate its economy, and provide and regulate public services. There is also an expectation that the Congo's culture of entrenched corruption will somehow disappear once the government functions and the economy is put on track.

Whether this will actually happen seems highly unlikely at present. But even if it does, how will the state convince a population that it has truly reformed? Why would a Congolese peasant agree to pay taxes to a government that has done nothing for his family in twenty or more years? And why would a Congolese teacher look to the state to provide a salary that is much more reliably paid by a CSO? The substitutionary role of CSO's in the social service sector is necessary and helps the population. But the long-

[372] Englebert (2003).

term effects of contracting out state functions and state regulatory authority may make it almost impossible for the Congolese state to truly reassert its claim to legitimate governing authority. How to transfer *de facto* authority out of the hands of church and other CSO officials to move back to a "partnership" with the state is a complicated question that may not have an easy solution.[373]

FURTHER RESEARCH

This dissertation also raises several questions that suggest promising lines for future research. As noted above, my tentative finding that ethnically diverse organizations are more successful at social service provision than ethnically homogeneous organizations challenges most existing scholarship in the field. A larger *n* study, based on multi-country case work will yield further insights into this question, as would a comparison based on analysis at the community level as opposed to the organizational level. If it is true that ethnic diversity helps rather than hinders public goods provision, then donors should seek to partner with groups whose institutional norms make division along ethnic lines virtually impossible.

In a similar vein, a comparison of social services in rural and urban areas would almost certainly yield very interesting insights into the importance of internal cohesion. In particular, it could demonstrate whether a high degree of internal cohesion is a sufficient condition to overcome the significant barriers to successful service provision in rural areas of collapsed states.

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[373] I further explore this question in a forthcoming book chapter. See Laura Seay, "Post-Conflict Authority and State Reconstruction in the Eastern Democratic Republic of Congo" in Raphael C. Njoku, ed., War and Peace in Africa: History, Nationalism, and the State (Durham: Carolina Academic Press, forthcoming 2009).

Both of the above questions, as well as the project as a whole, will benefit from further fieldwork, both within the D.R. Congo and in other countries. In the D.R. Congo, comparisons in the cities of Bunia, Butembo, and Uvira would yield further insights into the importance of ethnic diversity and would allow for a greater range of cases to be studied across a wider space. Cross-national comparison would further strengthen my central argument, and studies in other very weak states and post-conflict zones might make it possible to systematically study public goods provision in rural areas, a task which is currently impossible in the D.R. Congo due to insecurity.

Finally, this study also shows that there are circumstances in which the collapse of the state and the impact of violent war actually make it possible for civil society to thrive.[374] In particular, the field would benefit from a more comprehensive study of the specific conditions that cause civil society to thrive or to fail in failed states.

CONCLUSION

Civil society organizations in collapsed states are more successful at providing social services when they are highly internally cohesive. Likewise, a CSO is likely to fail at providing social services when it is internally fragmented. These insights have several implications for scholars and policymakers. Donors should direct funding to highly cohesive organizations and highly fragmented organizations might be better off directing their resources elsewhere. Tentative findings suggest that ethnically diverse CSO's can successfully provide public goods despite the barriers to doing so that other studies have found. However, the shift to non-state-based forms of authority that seems to be occurring in the territory has dire implications for the re-establishment of state authority

in the future. The state's incapacity in the sector and the population's mistrust of the state could lead to disputes over control of social service structures. These disputes would likely have a negative effect on the quality of social services, as well as the population's access to services.

Policymakers, scholars, and donors should be particularly careful to rely on the expertise of civil society organizations while rebuilding the state's capacity in the social service sectors, and should take care to ensure that highly cohesive CSO's continue to be involved in providing health care and education. The people of the eastern Democratic Republic of Congo have suffered far too long to leave the task to the state alone.

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[374] Posner (2004), 248-49.

