

Universiteit Antwerpen
Universitaire Faculteiten Sint-Ignatius
Faculteit Toegepaste Economische Wetenschappen
Vakgroep Ontwikkelingsstudies

Fairness concerns about poverty relief
The case of *Médecins Sans Frontières* in Kinshasa

Tom De Herdt

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Summary

If, as is contended in the social security literature, a policy for the poor is a poor policy, a final judgment of poverty programs crucially depends on the effects such programs may have on the behaviour of different actors. Assuming that these are to a significant extent determined by concerns of fairness rather than by economic interests, the argument is made to look at a poverty program as an interaction between different concepts of justice. The particular case we look at, a food emergency program organized and financed by the Belgian NGO *Médicins sans Frontières-Artsen Zonder Grenzen* in Kinshasa, suggests indeed that the importance of local standards of fairness in the sphere of food is seriously underestimated, even if the intervention is clearly designed as a purely humanitarian answer to an exceptional calamity.

Key words: food aid, norms of fairness, Congo/Zaire.

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Introduction¹

Intuition as well as sound economic thinking would offer a fair amount of arguments to defend that whenever we have relatively cheap means to distinguish between the poor and the non-poor, the best we can do given scarce resources is to orient poverty alleviation programs to the poor and only to the poor. Not only would this maximise the redistributive impact of the program, it would also allow to tailor programs to the specific circumstances in which the poor may be living.

However, in the (mainly European) social-security literature, these arguments have persistently been swept aside by a set of arguments which can be summarised as “**a policy for the poor is a poor policy**”². Though different authors emphasise different aspects, the general line of reasoning is that programs targeted towards the poor, besides having the *direct* advantages mentioned above, also have a variety of *indirect disadvantages* inherently related to this procedure. In striking contrast, “in a well-ordered welfare state almost all the job of relieving poverty will be done by policies whose objective and rationale are quite different” (Barry 1990:73). The battle against poverty can only be won by targeting something else.

In order to provide a reasonably systematic overview of the arguments against poverty targeting, we start from the following outline, based on Elster (1992:ch.5). Each allocation of scarce resources involves three types of choices, or three levels of decision-making:

1. **First-order choices** are all choices made or induced for the purpose of affecting the total amount of the good. Typically, these choices are made by political actors. In case of third world relief, they also include the decisions made by the “broader public” as concerns their contributions to non-governmental organisations.
2. **Second-order choices** are all choices having to do with *how* to allocate the good. Typically, this is where “experts” come in.
3. **Third order decisions** are all decisions made by potential recipients of a scarce good that affect either their need for it or their likelihood of receiving it.

¹ An earlier version of this paper has been presented at IUSSP General Conference, Beijing 1997. We thank the participants to the “demography and poverty”-seminar at this conference, as well as Diane De Graeve and Stefaan Marysse for additional comments. The author remains fully responsible for remaining errors.

² We read this expression, with minor variations, in several different texts (Greenstein 1991:437, Rainwater 1982:42, Sen 1997:14, Van Parijs 1996:41). Van Parijs attributes it to Titmuss, though to my knowledge it only represents the spirit, not the letter of Titmuss’ work. When he comes closest to the letter (e.g. Titmuss 1987 [1967]:155, 1987 [1966]:162) he comes closest to saying that programs for the poor are often of low quality.

By insisting on special poverty alleviation programs we would allocate the “poverty budget” to “poverty-experts” who will make the second-order choices. While, *prima facie*, there is nothing wrong with experts (such evolutions are usually, and in most cases correctly, applauded by referring to “professionalisation”, “de-politicisation”, etc.), a final judgement about their work should take into account not only the direct effect of their efforts on the beneficiaries but also the reactions triggered among those who take the first- and third-order decisions. Only if we take this broader view can we make a final assessment about the advantage or disadvantage of specialised poverty-programs.

Are there reasons, then, to suppose that a special poverty relief program will entail effects on first-order as well as third-order decision-makers so as to make the global impact on the poor *ex ante* less predictable ?

First consider the effect on first-order decisions. Means-tested programs are the most efficient instrument to reduce poverty given a determined budget. However, this has been amended by, among others Garfinkel (1982), who state that non-income-testing probably results in a higher budget. Sen (1997) makes a similar point, not about the quantity, but about the quality of a program. The basic argument behind this (in part empirically sustained) contention is that the non-poor do not directly benefit from means-tested programs. Hence, they are not interested in allocating resources to such programs. Such an argument can never be consciously used in public discussion of course. It is reasonable to suppose, however, that it lurks behind the rules of fairness which will be invoked when it comes to defining and defending a specific poverty-related policy. Indeed, there is a tension from the viewpoint of common sense standards of justice when some people are given goods or money for free whereas others have to “earn” it. One way to reduce this tension is to defend the “difference” of this group. So, accordingly, to plead for an exception of the general norm that access to goods must be “earned”. By inference, poverty-specific programs are consistent with a worldview where the poor are “set apart”, and the continued existence of poverty relief may trigger the activation of stereotypical cognitions which further confirm the need to look at the poor as a special class. Alternatively, reference to common sense fairness may require the insistence on “duties” in return for “rights”. This may cause the initial aid package to be gradually transformed into a set of disciplinary measures. In either way, poverty-alleviation programs thrive on and cultivate social divisiveness in the wider community.

More important perhaps is the impact of poverty-targeted programs on third-order decisions. That is, decisions taken by the potential beneficiaries themselves. Sticking to a rational-choice explanation we can predict three consequences. To the extent that the selection procedure involves a cost to be carried by the potential beneficiaries, targeting may result in less coverage. Second,

some non-poor will react to targeted aid by distorting information, so that the aid will benefit them as well. Finally, it can be supposed that the aid-program will distort the incentive structure of the poor to the extent that those who would have escaped poverty by themselves *without* the program, will now be stimulated *not* to be so dynamic, and therefore will be *trapped* in poverty (Sen 1997, Van Parijs 1996).

An alternative scenario can be written by supposing that the potential beneficiaries are, as well as the first-order decision-makers, driven by a sense of fairness –even though the precise way in which they define this fairness is, also in this case, not insensitive to underlying interests. Authors writing from this perspective emphasise the stigmatising effect of poverty-targeted programs (e.g. Rainwater 1982). the distinction between poor and non-poor is undoubtedly felt as a moral distinction between “bad” and “good”. The rationale to set up a special aid program would not exist whenever there is no social consensus that poverty as such is “bad”. But then, the beneficiaries’ reactions to such a labelling process crucially depend on how they have come to interpret their plight. According to Akerlof and Dickens, people like to see “themselves as ‘smart, nice people’. Information that conflicts with this image tends to be ignored, rejected or accommodated by changes in other beliefs” (1982:308). *In casu*, their qualification as “poor and therefore in need of help” is not consonant with their self-respect. The dissonance can be reduced in a variety of ways: First, self-respect can be lowered, which may result in lethargy and fatalism. Alternatively, the prospect of being labelled as poor can be a forceful motivation to evade a poverty-program, whatever the consequences. Second, the poor can downgrade society’s judgement about them, and act accordingly. Such a coping strategy enables *inter alia* to make opportunistic use of an aid program, and is therefore an alternative explanation for the existence of the “poverty trap”.

To be sure, it is possible to account for stigma within the rational-choice-tradition, namely by looking at “shame” as a cost to be borne by the beneficiary of a poverty program. This cost would have to be detracted from the material benefits which can be obtained. Arguing this way, it can be contended, then, that stigma is not so much an automatic argument against means-tested programs but rather an additional device to facilitate selection: “One way to discourage people [to depend on charity] is to make it very clear that they lower their esteem when they ask for charity. The same psychology can be used to encourage recipients to leave the relief rolls as fast as they can” (Rainwater 1982:28). Our own approach suggests an alternative causal connection between lowered self-respect and behaviour. Building further on the theory of cognitive dissonance as summarized in the statement of Akerlof and Dickens we cited above, “lowered self-respect” is not to be considered as a mere cost, but rather as a determinant of potential beneficiaries’ cognitions. This entails *inter alia* that we can expect that the effect of the selection procedure on self-respect

will not be limited to the beneficiaries' behaviour with respect to the poverty-program, but extend to other fields as well.