Appendix A: List of Acronyms

AFDL – Alliance des Forces Democratique pour la Liberation du Congo-Zaire
Led by Laurent-Desire Kabila, the AFDL rebel movement defeated the FAZ in the 1996-97 war. The group was backed by Rwanda and Uganda and its victory enabled Kabila to assume the presidency of the country he renamed the D.R. Congo.

3eme CBCA – The Communaute des Baptistes au Centre d'Afrique
CBCA is a Baptist church based in Goma.

55eme CEBCE – Communaute des Eglises Baptistes au Congo-Est
CEBCE is another Baptist church headquartered in Nord-Kivu.

5eme CELPA – Communaute des Eglises Libres Pentecostites en Afrique
CELPA is a Pentecostal church headquartered in Bukavu. It was founded by Norwegian missionaries.

8eme CEPAC – Communaute des Eglises du Pentecote en Afrique Centrale
CEPAC is a Pentecostal church headquartered in Bukavu. It was founded by Swedish missionaries.

CNDP- Congres Nationale pour la Defense du Peuple
The CNDP was founded by renegade Congolese Tutsi general Laurent Nkunda, whose stated purpose was fighting the FDLR to protect Congolese Tutsis. Nkunda lost leadership of the CNDP in January 2009 and was subsequently arrested by the government of Rwanda. His successor has moved to integrate CNDP forces into the Congolese army.

ECC – Eglise du Christ au Congo
The ECC is the church for all Protestant churches in the D.R. Congo. Technically, the independent churches under the ECC umbrella are "communities" of the ECC.

FARDC – Forces Armees de la Republique Democratique du Congo
FARDC is the Congolese national army. It was renamed after the 2002 peace settlement.

FDLR – Front Democratique pour la Liberation de Rwanda
The FDLR is led by Hutu extremists responsible for the 1994 Rwandan genocide. It primarily operates out of Nord-Kivu and was the target of February 2009 joint operations between the Rwandan and Congolese armies.

Mai Mai – "Mai Mai" is an umbrella term used to refer to local militias, some of which cooperate with one another and some of which are entirely independent. In the past, many Mai Mai groups fought on the side of the government; however, it would be a mistake to classify all Mai Mai as "pro-government militias."

MLC – Mouvement pour la Liberation du Congo
Led by Jean-Pierre Bemba and backed by the government of Uganda, the MLC rebels controlled the northeastern Congo during the 1998 war.

MPR – Mouvement Populaire de la Révolution
The MPR was Mobutu Sese Seko's political party. At the height of its power, the party had official representation in every association in the country except for the churches. Independent civil society organizations were not permitted to exist outside of the party's influence.

MONUC – Mission de l'Organization des Nations Unis au Congo
MONUC is the United Nations peacekeeping mission in the D.R. Congo. It is the largest peacekeeping operation ever undertaken in the organization's history.

RCD-Goma – Rassemblement Congolais pour la Democratie
Backed by the government of Rwanda, the RCD-Goma rebel movement took over a large swath of Congolese territory, including the Kivus, during the 1998 war. Its government was based in Goma and led by Congolese Tutsis with much assistance and financial support from Kigali.

Appendix B: Interviews

ON-THE-RECORD INTERVIEWS

Amani, Passy. Coordinateur Adjuant, National Democratic Institute. Also Coordinateur Provincial Nord-Kivu, Reseau d'Education Civic au Congo (RECIC). Goma. 27 June 2007.

Amman, Dr. Art. Global Strategies for HIV/AIDS Prevention President and Professor of Pediatric Immunology University of California – San Francisco Medical Center. Goma. 28 February 2006. Interviewed with Bridget Nolan, Global Strategies for HIV/AIDS Prevention Director of International Programs.

Aoki, Sayo. Specialist in Education, UNICEF. Goma. 6 July 2007.

Arua, Alain. Chargé de Liaison, OCHA Nord-Kivu. Goma. 18 June 2007.

Asani, Dr. Jean-Luc. Coordinateur de Nord Kivu, CEMUBAC. Goma. 27 June 2007.

Baabo, Dr. Dominique, Medecin Inspecteur du Province. Provincial Health Inspection Nord-Kivu. Goma. 13 June 2007.

Bahati, Maurice. Acting Sécretaire Executif, Héritiers de la Justice. Bukavu. 30 July 2007.

Balolebwami-Amuli, Jean-Claude. Assistant Recherche et Conseil, Conseil Information et Formation Sante. Goma. 25 June 2007.

Bantuzeko, Reverend Magadju B. Membre du Comté de Direction de la CEPAC et Representant Legal, Communaute des Eglises du Pentecoste en Afrique Centrale. Bukavu. 12 July 2007.

Barhaluga, Eugenie. Assistante Programme Protection/Violence Sexuelle, UNICEF Sud-Kivu. Bukavu. 25 July 2007.

Basaki, Dr. Herman. Medecin Directeur, Hopital General de Reference Pinga. Goma. 17 June 2007.

Bashizi, Emmanuel. Coordinateur Provinciale, Programme PAGE, Educational Development Center (USAID/IRC). Bukavu 17 July 2007.

Birembano, Dr. Freddy. Medecin Directeur, Hopital General de Reference du Bagira. Bukavu. 12 July 2007.

Bishweka, Prefet, Institute Ndahura et Representatif Legal de Communaute Anglican au Congo Nord-Kivu. Goma. 21 June 2007.

Bisimwa, Dr. Ghislain. Coordinateur du Sud-Kivu, CEMUBAC. Bukavu. 13 July 2007.

Bisimwa, Michel. Chargé des Programmes, and Christian Maheshe, Animateur Principal, Centre d'Etudes et d'Encadrement pour la Participation au Developpement Endogene (CEPDE) (National Endowment for Democracy partner). Bukavu. 16 July 2007.

Bulase, Augustin Abangwa. Superviseur Santé, CELPA. With Julien Chuma-Kahombera, Superviseur Programme SIDA, CELPA, and Phanuel Ntakwindja Mirango, Animateur National Programme VIH/SIDA, CELPA. Bukavu. 25 July 2007.

Busha, Dr. Emmanuel. Medecin Chef du Staff, Charité Maternelle. Goma. 21 June 2007.

Bushoki, Batabiha. International Peace Academy Fellow & DR Congo exile from North Kivu affiliated with GEAD (NGO in Goma). Phone interview. United States. 12 July 2005.

Capo-Chichi, Dr. Servais. Expert Santé Publique, Assistant Technique, et Coordinateur Provincial Nord-Kivu, Programme Santé 9eme Fond de l'Union Europenne – RD Congo. Goma. 3 July 2007.

Changa, Dr. Marcel Mweze. Médecin Directeur et Ophtalmologiste, Hopital Provincial General de Reference du Sud-Kivu. Also Secretaire Academique, Faculté de Médecine de l'Université Catholique de Bukavu (Chef de Travaille). Bukavu. 13 July 2007.

Chokola, Gabriel Bujiriri. Superviseur Medicale pour l'Eglise du Christ au Congo (ECC) Sud-Kivu. Bukavu. 20 July 2007.

Cikuru, Marie Noelle. Program Coordinator, Women for Women International. Goma. 4 July 2007.

Ciza, Joseph. Coordinator, Heal Africa. Goma. 13 June 2007.

Cizungu, Jean-Marie Muchiga Mukemba. Pasteur Surveillent, CBCA Bukvau. With Rév. Byunanewe, Pasteur Evangeliste, CBCA Bukavu. Bukavu. 23 July 2007.

del Guidice, Roberta. European Union Technical Assistant for EU Projects in the Eastern DR Congo. Goma. 20 May 2006.

Douvon, Yaol. Directeur des Projets National, CARE Kinshasa. Goma. 6 July 2007.

Major Dr. Fataki, Commandant, Hopital Militaire de Goma. With Dr. Moise, Medecin Chef du Staff and Captain Arunza Mutudu, Administrateur Gestionaire. Goma. 19 June 2007.

Mme. Furaha, Provincial Health Inspection, Premiere Conseiller. Goma. 13 June 2007.