Note that our version of the argument that “a policy for the poor is a poor policy” is *not* a principled attack on targeted aid; aid targeted e.g. to American veterans (to repeat the often-cited example) is not at all stigmatising, precisely because it can be rationalised as a merited compensation for good behaviour. Analogously, so-called food-for-work programs, frequently activated in order to prevent famines, inherently incorporate this merit-element, though this case is already more debatable: much will depend on precise way in which these programs are realised, *viz.* to the extent they can be presented (and are perceived) as “merely” public works, open to everyone. At the other hand, many such initiatives are presented as “exceptional” (e.g. when they are set up in the wake of a famine), which is likely to make them less stigmatising: if you can blame the weather you don't have to blame yourself. More generally, only to the degree the treatment of the poor deviates from the norms we apply to “normal” people, can we expect that the poor as well as the non-poor will adjust their images of each other, so as to reproduce and deepen social divisiveness, which is, in itself, perhaps the most necessary condition to reproduce and deepen poverty itself.

Note further that poverty programs are certainly (and luckily) not the only determinants of social divisiveness. In this respect it is worth recalling Titmuss' thesis that, during the first years of World War II, “the mood of the people changed and, in sympathetic response, values changed as well. If dangers were to be shared, then resources should also be shared” (1950:508). Indeed, the German air raids on England (Titmuss' own house was bombed twice !) seem to have laid the foundations for the construction of the British social security system (Goodin and Dryzek 1987). Also in this respect has poverty been fought by targeting something else.

In our view, the the above insights may be relevant for development studies in three ways.

First, there is no reason why the “poor policy”-argument would cease to be valid by applying it to the global village. “Where the political ideology of a society is dominated by individualistic values of personal independence, personal autonomy, self-reliance and self-mobility (as it was expressed in Britain's Poor Law Act of 1834) then the general attitude to social welfare becomes... ‘a marginalist attitude’” (Titmuss 1987 [1972]:262). In the contemporary global village, precisely the concepts of independence, autonomy, self-reliance and self-mobility are still widely accepted vocabulary when we speak about the so-called “third world” countries, even if the concept of “global village” would itself imply the existence of worldwide externalities and hence the denial of local autonomy. Consequently, the governments as well as the households of “developed”

countries are framing “development aid” much like their nineteenth century predecessors framed the poor laws. Such a “residual welfare model of social policy”, as Titmuss called it, “excludes all the consequences, gains, losses, diswelfares and externalities of industrial, technological, economic and other factors of change” (1987 [1972]:262).

Second, our “own” poor have been taken care of by the twentieth century welfare states. These are, as was already mentioned above, undoubtedly the most successful answers to the “poor policy”-argument. However, as was argued by Myrdal already in the late 50s, “In spite of all the hopeful publicity about international economic integration here and there in the world, the main trend towards economic nationalism is unbroken, and the driving forces behind this trend are the very policies of national planning which, in the individual nations, are so necessary for progress and have had such wholesome results at home” (1960:157). In this respect, the national-level welfare state may be thought of as both a historical fore-runner of and an impediment to the realization of what Myrdal called a Welfare World.

Thirdly, if the “poor policy”-argument is correct and if it can indeed be applied to development cooperation, the perceptions of the organisations working in this field should be comparable to the reaction of e.g. our “own” poor to our “own” poverty-targeted initiatives, as we summarised them above. This will be the topic we will concentrate on hereafter.

We will present the empirical case of a supplementary feeding program for malnourished children in Kinshasa which was co-ordinated by the Belgian NGO *Artsen Zonder Grenzen-Médecins sans frontières* (MSF), from July 1992 to August 1995. The empirical material used stems from different sources. On the one hand, I could draw on a lot of evaluations, nutritional surveys and mission reports readily available in the library of MSF’s office in Brussels (see annex II to this chapter for an overview). We learned a lot from this material, not only because of the inventory of practical problems it contains, but also because the intervention itself was regularly questioned. On the other hand, I could use the results of own field work in Matete. Matete is one of Kinshasa’s 24 administrative zones, located at the outskirts of the capital city. The local health centre of Matete was part of the food aid network sponsored by MSF. In this zone, we organised a representative survey, we used the same questionnaire to interview the households who participated in the local (MSF-sponsored) food-emergency program, and we organised some open interviews with the household heads we had qualified as “poor” on the basis of the representative survey-data. The third type of material -and the most interesting type- came from some interviews I did with (ex-) field workers and key informants. It allowed me to generate several working hypotheses, and to interpret the “silent” figures and reports.

The remainder of this section is organised as follows. First, we discuss the food-emergency program as it was conceptualised by the organisers themselves, and we look at its performance in terms of the criteria they themselves used to evaluate it. Then, we take a step back, and recast the NGO's way of thinking in terms of the hypotheses they make about different actors' behaviour. This will allow us to formulate alternative hypotheses about what went wrong. Finally, we compare these hypotheses with the empirical material we assembled ourselves in Matete. It is not our intention to perform a project evaluation on the organisers' request, nor on their budget; we were not asked, and nor did we offer to do so. The decision to stop the intervention was taken already a year before we started our research. In the mind of the organisation and its collaborators, I was digging into an archived file.

2. MSF's Supplementary Feeding Programme in Kinshasa

Programs targeted towards the poor draw, implicitly or explicitly, on a theory that tells them (1) who can be defined as poor, (2) how one may recognise them and (3) how one may resolve their “problem”. In the empirical case we discuss hereafter, the poor are those families who live with children less than 5 years old which suffer from acute malnutrition: either their weight is below 75% of the median for their height category, or they have oedemas. The program offers aid, not only in the form of drugs and food concentrates for the malnourished children, but also in the form of a sac of maize, beans and flour, which is given to the child's family (the so-called *ration sèche*). The total cost of this food aid per household amounted to 200\$ per year³, which must be about 10% of total food outlays of an average household in Kinshasa⁴.

The reasoning behind this family-aid package is that the problem of acute child malnourishment is caused by temporary factors beyond the family members' control. In other words, the targeted group (i.e. the group of families one should reach) does not extend to all the families of acutely malnourished children, but only to those who are not “structurally” poor. It is supposed that approximately 5% of the malnourished are “social cases”, a group of vulnerable people who are inclined to “see the supplementary feeding as a long term aid” and who “existed before and will always exist, since it is difficult to change the causes of their poverty and malnutrition” (MSF-Brussels, August 1995, p. 4). Conversely, the aid of MSF is designed to be directed towards the “temporarily” poor, towards those families that are not able to guarantee food security to their members because of temporary problems, caused by the economic and political chaos during the early nineties. Note that this option is probably quite central in MSF's policy: a (natural or manmade) disaster calls for exceptional ethical rules which will by necessity be exceptions to the “normal” practices.

While this theoretical option is rather clear, it is not at all evident to make it operational: how can one exclude the “social cases”, how can one recognise the “temporarily poor” *ex ante*? It can even be stated that, precisely because the NGO has never been able to solve this problem to a tolerable degree, it has stopped its intervention. The *ex post* indicators of the program's efficiency were never judged “satisfying”, most of them even deteriorated during the period of assistance.

Before discussing the several *ex post* indicators of the program's efficiency, it is to be noted that we will only be interested in general trends. There is an implicit error in this strategy: We make

³ Own calculations, based on Vanderhaegen (1998). The outlays do include the cost of inputs + transportation and storage costs. Personnel and equipment costs are *not* included.

abstraction of (i) short-time fluctuations and (ii) centre-to-centre variation. Ignorance of short-time fluctuations seems not very important, given the rather neat convergence between the real figures and the trend line. Centre-to-centre variation is important, but as long as there has not been a huge change in the composition of the group of centres reached by MSF over the period considered, this variation doesn't affect the direction of the time trend. We will come back to this element below.