Hababwetla Miderho, Platon Hamahami. Superviseur Programme Enlarge de Vaccination, Bureau Central de la Zone du Sante Bagira. Bukavu. 12 July 2007.

Hang, Deisre. Directeur Adjuant, École Internationale Enfants du Monde. With Izzat Abuhba and Anicet-Raoul Goudoueowa (both of Bah'ai Education program). Bukavu. 25 July 2007.

Hart, John. Wildlife Conservation Society Senior Conservationist Africa/DR Congo Program. Mbuji-Mayi & Goma. 30 March 2006.

Itongwa, Délphine. GEAD Executive Secretary. Goma. 2 March 2006.

Jackson, Stephen. Fellow. Social Science Research Council. New York City. 31 May 2005.

Kabeza, Zihindula B. Feston. Coordinateur des Écoles, 5eme CELPA. Bukavu. 25 July 2007.

Kabongo, Dr. Mutuapikay. Médecin Chef de District Sanitaire du Bukavu. Bukavu. 11 July 2007.

Kabonjo, Dr. Justin. Medecin Directeur, Hopital General de Reference Rau-Chiriri. Bukavu. 12 July 2007.

Kabuyanga, Dr. Charles. Medecin Directeur, Hopital de Goma. Goma. 26 June 2007.

Kadusi, Godéfroid. Superviseur Nutritionelle, Bureau Central de la Zone de Santé Kadutu. Bukavu. 12 July 2007.

Kagalu, Paul. Consultant Nutrition, UNICEF Sud-Kivu. Bukavu. 25 July 2007.

Kahayira, Joseph Ch. Programme Coordinateur, Norwegian Church Aid. With Justin Borauzima, Chargé des Projets, Norwegian Church Aid. Bukavu. 30 July 2007.

Kalenga, Dr. Florent. Coordinateur, Bureau Diocesian des Oeuvres Medicales (BDOM – Diocese de Goma/Caritas). Goma. 20 June 2007.

Kalonji, Dr. Albin Kalombo. Conseiller Technique Adjoint en Soins de Santé Primaire, and Dr. Immaculé Mulambo, Reproductive Health Manager, International Rescue Committee Bukavu Bureau. Bukavu. 16 July 2007.

Kalume, Felicité. Ministre Provinciale de l'Environnement, Tourisme, Information et Presse, Province du Nord-Kivu. Goma. 2 July 2007.

Kalumuna, Dr. Dieu-Donné. Médecin Inspecteur Provinciale Interim et Medical Coordinateur Provincial Lepre et Tuberculose, Inspection Provincial du Santé Sud-Kivu. Bukavu. 9 July 2007.

Kambate, Professor Karafuli. Professeur de Santé Publique, Institut Facultaire de Santé et Developpement Communitaire, Université des Pays des Grands Lacs and Professor Mwetho Kasongo, Professor of Social Ethics, Faculté de Theologie Protestante, Université des Pays des Grands Lacs and Programme Education, ActionAID. Goma. 1 August 2007.

Kamate, Dr. Luis Kisughu. Medecin Chef du Zone, Zone du Sante de Karisimbi. Goma. 2 July 2007.

Kamate, Pascal. Coordinateur des Programmes, EELCO/Goma (LWF) BDDL/EELCO (Bureau Diocesan de Developpement de l'Eglise Evangelique Lutherenne au Congo. Goma. 21 June 2007.

Kapilukwa, Gervais. Chargé des Programmes, Comite Internationale de la Croix Rouge. Goma. 3 July 2007.

Kapinga, Victor Ntumba. Chef du Personnel, Division Provinciale de l'Enseignement Primarie, Secondaire, et Professionelle Sud-Kivu. Bukavu. 18 July 2007.

Kasareka, Jean. CBCA Schools Coordinator. Interviewed with Jean Msubao (CBCA Schools Secretary) and Simeon Kasereka (CBCA Teacher Formation Leader). Goma. 26 April 2006.

Kasareka, Musavule. Administrator Gestionaire, Zone du Santé Goma. Goma. 19 June 2007.