MSF used three indicators to judge the program's efficiency: the proportion of children who got cured after treatment on all the children who left the centre, the proportion of children (on all who left) who died, and the proportion of children who abandoned the treatment before being cured. The %cured + %abandoned + %dead + %transferred to another centre sums up to 100%. The targets, set by MSF at the beginning, were as follows:

% cured/left > 70%

% dead/left < 5%

% abandoned/left < 10%

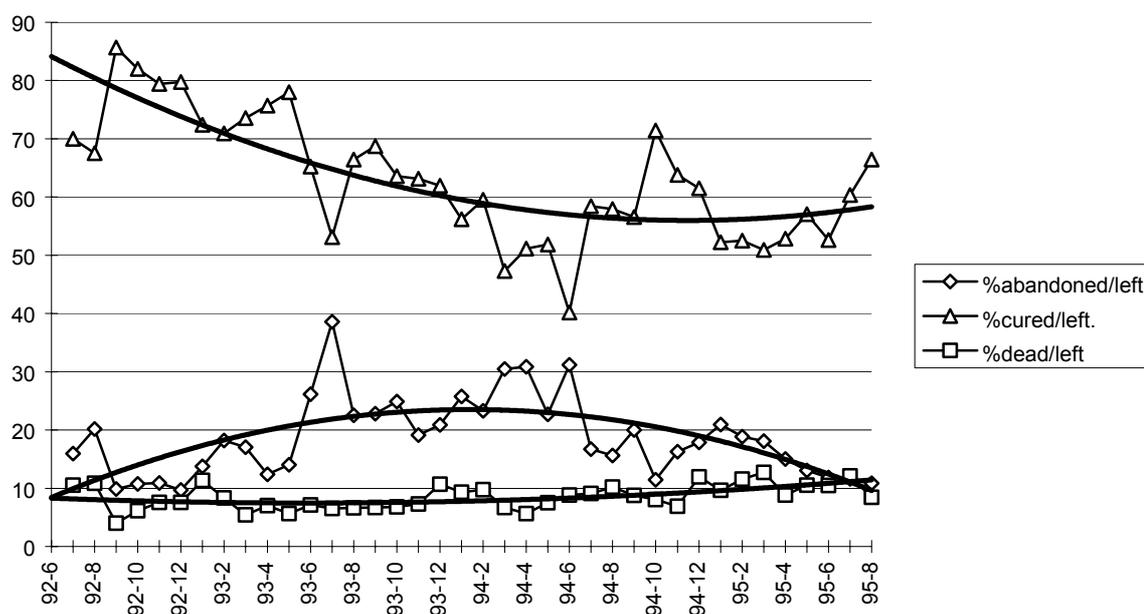
These targets are used in almost any other program of the same type. Figure 1. presents the results for the Kinshasa program.

The first indicator measures the percentage of "cured" children, relative to all the children who left the nutritional centre, for whatever reason. A child is defined as "cured" when the oedemas have disappeared, and when the child's weight has exceeded 85% of the median weight for its height category for three consecutive weeks. One can observe that the trend⁵ is clearly downwards, even if there was some betterment in the last months. In any case, the ratio of cured children relative to all who left the centre exceeded the target of >70% only in the first months the program was carried out.

⁴ this is only very approximatively the case, as we do not dispose of representative data. Average food outlays in Kisenso, one of the poorest zones, amount to 1717\$.

⁵ In the figure, all trends are calculated by a 3rd order polynomial, i.e. a regression equation of the form $y = a + bx + cx^2 + dx^3$, with y = efficiency indicator and x = time period

Figure 1.
Efficiency indicators of the food emergency program (1)



Source: based on several MSF-reports

A second indicator is the percentage of “dead” children (relative, again, to the totality of children who “left” the nutritional centre). The trend line never approached the target of <5%, and even exceeded the 10% frontier since October 1994. And even then, the mortality percentage is an underestimate, since many children who “abandon” the centre before being cured (the third indicator) do so because they die, while the children’s parents forget to let the centre know it.

The only indicator which shows some clear betterment during the period considered is the percentage of children who abandoned the treatment in the centre before being cured; by the end of the period, it reaches its target of <10%. We want to go into some detail here, because the detail reveals some interesting points.

To begin with, we did not find many clues in the written documents as to how this result was achieved. While some sudden increases in the percentage of abandoned are explained by temporary logistic problems, one refers to the downward trend only at two places, arguing each time that this is “due to the multiple interventions of the team” (Vautier, April 1995, p. 9). One of these “interventions” was in any case directed against sending mothers (and their children) away simply because one suspects them of keeping their child malnourished in order to receive the family food package (Deguerry, March 1994, p. 6-7). Deguerry (an external expert) defended this stance with two arguments: First, it may be that long-term acute malnourishment stems from deeper-lying causes (AIDS-HIV, TBC,...), and, second, mothers don’t allow their children to be

malnourished simply in order to get a food donation; their strategy can probably be explained by a catastrophic socio-economic situation. Later on, one decided to visit the families which had abandoned, also in order to solve the “problem”⁶ (!) of decreasing cases of malnourished (MSF-Brussels, August 1995, p. 8).

Even if it was granted that this decrease was largely due to an overall betterment of the situation, the decrease in cases treated was considered as a “problem” (MSF-Brussels, August 1995, p. 8) - probably because the target to reach 5000 children seemed less and less realistic. Part of the solution was found in incorporating new centres in the network. The first steps in this direction were taken in February 1995 (Eygenraam, February 1995, p. 4).

The data presented in Figure 2. suggest that one can best distinguish between two causes of the downfall in the percentage of children who abandoned the treatment before being cured.

First, as the trend estimates (5th order polynomial) of the percentage abandoned and the proportion of new to old cases go almost perfectly together till the end of 1994, it can be suggested that the downfall in “abandoned” is due to a better follow-up of those cases. As these cases are much more problematic, it can also be expected that they have contributed to a decrease in the percentage “cured” for that time-period.

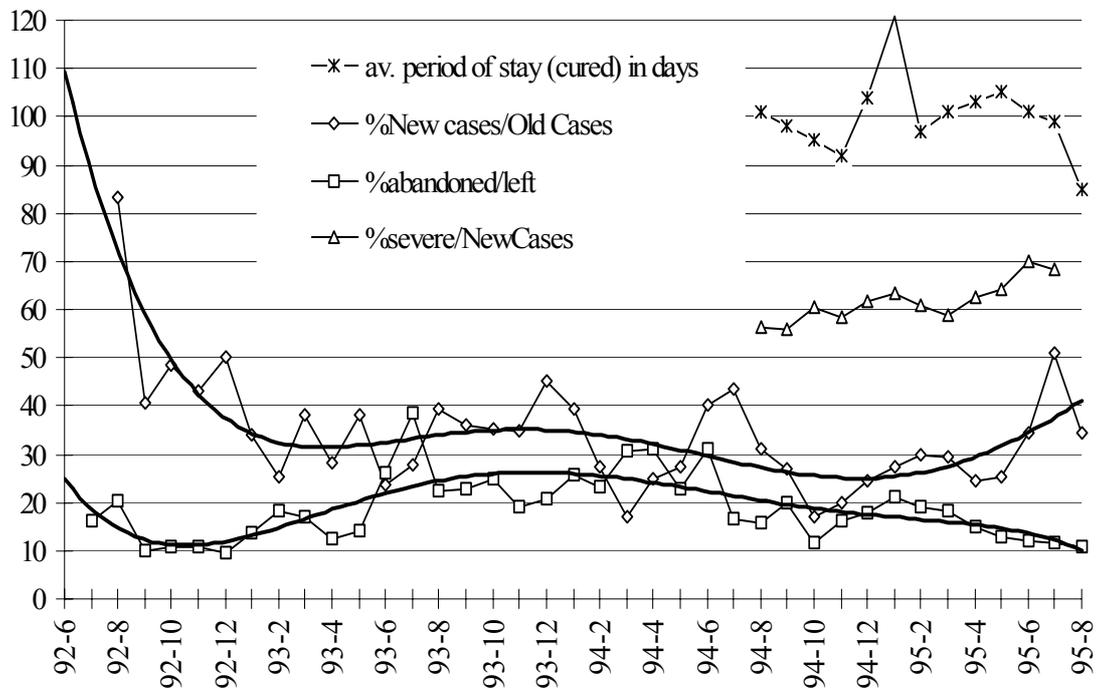
Since 1995, however, the percentage of new cases increased again, probably as a result of a more vigorous policy to attract “new” malnourished, in order to face the “problem” of decreasing cases⁷. For this period, we dispose of two other variables to make sense of the data. First, the number of “severely malnourished” (i.e. cases of kwashiorkor and/or weight below 70% of the median height) increased significantly. This would mean that the program includes more and more -in their terminology- “social cases”, cases who are severely malnourished, and often too malnourished to be cured, as testified by the increasing mortality. The other variable measures the average (!) period of recovery. This period fluctuates around 100 days, which is too long, but doesn’t increase or decrease. The forms, used in the centres to follow-up the children, are designed for a maximum stay of 13 weeks (91 days). The grassroots health care workers are hence constantly reminded that something seems to be wrong for some families: why are their

⁶ To external observers, and economists, the “problem” would be that an overall betterment of the situation, as observed in the nutritional surveys MSF had carried out, is hardly believable; for 1994, one projected a negative growth rate of GDP of 14% (De Herdt and Marysse 1997). The only possible explanation for this “miracle of kinshasa” would be the importance of the informal sector in the capital.

⁷ To be clear, the increase in new cases was only relative to the old ones; the absolute number of cases treated (new+old-leaves) declined from more than 4000 in september 1994 to less than 2500 in june 1995.

children not recovering, despite such a long period of assistance ? Are the mothers “negligent” (Vanrie, October 1994, p. 4) ?

Figure 2.
Efficiency indicators of the food emergency program (2)



Source: based on several MSF-reports

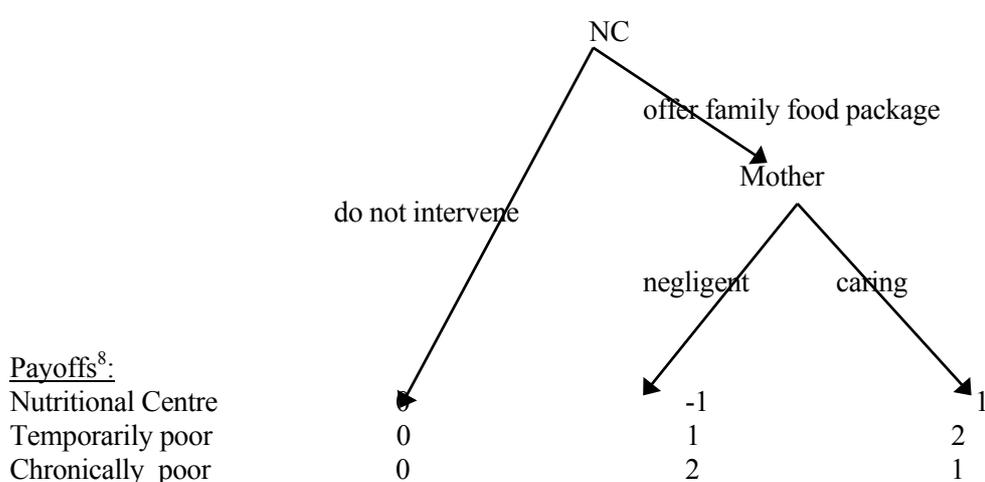
The above testifies to the difficulty of organising an emergency program in a context of chronic poverty. By mid-1995, it was judged that the program included mostly “social cases”, and hence, it was decided that MSF would withdraw.

2. Poverty trap and tragic choice

Time has come to take a step back, and to recast the NGO’s way of thinking in the economists’ theoretical terms. Let’s take the following argument of one of MSF’s (and, by extension, the organisers of emergency food aid) collaborators as a starting point:

“One can consider the supplementary feeding programs as being based on a tacit contract between the beneficiary’s family and the centres. The contract would stipulate that the centres commit themselves to follow-up each child and to procure food in regular intervals, in return for the family’s regular participation and commitment towards the child’s health (to feed a malnourished child requires time and patience). It’s quite understandable then, that, in the case of marginalized families, this contract is not honoured” (Vautier, April 1995:10, own translation)

The problem as understood by MSF resembles a so-called trust game, actually rebaptized as a food aid game (figure 3): The nutritional centre (NC) (the “buyer”) can choose between offering a family package or not. For NC’s, offering a food package will only be more interesting than not offering such a package if they can trust the mothers to be fulfilling their part of the deal, i.e. make an effort that their children be cured as soon as possible. NC’s do also know, however, that some people cannot be trusted to do this: it is supposed that the “negligent mothers”, while maybe valuing their child’s welfare, in any case give priority to other family needs, having nothing, or only indirectly to do with the child’s nutritional status.



-- Figure 3. The food aid game --

Note that we define “negligence” here *not* as a characteristic of the mothers themselves, but as a label of the behaviour of the mothers vis-à-vis their malnourished child. It is by exhibiting negligent *behaviour* that they will not cure their child as soon as possible *and* be entitled longer to a family food package. The second consequence may stimulate them to behave negligent, the first one may induce them *not* to choose this option. Some MSF documents use the term “negligent mother”, which appears to relate a mother’s behaviour to a character trait.

The above evidence suggests in any case that the “negligence” option is chosen by a significant number of *beneficiaries*; if not, the *average* period of treatment would never exceed 91 days. Given the structure of available options and incentives, and given the evidence, we can only conclude that most beneficiaries of the food emergency program are preferring the family food

⁸ The payoffs do not necessarily reflect private utilities; they can best be seen as having the function of ranking outcomes. Choices will conform to these rankings, but the rankings themselves “can be based on as complex a set of considerations as we would like to include in our model of the choosers” (Dasgupta 1988:61).

package over one of their children's well-being. The same evidence also suggests that the NC cannot make a distinction between the negligent and the caring mothers *ex ante*. Indeed, MSF's reports are coining the terms "social cases" and "marginalized households" without being able to specify them in further detail. Further, the idea that the difference in behaviour (negligent versus caring) correlates with the distinction between "normal" and "marginalized" households, is neither empirically nor theoretically founded, but simply taken for granted: Vautier (above) describes the correlation as *fort compréhensible*, without further explanation.

In what remains of this subsection, we will provide a theoretical argument which sustains Vautier's assertion. This prepares the ground for the theoretical counter-arguments exposed in the following section.

A first argument sustaining the assertion is based on Becker's strategy to incorporate altruism in individuals' utility functions.

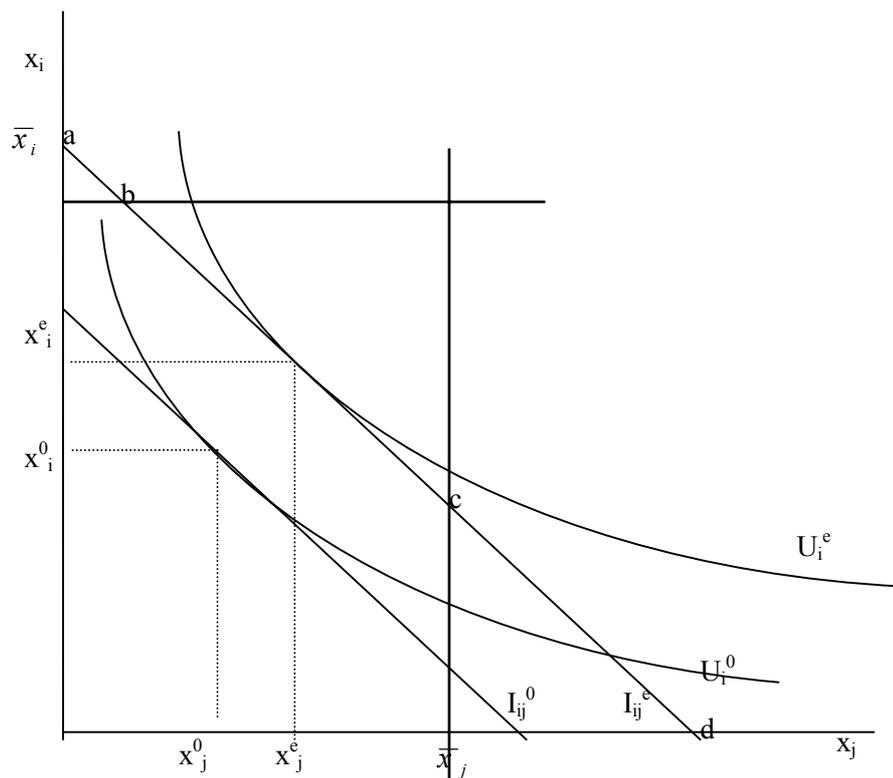
Suppose a household consists of mother i , and her child j . As the utility of j enters i 's utility function too, their collective revenue will be allocated by j in a way which maximises her (and by inference also j 's) utility in the best possible way. The problem becomes more complicated, however, if we introduce survival minima for both household members. A survival minimum \bar{x} is defined by the feature that, if consumption of x by i in period k falls below \bar{x}_i , there is an increased risk p for i to die in some subsequent period $k+n$. One can add to this that

$$0 < \frac{\partial p_i^{k+n}}{\partial(\bar{x}_i - x_i^k)} < \frac{\partial p_j^{k+n}}{\partial(\bar{x}_j - x_j^k)} \quad (1)$$

or, in words, that children (j) are more vulnerable than adults (i) to deficient food intake.

In the figure, we have introduced the \bar{x} -lines in such a way that current household revenue I_{ij}^e is not sufficient to guarantee \bar{x} for all household members: $I_{ij}^e < p_x \bar{x}_i + p_x \bar{x}_j$. It can then be supposed that i will not necessarily choose (x_i^e, x_j^e) anymore, since this choice will imply both being dead in the long run. Mothers i have to make some *tragic choices*⁹ in favour of one of the household members, and against another of them. We can now argue that i 's choice will, among other things, depend on the household's expected future revenue.