Katabana, Isaie Muka. Assistant Administratif du CAMPS (Centre d'Assistance Medico-Psycho-Sociale)-5eme CELPA. Bukavu. 27 July 2007.

Katavali, Agnes. Chargé de l'Education, Bureau de Liaison UNICEF Bukavu. Bukavu. 23 July 2007.

Katavali, Arthur. ASRAMES Chief Pharmacist and Head of the Pharmacy Program. Goma. 22 May 2006.

Kikuhe, Dr. Jason Nzanzu. Medecin Directeur, 3eme CBCA Hopital General de Reference Virunga. With Urie Kahundu, Directeur de Nursing. Goma. 29 June 2007.

King, Luke. Head of Bukavu Office, Catholic Relief Services. Bukavu. 19 July 2007.

Kissa Bin-tondo, Espoir. Conseiller des Écoles Secondaires, ECP/8eme CEPAC. Also 2eme Vice-president Societe Civile Province de Nord-Kivu. Goma. 19 June 2007.

Kitsa, Msgr. Daniel. Coordinateur des Écoles Conventionnelles Catholiques, Diocese du Nord-Kivu I. Goma. 11 June 2007. Follow-up, 6 July 2007.

Kituli Bwami, Jean Pierre. Conseiller d'Enseignement Secondaire. 8eme CEPAC. Bukavu. 11 June 2007.

Kitumaini, Abbé Jean-Marie V. Coordinateur des Écoles Conventionnelles Catholiques, Archdiocese de Bukavu. Bukavu. 17 July 2007.

Kubuya, Muhangi. CRONGD-North Kivu Executive Secretary. Goma. 3 August 2005.

Lofalanga, Dr. Jr. Ekongo. Responsible du Bureau, Family Health International Institute of HIV/AIDS Bureau de Bukavu. Also former Médecin Inspecteur du Province Sud-Kivu (2000-03). Bukavu. 18 July 2007.

Lubala, Jerome. Sécretaire Administratif et Financier, Organisation Mondiale de la Santé. Bukavu. 10 July 2007.

Lubango, Mutungwa. Conseiller Résident des ECP/34eme CADAF Nord-Kivu (Communaute des Assemblees de Dieu en Afrique). Goma. 21 June 2007.

Lumbulumbu, Jean-Paul. Coordinateur, National Democratic Institute. Goma. 27 June 2007.

Lusi, Lyn. Program Manager, Heal Africa Hospital. Goma. 15 March 2006.

Lusi, Lyn. Program Manager, Heal Africa Hospital. Goma. 1 July 2007.

Mahunga, Seth. Directeur, Institute des Enseignements Medicales Virunga. Goma. 2 July 2007.

Majune, Clemence. Directrice Provinciale Nord-Kivu, Association de Santé Familiale-PSI. Goma. 3 July 2007.

Marks, Joshua. Congolese Initiative for Justice and Peace (ICJP). Bukavu. 29 July 2005.

Matabaro, Dominique Zagabe. Infirmiere Supervisieur, Bureau Central de la Zone de Santé Ibanda. Bukavu. 12 July 2007.

Matabaro Bobo, Israel. Education Senior Field Officer South Kivu, Save the Children U.K. Bukavu. 26 July 2007.

Maundu Bwenci, Djento. Charge de la Relation Publique, La Societe Civile de Goma. Also member of Commission Verite et Reconciliation. Goma. 16 June 2007.

Mesongolo, Alain. Reponsable Provincial Chargé de la Prise en Charge du VIH/SIDA, PNMLS. Bukavu. 19 July 19, 2007. Follow-up 23 July 2007.

Mihigo Mupfuni, Emmanuel. Programme de Protection, Norwegian Refugee Council. Goma. 27 June 2007.

Dr. Milinganyo. Medecin Directeur Interim CEPAC, Centre Medicale Kayeshero. Goma. 17 June 2007.

Mitterand, Aoci L. Chef du Departement de Bureau de Developpment Communitaire, Eglise du Methodiste Libre. Also Chargé des Programmes au San. du ministere de l'Eglise du Christ au Congo pour les Refuges et d'Urgence. Goma. 28 June 2007.

Molo, Pasteur Kakule. President, CBCA (Communaute Baptiste au Centre d'Afrique) et Membre du Parliement (Beni). Goma. 22 June 2007.

Mononi, Dr. Flory. VIH Coordinateur Nationale, World Vision D.R. Congo. Goma. 14 June 2007.

Mugangu, Professeur Severin. Doyen, Faculté de Droit, Université Catholique de Bukavu and Directeur, Centre d'Etudes sur la Gestion de la Prevention du Conflit. Bukavu. 9 July 2007.

Mugaruka, Josée. Infirmiere Responsible du Centre CIAPS (Centre Integrée d'Appui des Personnes Seropositifs). Bukavu. 23 July 2007.

Muhigwa, Claude. Superviseur Santé, Projet Axxes/World Vision. Bukavu. 12 July 2007.

Muir, Robert. Frankfurt Zoological Society Project Leader. Goma. 20 May 2006.

Mulengetsi, Prospere. Coordinateur du Programme Nehemie, Heal Africa Hospital. Goma. 14 June 2007.

Mululu, Claude. Chargé de Liaison, Office of the Coordinator of Humanitarian Afffairs (UNOCHA). Bukavu. 20 July 2007.

Mushangalusa, Charles. Superviseur Médical du BDOM & Chargé des Projets Santé, Bureau Diocesan des Ouevres Medicales Sud-Kivu. Bukavu. 9 July 2007.

Muvunga, Dr. Jerome Kasareka. Coordinateur Medicale, Communaute des Baptistes au Centre d'Afrique. Goma. 3 August 2007.

Narwangu, Serge Bingane. Directeur, Caritas Bukavu. Bukavu. 19 July 2007.

Ngadjole, Dr. Olivier. Médecin, Hopital de l'Université de Bukavu (Université Officiel de Bukavu). Also Secretaire, Faculté de Medecin et Pharmacie. Bukavu. 13 July 2007.

Ngezayo, Victor. Businessman, owner of Hotel Karibu. Also former politician. With his daughter, Nyota Ngezayo. Goma. 27 June 2007.

Nguz, Nicole. Former Associate Program Manager, Global Strategies for HIV/AIDS Prevention. Goma. 2 July 2007.

Nkunda, Balthazar. Inspecteur Principal Provincial Nord-Kivu I, Ministre de l'Enseignement Primarie, Secondaire, et Professionnel (EPSP). Goma. 6 July 2007.

Ntambuka, Mireille. President, Dynamique des Femmes Juristes de Nord-Kivu and Dr. Jeanine Kewang, Professeur de Droit. Université Libre des Pays des Grands Lacs. Goma. 26 June 2007.

Nuhindo, Mathilde. Directrice, Centre Olamé. Bukavu. 17 July 2007.

Nyagaza, John. Coordinateur, MCHS (Mouvement Congolaise des Hommes Contre le SIDA). Bukavu. 23 July 2007.

Omba, Jean Kamengele. Chef de Programmes et Informations, Radio Maendeleo. Bukavu. 9 July 2007.

Pawley, Elizabeth. Women Waging Peace Rwanda. Kigali. 1 August 2005.

Queally, Damien. GOAL-DRC Assistant Director. Goma. March 2006.

Rato, Patrick. Chargé de la Programme Nationaux PNMLS Sud-Kivu, Programme Nationale Multisectoral de la Lutte contre le VIH/SIDA (PNMLS). Bukavu. 19 July 2007.

Reiss, Nicola K. Manager du Développement du Programme, War Child Holland. Bukavu. 23 July 2007.

Rugarabura, Emmanuel. Ministre Provincial de l'Interieur, Decentralisation, et Affaires Contumieres. Also President Ancien, La Société Civile du Sud-Kivu. Bukavu. 11 July 2007.