⁹ The concept is lent from Calabresi and Bobbit (1978)



-- Figure 4. Tragic choice --

Suppose, first, that the mother gets temporarily unemployed, which causes household revenue to fall to the point where she would, in normal cases, choose the combination (x_i^0, x_j^0) . As can be seen in the above figure, none of the combinations on the I_{ij}^0 budget line allows long term survival of any of the household members. Thanks to the supplementary food program, I_{ij}^0 can be increased up to $I_{ij}^e < p_x \bar{x}_i + p_x \bar{x}_j$, an amount insufficient to cover all their needs, but sufficient to guarantee survival of one of them. It can then be supposed that, given expression (1), i will choose to carry the burden of temporary poverty. In the first (poverty) period, i will allocate resources somewhere on the budget line segment $[c,d]$, expecting that, in a next period, household revenue will exceed again $p_x \bar{x}_i + p_x \bar{x}_j$ and that she herself would have the time and the opportunity to recover. The contrary happens to a mother in “chronic” poverty. Thanks to the supplementary food program, she will, again, be enabled to guarantee survival of either herself and her child. Without having a perspective of ever being able to generate a revenue exceeding $p_x \bar{x}_i + p_x \bar{x}_j$, however, the best poor mothers can do is bet on their own survival, and hence favour allocations on the $[a,b]$ segment of the budget line. Hence, they will have a clear incentive to assist to the program, but also to assist to the program *as long as possible*. The longer the child is malnourished, the longer both will be able to benefit from the child’s benefits. Negligence pays.

But the malnourished children themselves are trapped into poverty: the structure of incentives induces their care-takers to maintain them malnourished as long as possible.

The model as specified above seems perfectly capable of explaining the different payoff structures for different types of poor families: The “temporary” poor will use the food emergency package in a caring way, the “structural poor” will use it in a “negligent” way. One doesn’t need to invoke irrationality or insaneness in order to understand the “negligent” mother’s behaviour. As was said by an MSF-doctor, “If I lived there, in those circumstances, I probably would do the same thing: keeping one of my children just under the 85% [the criterion to consider a child as cured] , just in order to be able to feed the other four without too many difficulties”.

So, even if an uninformed observer could easily think that “no normal mother would ever do it”, the facts suggest that at least some mothers *are* negligent, strategically or not. If not, the average (!) period of recovery would never exceed the maximum period of recovery of 13 weeks, a period undoubtedly sufficient in other extreme (but not chronic) situations. The decreasing percentage of children being cured can be seen as another empirical confirmation of the rational-choice model as specified above: as the “period of transition” went on, it became to be considered more and more as a period with an indeterminate end. It could hence be presumed that “expected revenue” was revised downwards, and hence that more and more people began to view the supplementary food package as an assistance to the *less* vulnerable instead of as an assistance to the *more* vulnerable members.

And yet, we can question the above story, theoretically as well as empirically. At the *theoretical* level, it is somewhat difficult to imagine a *real* mother explicitly *choosing* between her child’s life or herself - or between one child and another. Just as Buridan’s ass was unable to choose between two haystacks of nearly equal quantity and hence died, we think it might be more realistic for the mother to choose to *refuse* to choose, if she was confronted with such a choice. At the *empirical* level, we think there are some other elements which cannot be explained by the above rational choice model.

First, it cannot be explained why the percentage of severely malnourished incessantly increased. One could call it a characteristic of the “social cases”, of the “negligent” mothers, but, in this case, negligence would rather be of the non-strategic kind: why wait until your child is severely malnourished, if 75% of the mean is enough to become entitled to a bag of food ?

A **second** astonishing fact is that the nutritional centres financed by MSF never covered more than 10% of the potential population.

Table 1.
Treated and potential population of nutritional centres.

Year-Month	Number of cases under treatment by MSF-sponsored Centres	% of 6-59 months old acutely malnourished or with oedema in Kinshasa	Estimated number of 6-59 months old acutely malnourished in Kinshasa	% treated/ malnourished
92-9	2873	5,1%	37679	8%
93-3	3712	8,9%	69145	5%
93-9	3538	4,6%	35738	10%
94-3	4080	10,7%	86667	5%
94-9	4034	7,5%	60748	7%
95-4	2689	5,9%	49985	5%

Source: own calculations, based on various reports of MSF, and on demographic data by Ngondo et al. (1993).

To be sure, the figures of Table 1. should be considered with great care, and only as indicative. First, they *underestimate* the number of children assisted because MSF did never cover all nutritional centres in Kinshasa, arguing that a lot of them was not functioning properly. Second, they *overestimate* the number of children assisted because some children were registered at different centres at the same time. This problem was known, and one tried to evade it by only accepting children living in the zone in which the centre was implanted (from October 1994 onwards) (Vanrie, December 1994:2), but, in March 1995, it was observed that “apparently”, this measure was “not really applied” (Vautier, April 1995, p. 8).

At the other hand, it is a fact that virtually only the nutritional centres covered by MSF were offering an “abundant” family food package. It can be added here that the package contained also a portion of beans; beans are relatively costly in Kinshasa, as they come from the Kivu region, by plane. So, why are so many so-called “social cases” not opting to incorporate the MSF’s family food package into their survival strategies ? Why are they so irrational ? And hence, why is it really a “problem” for MSF to track down malnourished children, in a period in which they only cover 5% of the potential population ?

As the two above-mentioned problems have to do much more with the malnourished *not* treated by the nutritional centres, the MSF-figures as well as the evaluative reports, do not give much information to discuss them. It is well-known that the local field organisations measure the program’s efficiency rather by their impact on those who are reached than by their effect on the problem in general (Elster 1992). Concomitantly, they assemble information more in function of bettering “local” efficiency rather than global efficiency. They are also concentrated more on “local” than on “global” fairness: The moral reprehension of the “negligent mothers” by the health personnel should be contrasted with our astonishment when we detected that the whole

MSF-program, costing more than 600000 us\$ per year, was anything but effective in reach, and was in fact giving a subsidy equivalent with average per person food outlays, to the tiny part which *was* reached (Vanderhaegen 1998:4)¹⁰.

To sum up, given the assumption of a “*fort compréhensible*” correlation between chronic poverty and strategic use of food aid, it is logical to argue that, once it is assessed that the problem of “temporary poverty” is solved, the program should be closed down. This is indeed what happened in August 1998. However, we argued that the decision was based on a wrong initial assumption¹¹. We will proceed with an alternative proposition to model intra-household decisions about whether or not to send a child to a nutritional centre, and, if so, whether or not to respect the terms of the tacit contract with the health centre.

3. Cognitions and social norms

People’s rationality should be judged within their own terms. A rational agent chooses the most preferred element in his opportunity set, but, in some circumstances, “we need to take account of the fact that the full set of objective opportunities available to the agent may not be known” (Elster 1994:22-23). While the rational choice model is interesting enough in most cases, in some cases it is too meagre because it is not very useful in explaining the actors’ cognitions themselves (Boudon 1996:123).

In our case, there may be a problem of this kind if e.g. the mother -or responsible adult- doesn’t recognise her child as malnourished. It can e.g. be that the child is simply considered as meagre, e.g. for genetic reasons.

It can also -and more probably-, be that the symptoms of malnourishment are not linked to deficient food intake, but to other (root) causes, so that it makes no sense to visit a nutritional centre. We can refer here to the list of “traditional” causes of malnutrition: sometimes, it is thought that children have become the target of sorcery, of a “bad eye” by one of the (extended) family members. If a person falls ill without a reasonable immediate root cause, the almost always considered possibility is sorcery: some of the (extended) family members could have sucked the

¹⁰ the “total cost” of 632000 us\$ was calculated excluding personnel and transport equipment. The “subsidy” was calculated by only considering the price of a monthly food package. Vanderhaegen compared it to average per person food outlays as calculated and published by De Herdt and Marysse (1997:65) for the zone of Matete.

¹¹ Though it doesn’t follow from this that we think the decision to close down was wrong.

life blood of the child (in order to “get back” what was taken from him/her at another occasion¹². To be sure, sorcery may be considered as one of the possible causes, but, in concrete cases, the diagnosis is not easily determined; often, the symptoms of malnourishment will be the argument to accuse some other family member of witchcraft. The root cause of the child’s malnutrition is hence attributed to a family conflict, a transgression of some “traditional” norms, etc.. There are of course different routes to “solve” the conflict, depending on the type and depth of the conflict, the type of evildoer, and the type of communication channels between the conflicting parties. Some of the possibilities is to contact a traditional healer, who can give the child an “antidote” which will protect it from the evil forces.