Rutinigirwa Muliro, Léopold. Pole Institute Program Manager. Goma. 3 August 2005.

Rwizibuka, Gustave. Secretaire Administratif, Faculté de Medecine, Université Catholique de Bukavu. Bukavu. 13 July 2007.

Salehe, Ibrahim. Responsible de Celule Statistique, Sous-Division Urbain de l'Enseignement Primaire, Secondaire, et Professionelle (EPSP), Bukavu. Bukavu. 30 July 2007.

Sallah, Dr. Pierre Etse Ditri. Médecins du Monde HIV/AIDS Medical Program Coordinator Goma. Goma. 14 April 2006.

Seleabuca, Michel. Chef de Services Pedagogiques, with Robert Axiliorali, Arrache aux Services Pedagogiques, ECP/ECC. Goma. 19 June 2007.

Stearns, Jason. Senior Analyst, International Crisis Group. Phone interview. United States. 16 May 2005.

Stearns, Jason. Senior Analyst, International Crisis Group. Nairobi. 14 August 2005.

Stearns, Jason. Senior Analyst, International Crisis Group. Nairobi. 11 May 2006.

Stearns, Jason. Senior Analyst, International Crisis Group. Goma. 5 July 2007.

Temin, Jon. CHF International Rwanda. Phone interview. United States. 27 May 2005.

Totoro, Anne-Marie. Coordinatrice du Programme Democracie et Paix, and Pastor Domingo, 5eme CELPA (Communaute des Eglises Libres du Pentecoste en Africque). Bukavu. 19 July 2007.

Tshomba, Dr. Polepole. Medecin Directeur, Hopital General de Kadutu. Bukavu. 12 July 2007.

van der Schoot, Ylse. Life and Peace Institute Representative DR Congo. Bukavu. 27 July 2005.

van Haelst, Vincent. Directeur des Etudes, College Alfajiri. Bukavu. 19 July 2007.

Vunanga, Meschac K. Coordinateur Provincial des Écoles Conventionnelles Protestantes, Eglise du Christ au Congo, Bureau de Coordination Sud-Kivu. Bukavu. 16 July 2007.

Wakenge, Rafael. Coordinateur, Institut Congolais pour la Justice et la Paix. Also President, Reseau des Associations des Droits de l'Homme. Also Coordinateur Nationale de la Coalition Congolais pour la Justice Transitionelle. Bukavu. 9 June 2007.

Wasolu-Kumdia, Ais. Eglise du Christ au Congo Nord-Kivu, Coordinateur des Informations Medicales. Goma. 14 June 2007.

Yalala, Phillipe. Coordinateur des Écoles, Eglise du Christ au Congo Nord-Kivu. Goma. 18 June 2007.

ANONYMOUS INTERVIEWS

Congolese Civil Society Actors

- 1 civil society leader
- 1 church education official
- 3 church health officials
- 3 humanitarian workers

International Observers

- 10 MONUC officials
- 8 diplomats
- 1 foreign observer
- 4 humanitarian workers

APPENDIX C: NEWS SOURCES

Agence France Press (France)
All Africa.com (United States)
Associated Press (United States)
BBC News Africa & BBC World Service (United Kingdom)
The Economist (United Kingdom)
Daily Nation (Kenya)
Digital Congo (D.R. Congo)
East African Standard (Kenya)
Jeune Afrique l'Intelligent (France)
Kivu Peace.org (D.R. Congo)
IRIN News (United Nations)
Los Angeles Times (United States)
Media Congo (D.R. Congo)
MONUC Press Clippings Service (D.R. Congo)
New Times (Rwanda)
New Vision (Uganda)
New York Times (United States)
Radio Okapi (D.R. Congo)
Relief Web (United Nations)
Reuters Africa (United States)
Voice of America (United States)
Washington Post (United States)
Xinhua News Agency (China)

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All Parliamentary Group on the Great Lakes Region and Genocide Prevention. Cursed by Riches: Who Benefits from Resource Exploitation in the DR Congo? (London, 2002).

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