Another probable “traditional” cause of malnutrition is what has been called (*n*)*sanga* in Kinshasa and its immediate environment: a child’s parents should abstain from have sexual (extramarital) intercourse. If not, the mother’s breast will heat up, causing the milk to get sour, and hence the child to refuse drinking it, with the consequence of getting malnourished. Related to this is the observed relationship between malnutrition and a new-born in the same household. To illustrate, the name “kwashiorkor” comes from Ghana and means, literally, “the evil spirit which infects the first child when the second is born” (Young 1997:26).

To sum up, in the Kinois’ minds there seem to be a host of alternative explanations of the symptoms of malnutrition, besides too low food intake. Consequently, we may suppose that it is possible that children arrive too late at the health centre because these alternative interpretations are, somehow, given systematic priority. Can we qualify the child’s direct family members’ action as irrational in this case ? No, in the sense that they act consistent with what they believe. Are their cognitions irrational ? This question is interesting, as “rational” may be understood as “rewarding” as well as “realistic” in this case.

Realistic cognitions

As concerns the latter aspect, it should be noted that none of the above explanations can be ruled out *ex ante* on the basis of unrealism.

To begin with, it may be difficult to recognise that a child’s symptoms of malnourishment are linked to deficient nutrition. Most of the times, the immediate cause of acute malnutrition is *illness*, not malnutrition *an sich*. The problem is compounded by the fact that her other children,

¹² To illustrate, one of Luzolele’s interviewees mentions a child which stayed at his father’s after the divorce. His stepmother accused him of being bewitched by his biological mother to kill his father, and so the child decided to run away (Luzolele 1998:27-8).

which are given an equal food ration, will not necessarily present the same symptoms. Hence, “ordinary” knowledge is not very useful to validate the relationship between deficient food intake and symptoms of acute malnutrition¹³, and, concomitantly, an entirely different “reading” of the symptoms becomes possible.

Further, reading symptoms of malnutrition in terms of sorcery is difficult to invalidate, as sorcery practices take in principle place “at night” and “behind one’s back”. Further, the “evidence” of sorcery is also provided by its general acceptance as one of the set of possible causes. While it could be supposed that ignorance of the relationship between deficient food intake and symptoms of malnutrition could simply be extinguished by organising a training session for young mothers in basic medical care, it is much less evident to invalidate beliefs in witchcraft in a world where the power of nocturnal forces is so “evident” that questioning them would rather invalidate the questioner than the nocturnal forces themselves¹⁴.

Finally, wrong diagnoses are not necessarily and certainly not unambiguously “sanctioned” by wrong cures. Reading malnutrition in terms of sorcery does not necessarily imply that the child will not be cured. Many “antidotes”, given by healers, have in fact a high nutritional value, e.g. the food concentrate made with the red fruit of a tropical tree, which is supposed to compensate the shortage of blood, which was allegedly sucked out of the child’s body by a witch. Though, in the case of nsanga, the child’s symptoms are connected with behaviour by other family members, but the “root cause” is not disconnected from medical and social reality: Sexual intercourse not only brings about hormonal changes that may affect the production of colostrum, extramarital intercourse may also be an indicator of (diminishing or absent) care for the child, which may in turn influence its nutritional status (Engle and Nieves 1993). To the degree this last element is important, “healing” the family again (i.e. by “paying” to the lineage to whom the child belongs in order to rectify the transgression of the rule) may indeed have positive consequences for the child, measurable in terms of its nutritional status¹⁵.

To sum up, it is difficult to mark the Kinois’ general tendency to make the “wrong” diagnosis of malnutrition as unrealism, or, for that matter, as a question of lack of (medical) education. The

¹³ In our case, the relation between deficient food intake and malnourishment could be categorized as what Boudon called a “type II belief”: beliefs which can be validated and which are not actually validated (1996:125).

¹⁴ Sorcery can be categorized as what Boudon called a “type III belief”: they cannot be validated by an operation of confrontation with the real world (1996:125).

¹⁵ Future research should enquire into this: given that an increasing number of children are nowadays brought up in the absence of their natural father, or even their mother, the diagnosis of nsanga seems to be rather probable, though it will be much more difficult to “cure” it in the “proper” way in these “modern” circumstances.

problem is not so much that alternative readings of the symptoms of malnutrition are ex ante less probable, the problem seems to be rather that these alternatives are *systematically favoured* in comparison to the –given the general circumstances- at least as probable explanation of the symptoms of malnourishment as caused by too low food intake. Compare our argument to the troubleshooting algorithms used by computer specialists¹⁶: The problem is not that the list of possible alternative explanations of the symptoms of malnutrition is too long, it is rather that the algorithm used to test the relevance of each one of them seems to put the “too low intake” hypothesis at the last place, when it is almost too late to allow the child to cure.

Indeed, parents will often already have visited a traditional healer first, or, more generally, they will have tried to solve the -in their eyes- root cause of the child’s symptoms before. It may explain also why parents do not consider the food, offered at the nutritional centre, as “normal”: mothers do often assume that “they must have put a drug in it”, for “why would my child be cured by eating your flour, while it has become ill by eating the flour I bought myself?”¹⁷. In this sense, the nutritional centres have become a new type of healers, a kind of healers-of-last-resort, capable of protecting people against the consequences of the “evil eye”, or of neutralising the malicious effects of adultery, but without the prospect of “healing” the root causes of the symptoms, of healing the social tissue surrounding the child.

Rewarding cognitions

A further step in our argument would be, then, that the “too low food intake”-explanation is evaded as long as possible, given that this diagnosis is the least rewarding, at least in the long-run.

Some elements to sustain our argument can be found in the report of interviews our research team has organized among those household heads we had identified as “poor” according to the income-criterion (Luzolele 1998).

To begin with, several interviewees expressed their reluctance to go and beg for food:

“We don’t like to ask since tomorrow, they will say ‘he has come to ask here’. The next visit, you go for something else, but they are going to think that you’ll come to ask money again. This is why we don’t do this” (cited in Luzolele 1998:24, own translation).

The point of the interviewee is not so much that a good relationship must be a reciprocal relationship, where a gift is returned in due time, and where there is an over-all balance of gifts

¹⁶ See also the “modus operandi method” as described by Scriven (1976).

¹⁷ Quote annotated by Marie-Pauline Monganza.

and counter-gifts¹⁸. Rather, her point is that asking food would “spoil” the relationship in the sense that the beggar cannot anymore perceive the social relationship a truthful one: once the relationship has been turned into an instrumental one, a doubt will set in which will undermine every attempt to turn it again into an intrinsically valuable one.

Translated into our conceptual framework, the beggar trades off the short-run reward provided by the food given to him against the long-term reward from feeling worthy of respect. Begging for food is a Doomsday scenario. This interpretation coincides with Adam Smith’s well-known connection between poverty and shame. It is also reflected in the Kinois’ description of the poor (*babola*) as the lonely:

“*Mobola*, it’s a person who lacks parents; he who lacks food is poor since if he doesn’t eat it’s because he has no-one to give him food” (cited in Luzolele 1998:42, own translation).

Note, however, that the taboo on begging seems to be restricted mainly to the domain of food; one can ask freely for help e.g. in the case of schooling costs or health expenses, but not as concerns food. Though we did not enquire deeply into the question, the phenomenon may be understood as a remnant of a predominantly agricultural society, where land was abundant and where the amount of food available was, broadly, function of the amount of effort deployed to work the land. In this context, shortage of food is related to laziness.

Further, and consistent with the above, is Luzolele’s interpretation of frequently used expressions as “we eat following the horoscope” and “we eat by miracle”. If a westerner would interpret them as pure signals of crisis, Luzolele cites them to emphasise the religious underpinnings of good health: someone is able to be in good health and feed himself and his family since he is blessed by the gods. If survival is seen as a miracle, the absence of survival will in the first place be interpreted as a conflict with the gods, and, by inference, as a punishment for something which must have upset them. Our discussion of sorcery and *nsanga* as causes of malnourishment basically boils down to considering the symptoms of malnutrition as a punishment for transgressing social norms. Whatever may have been at their origins or explain their dynamics, to the degree malnutrition is connected with transgressions of social norms by the malnourished’ (foster) parents, the spectre of “cures” is of course of a totally different character than if the symptoms of malnourishment are simply seen as *malnourishment*.

¹⁸ In terms of the vocabulary of the gift-economy, the fact of asking food implies that the gift cannot anymore be given *freely*, and that, therefore, it is not anymore a gift which unites.

These elements point to two hypotheses as concerns the participation in food emergency programs.

First, if it is indeed the case that “if someone lacks food, this must be because (s)he has no-one to give him food”, participating in a food emergency program is equivalent to admitting that one has failed, not only as a care-taker but also, and in the first place as a social being. As an animator of the Health centre in Kisenso put it:

“We see much of these cases: persons who, if they don’t have money themselves, and even if the sister [head of the health centre] can help them by selling some maize, they don’t have the courage to come and ask for help; some children die because of their parents’ shame” (cited in Luzolele 1998:31-2, own translation).

Participating in a food-aid program is necessarily a visible signal of poverty. Who would publicly and even privately admit that (s)he has not been able to nourish one’s children ?

Second, this shame disappears whenever one can blame a child’s malnourishment to others’ irresponsible behaviour, or even the child itself. If e.g. one can say credibly to oneself that the malnourished child is bewitched, and hence already socially dead, there is no need to feel ashamed. It may even be that going to the centre with such a child will be interpreted, by the “general public”, as an act of humanity. Similar reasonings apply to other types of children. One of the expressions used in this context is *mwana na mwana na tata naye* (every child has its own father). It may be used an excuse by a child’s extended family members (mother’s side) to refuse any responsibility for its health.

To sum up, **the paradox of the implicit contract between the health care workers and the care-takers of malnourished children is this: those who would be interested *ex post* in respecting the terms of the contract prefer in fact not to sign it *ex ante*, while those who are inclined to agree *ex ante* do so for the same reasons which will lead them not to comply *ex post*.** This is the central argument. Precisely because the supplementary feeding program targets towards the malnourished, it will not attain the malnourished with “caring parents” because these parents want to avoid exhibiting signals of poverty.

Further evidence for our argument will be discussed in the next section.

4. Comparison of assisted and not assisted households in Matete

The empirical data to be presented in this section were collected by the end of 1996 in the form of, on the one hand, a representative budget and anthropometric survey in Matete, and, on the other, a budget survey among the families that assisted one (or both) of the two nutritional centres in Matete. They allow to refine the profile we have of the households assisted and not assisted through the food emergency program.

The process of data gathering, as well as detailed information about the construction of crucial variables, was discussed elsewhere (De Herdt, forthcoming). For our current purposes, we distinguished three groups of households.

Group 1 (64 cases) contains the households with children (0-6 years), none of them being acutely malnourished, selected from our representative survey.

Group 2 (10 cases) contains the households with at least one acutely malnourished child from our representative survey, but who did not attend any nutritional centre. The criterion for defining children as malnourished was the 85% frontier, i.e. the criterion for terminating assistance in the form of supplementary food aid. It would have been better to use the 75% frontier (i.e. the entry-criterion for supplementary food aid), but we chose to enlarge the group so as to end up with at least 10 cases. Note that only 1 (11th) case of our sample was malnourished *and* treated in a nutritional centre. One could conclude from this that, in the case of Matete, only 9% of all malnourished are assisted by a centre. This figure is to be taken as a very crude estimate, however, given the smallness of the sample. Anyway, this case was excluded from further analysis.

Group 3 contains the households with acutely malnourished children (0-6 years) and who are assisted by one of the nutritional centres of Matete. Originally, we had in mind to visit 40 families of this type, but in reality, and after having corrected for double counts, there were only 34 cases. Of the 34 addresses we obtained at the *Centre Nutritionnel St.-Alphonse* and at *ORT* (State-organised nutritional centre), 3 were fictitious. Furthermore, 4 households really existed but did not have children. Were they registered at the centre because they came with another's child? Or were they registered because someone not living there had given the centre the wrong address? In any case, they were excluded from the group. Finally, 5 households were not living in Matete (they came from the neighbouring zone of Kisenso), and in one case the interviewers had interviewed the wrong family (the neighbours of the household of the malnourished family). Group 3 will thus total 21 cases.

Ignoring the above problems, we can assume that this group is not anymore simply a representative sample of the population; it is the population itself. Therefore, we will test the significance of the differences between groups 1 and 3, and 2 and 3, respectively, by performing a one sample t-test, and test each time if the mean of group 3 is statistically significant from the mean of groups 1 and 2 respectively. But can we really ignore the above problems ? Certainly not. It may well be the case that the so-called “opportunists” are concentrated among the fictitious addresses, the double counts and the addresses without children. We will have to take this assumption into account at the moment of interpreting the results.

Differences in wealth

We identified 3 separate measures of wealth.

The first indicator measures the *total* amount of household expenditures Y per adult equivalent, which are calculated as

$$W(\alpha, \theta)_h = \frac{Y_h}{(Adults_h + \alpha Children_h)^\theta},$$

with

$\alpha=.7$ the equivalence factor to express children’s (0-6 years) consumption in terms of adults’ consumption, and

$\theta=.85$ the factor accounting for economies of scale.

The second indicator measures the total amount of yearly per adult equivalent *Food outlays*, which are calculated as

$$F(\alpha) = Food\ outlays / (Adults + Children * \alpha)$$

With $\alpha=.7$, weight attached to children.

As is commonly accepted, food outlays are not subject to economies of scale. The third variable measures housing quality, and is expressed in terms of (real or imputed) monthly rent.

The results for the 3 groups are presented in Table 2.. The table shows some interesting differences. First, it can be observed that both the groups of households with malnourished children can be qualified as “poor”, in terms of food as well as total expenditures per adult equivalent unit. Malnourishment is still a symptom of poor resources. Second, considering only these indicators, there are no significant differences between the two groups of “poor” households,

albeit that the families whose children are not assisted by the centres seem to be slightly “richer” (less poor). However, it should be remarked that the outlays-data are not very reliable in this case: as already remarked, the monetary value of the food assistance package is rather high (200\$ per household). Though the “outlays” do only measure what was really paid for, it is probable that (part of) the food assistance package has been sold in order to buy other things.

Table 2.
Differences in wealth

	group 1	group 2	group 3	t-test of mean dif. Between group 3 and group1	group 2
number of cases	64	10	21		
Per adult equivalent ($\alpha=.7$) FOOD expenditures (\$ per year)	282	146	191	3.13**	-2.07
Per adult equivalent (.7,.85) TOTAL expenditures	700	414	428	4.68***	-.25
% food expenditures/ all real expenditures	62 %	65 %	71 %	-4.44***	-1.90
Quality of housing (\$ per month)	49	65	44	1.88	3.51**

*p<.05 **p<.01 ***p<.001

Second, surprising as it may be, the households with malnourished children *not* assisted by the centre are surrounded by a significantly better infrastructure -circumstances which are even better than those of the “average” family without malnourished children. “Better infrastructure” means, in this instance: toilet inside the home, roof isolated, bigger total surface of the house. These are the empirical observables we used to estimate “imputed” rent. They are probably only rudimentary but in any case very operational variables which can give an idea about the quality of the house in general. But in any case, the quality of the house is a very bad indicator of the nutritional status of the children living in it. This is probably related to the fact that precisely these households also host a significant percentage of “hidden families”, i.e. one-parent families hidden within the household of a relative of the mother. This hypothesis is to be confirmed below.

Differences in characteristics of family head

Heads of family have been self-defined by the households themselves, who generally recognise one person as the person responsible for the whole household. Usually the household head is the principle earner of revenue. Usually the household head is the oldest father in the household.

Table 3 resumes some basic characteristics of household heads, differentiating between the 3 aforementioned groups.

Table 3.
characteristics of household heads

	group 1	group 2	group 3	t-test of mean difference	
				between group 3 and group 1	group 2
% of female household heads	17%	10%	5%	2.56*	.5
age of household head	46	60	55	-5.12***	1.4
Education:					
% illiterate/primary school	20%	56%	20%	.07	2.02
% secondary/technical school	37%	33%	75%	-5.50***	-2.5*
% higher education	43%	11%	5%	5.30***	.55
Occupation:					
% unemployed	22%	60%	28%	-1.06	1.97
% blue collar worker	14%	10%	17%	-.69	-.67
% white collar worker	36%	30%	33%	.36	-.22
% commerce	15%	0%	11%	.88	-

*p<.05 **p<.01 ***p<.001

To begin with, the age of the household head is significantly different between the “poor” and the “non-poor” (as defined by the criterion of acute malnourishment). Heads of “poor” households are ap. 10 years older. We will detail the information behind this observation in the next paragraph. Further, apparently the “poor” groups are less headed by female heads. While this observation seems to contradict (again) the often documented phenomenon that poverty is predominantly female, it must be noted that, in our case, poverty is measured by the criterion of acute malnourishment, and that female heads may, more than their male counterparts, be supposed to evade malnutrition of the children they are fostering. For additional discussion of gender-related topics, we refer again to the next paragraph.

The third range of variables refers to the educational level of the family heads. An often discussed relationship is that between education and malnourishment. This relationship is confirmed in our data: the two groups of households hosting malnourished children are underrepresented as concerns heads with higher education. Of groups 2 and 3, the former seems to rank as the poorest in terms of the head’s education. However, we shouldn’t overestimate the significance of these observed correlations, as they seem to reflect at least in part the differences in average age (see row 2). , their educational level determines their insertion in the labour market. The last type of variables presented in table 3 allows to obtain an crude idea of the differential insertion in the labour market: they categorise family heads by *reported* activity. None of the variables reports a significant difference between the several groups. However, the percentage of “unemployed” household heads merits some discussion. Mean age of the 6 unemployed is 65 year: they should

be called “retired” rather than unemployed. It is to be noted also that it is this group which is responsible for the high average level of housing quality for the whole group. Three of them were white collar workers, even if they only went to primary school (some 50-60 years ago). Apparently, the profile of this group is that of households headed by the “original” house-owners, those who live there since the last years of the Belgian colony, the “évolués” as they were called in that period. Are the “original” urban families the main victims of the current economic crisis ?

Differences in characteristics of children

Table 4 presents some summary data on the importance and type of children in the household, per group.

In our view, these data can give further insights to understand why it is that household heads with malnourished children are so much older. In fact, the whole household is composed in a different manner. First, it is to be noted that there is a huge difference between an average household and a nuclear family (the household head, his wife and their children); ap. one third of household members -all of them members of the extended family-, do not make part of the nuclear family. This percentage is not significantly different over the three groups. The *type* of non-nuclear family members differs, though, between the poor and the non-poor households. As concerns the latter, more than half of the non-nuclear family members are either parents, uncles, aunts or nephews of one of the spouses (18% of 34%), whereas this category is virtually absent in the former group of households. As concerns children, one can observe that, while in the case of non-poor households, 60% of household members younger than 7 years old are natural children of the household head, whereas, for poor households, this percentage reduces to less than 30%, the remaining 70% being grandchildren or great-grandchildren. These data could, of course, partly be explained by the household head’s age. However, previous research (e.g. De Herdt, forthcoming) allows us to argue that the causality may well be the other way around: Poor households are, besides other characteristics, disconnected from the broader family of origin, and more connected to their descendants. Being poor, the young female adults will not be able to form an independent household, they will stay at their parents’. This does not mean they won’t have children of their own, it only means that, in many cases, they will not have a husband. As is shown in the last row of Table 4, the percentage of children (relative to all children) without a father is significantly higher for the households with malnourished children as a whole, and especially for the group of households with malnourished children assisted by nutritional centres, where it amounts to 59 %.

Table 4.
characteristics of children and households

	group 1	group 2	group 3	t-test of mean difference between group 3 and	
				group 1	group 2
number of household members	10.4	14.8	14.1	-5.91***	.48
% not of the nuclear family	34%	35%	33%	.43	.26
% of same or higher generation of household head	18%	3%	2%	5.54***	.67
% children 0-6 years	22%	20%	28%	-4.46***	-3.16*
of which % children of head	60%	23%	27%	5.71***	-.28
% (great-)grandchildren	32%	77%	73%	-7.29***	.28
% other extended family	8%	0%	0%	-	-
% of children with father absent	34%	50%	59%	-4.57***	-.60

*p<.05 **p<.01 ***p<.001

Finally, while on average one fifth of household members are children (0-6 years), this proportion is significantly higher for the group of households who get assistance from a nutritional centre. It could have to do with the fact that, in these households, the possibilities for youngsters to constitute an household on their own are the most limited -see e.g. the high proportion of absent fathers, compared to the households with malnourished children who do not come to a nutritional centre. This interpretation must be formulated in a prudent way, however, given the smallness of our sample.

Conclusion

In this paper we discussed the evidence we gathered concerning MSF's supplementary feeding program in Kinshasa. It should not be read as an evaluation of the program. Instead, we tried to make use of the data which were "standardly" generated during the program's execution in order to inquire into the more important question of the interaction between different concepts of justice. At the one hand, an international organisation, endowed with expert knowledge on malnutrition and the means to set up an aid program, can justify its intervention by referring to the exceptional character of the situation. At the other hand, the potential beneficiaries seem to have been much less impressed by this "exception" argument. We argued that, instead, they seem to have applied "normal" standards of fairness. Perhaps what made the program rather atypical if compared to the interventions of MSF as we know them via the press, is that the "exceptional situation" was turned fairly rapidly into a rather structural feature; indeed, the plunderings of November 1991, the immediate cause of MSF's activation, were quickly followed by the plunderings of January 1993, the monetary chaos of October 1993, hyperinflation in 1994, etc. .

In any case, the various reports on the intervention reveal a fundamental misunderstanding by the organisation of the environment in which they are operating. We argued that the vocabulary of the fieldworkers is filled with "opportunism", "social cases" and "negligent mothers" because the day-in-day-out reality they are confronted with is precisely this. They are much less confronted with the socio-logic of the malnourished children who are *not* coming to the centre. We neither, of course, but theory may help to map the unknown. In our case, theory advances two alternative hypotheses: cognition and social norms.

As to the first, we argued that the problem is not so much *ignorance* but rather *another* way of thinking about reality. It is as evident for the Kinshais to invoke sorcery as a cause of malnourishment than for the fieldworkers of the nutritional centres to invoke negligence as a cause of malnourishment: both cognitions are grounded in the actors' daily experiences. Hence, a simple training session "to teach them how to cook" would be far too simplistic to solve the problem. Moreover, some of the more prevalent alternative diagnoses of malnutrition are undergirded by emotions of guilt and shame. A training session would be completely unhelpful here.

As to the second, we argued that shame over poverty could be an important *systemic* deterrent to assist a nutritional centre: precisely because the program uses malnourishment as a signal of poverty, care-takers confronted with malnutrition will give priority to all diagnoses besides that

which attributes the symptoms of malnutrition with too low food intake. Hence, the “cure” will be of an entirely different character.

The evidence on food emergency programs can be summarised in three stylised facts:

1. The program does barely touch 10% of the targeted population of malnourished
2. Too much children arrive at a fairly advanced state of malnourishment;
3. Children stay much too long in the program, which, together with the other weak indicators of program efficiency, strongly suggests that they are *de facto* neglected in the household which hosts them.

Combining both theory and facts, we arrived at the conclusion that children only enter the program when their family has already marked them as socially dead. As an implication, the weak point of the program is its trust in the active commitment of the hosting household towards the child. Children are undernourished in the first place because they lack a sufficiently committed environment. Further, as long as this environment will be committed, it will not accept food assistance by an external agency. The acceptance of external assistance in the domain of food signals precisely the lack of commitment which is needed to allow the assistance to be efficient.

Our own survey-data did not enable us to draw a sharp difference in profile between those who are assisted and those who aren't. The only strongly significant difference (much higher imputed rent paid by those households who are not assisted) may be related to the fact that this group also contained a relatively high percentage of retired employees and original house-owners. Though it is logical to conclude that this group former “évolués” is probably also more prone to feelings of shame than any other group, given the smallness of the sample we disposed of it is not clear whether the relatively high importance of this group in the category of non-assisted poor households is coincidental.

ANNEX

Assessing housing quality in Matete

The variable of Housing quality is a statistical summary of the variables specified in the table below. The statistical summary was obtained by applying the “HOMALS”-procedure. The last column of the table shows the association between this statistical construct and each empirical variable.

Variables entered to measure “housing quality”, Matete 1996

Variable name	Description	Value codes	Variance explained by Dimension 1
B03	Quality of road	1 (good)-2(bad)	32%
B12	Quality of roof	1 (good)-2(bad)	21%
B13	Kitchen	1 (present)-2 (absent)	40%
B16	Total surface	<30, 30-48, >48	47%
B30	Toilet	Inside/on plot/elsewhere	45%
B31	Water	Inside/on plot/elsewhere	27%
TOTAL			35%

The relationship between Housing quality and rent has been estimated, in the case of Matete, as

$$\text{Rent in us\$/month} = 51.134 + 19,670 * \text{Housing Quality} \quad R^2 = .54$$

(3.68) (3.28)

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