

Problems with Postwar Reconstruction: A History of Nutrition Intervention from the Civil War to Post-Civil War in Angola

Daniella Nicole Mak

Licenciada em História, em Estudos Africanos e Estudos do Médio Oriente pela Universidade de Pennsylvania; Mestranda em História Moderna e Contemporânea no ISCTE (2010/2011). Bolseira da Comissão Fulbright e da FLAD/Torre do Tombo. Investigadora visitante do ICS-UL

Resumo

Problemas com a Reconstrução pós-Conflito: uma História sobre a Intervenção Alimentar desde a Guerra Civil ao pós-Guerra Civil em Angola

Este artigo procura analisar os problemas da intervenção alimentar por parte das ONG em Angola desde a guerra civil até à presente era de paz. A autora argumenta que com a intervenção de apoio alimentar em tempo de guerra, as agências de ajuda humanitária contribuíram, intencional ou inadvertidamente, para a guerra civil, notando que durante a fase pós-conflito, os problemas com a ajuda externa continuaram a persistir. É ainda discutido o impacto que a falta de planeamento a longo prazo tem na transição da guerra para a paz em termos de apoio alimentar às populações.

Abstract

This article examines the problems with nutrition intervention by NGOs in Angola from the civil war until the current era of peace. The author argues that during wartime nutrition intervention, aid agencies in Angola often contributed to the civil war, whether intended or unintended. During the post-conflict stage, problems with aid have persisted. It is discussed how part of this burden stems from the lack of long-term planning specially concerning the transition phase from war to peace with a decisive impact on the populations.

Independence and the Civil War: an Emerging Food Crisis

Angola gained independence from Portugal in 1975. However, a 27-year civil war emerged until 2002 between different three nationalist movements, the MPLA, UNITA and FNLA. Before the civil war began in 1975, soil conditions were fertile, and Angola was relatively self-sufficient. However, the civil war destroyed the agricultural sector. Violations of the laws of war were committed on all sides, with 'land mines placed in foot paths to fields and sources of water...and capturing or killing civilians who tended their fields' (*Human Rights Watch*, 1989: 84). Soldiers used food strangulation of towns to 'attain self-sufficiency for...troops and civilian supporters' (*Ibid*: 84). The UN declared that Angola was the worst place to be a child. Reports by *Médecins Sans Frontières* (2002) estimated that one in six children were malnourished, with mortality rates for children under five exceeding the emergency threshold by 2.5. Peace agreements were signed in 2002, yet malnutrition persisted.

During Wartime: Taking Aid from the Devil?

Problems with Humanitarian Aid during the Civil War

"To win our independence we should take aid, as they say, from the devil himself."
Agostinho Neto, MPLA Revolutionary, First President of Angola

In 1984, development assistance was estimated at USD 33 million, and Angola appealed for USD 100 million in food aid in the mid-1980s (Angola Foreign Assistance, 1989). Beyond aid from governments, aid agencies stepped in during the 1980s. Major food aid agencies included CARE, World Vision, Africare, WFP, MSF, and Catholic Relief Services (Ostheimer, 2000: 115). WFP strategies involved emergency food distribution, social feeding programs, and were designed to combat acute malnutrition (WFP Office of Evaluation, 2006).

However, emergency food aid often became politicized, prolonging the conflict. Political parties tended to adhere to aid access agreements only when it fit well with their agenda. Consequently, with aid access agreements 'unilaterally suspended for months, proportional divisions of relief aid [were] between the conflicting parties (regardless of de facto existing needs)...aid became much more an integral part of the conflict dynamics and the war economy than constructive support for the peace process' (Ostheimer, 2000: 128). Food aid "was used as a modus vivendi of negoti-

ated access....counteracting the original intention of advancing the peace process” (Ibid: 129). Some have speculated that the WFP was less passive in its distribution of politicized emergency food, and argue that food aid was given to rebel groups as an indirect means to counter Soviet influence. While it is difficult to discern whether there was indeed a gap between the WFP’s stated intentions and actual interests, food aid did impose negative ramifications, intended or unintended.

In an ironic manner, NGOs began to take ‘the Hippocratic principle *primum non nocere* – first do no harm’ in a bid to appear impartial (Ibid: 117). Yet, as Ostheimer has aptly argued, this led to an interpretation such that there was holding back of aid, with fear of disagreement upon ‘the *basis* of humanitarian assistance [rather than addressing] current problems (above all politicization of humanitarian assistance) or establish[ing] space for humanitarian assistance during complex emergencies’ (Ibid).

Emergency aid during this period also affected farming patterns in Angola. David Sogge (1994) details how poor farmers, displaced people, and peri-urban dwellers were pushed out of business. In the middle of the civil war, in 1999, statistics from the UN Food and Agricultural Organization and WFP indicated that Angola’s self-sufficiency ratio was below 50% (Ostheimer, 2000: 128). Moreover, in some cases, the WFP blatantly rallied against appeals for long-term agricultural policies. Food aid was seen as a tool to rid agricultural surpluses on the part of donor nations. In one case, an NGO suggested WFP ‘buy up the *Manioc* crop as an incentive to farmers who were returning so that this could support local cultivation. It was a local crop and this would increase the price by boosting local productivity. This suggestion was turned down [as] manioc was not produced in the U.S. or the EU’ (Campbell, 1997: 32).

Transition to Peacetime: the Politics of Post-Conflict Development

Problems with Development Aid during Peacetime

In Angola, NGO fieldworkers have put into practice an innovative strategy that leverages community volunteers, known as the WHO Community Based Management of Acute Malnutrition (CMAM) to target Severe Acute Malnutrition (SAM)¹. Community volunteers screen children for suspected cases by measuring arm circumference (Myatt et al. 2006). At-risk children are sent to feeding centers, and given the therapeutic food package, Plumpynut.

1 The WHO defines Severe Acute Malnutrition (SAM) as weight-for-height measurement of 70% or less below the median or 3SD or more below the mean National Center for Health Statistics reference values, the presence of bilateral pitting edema of nutritional origin, or a mid-upper arm circumference (MUAC) of less than 110 mm in children age 1-5 years.

Sadly, one of the primary issues with the transition to post-conflict development is donor fatigue. Aid work requires funds, and this necessitates publicity. Thus it 'is in the interest of every aid agency to have as high a profile as possible' (Ostheimer, 2000: 115) in order to secure project funding. However, with the signing of peace accords in 2002, funding has decreased. Yet as Francesco Checchi, an epidemiologist who has done fieldwork in Angola, proclaimed, 'once the conflict is over and the cameras are switched off, the suffering continues' (Brown, 2003). Although aid agencies flowed in during the civil war, there was little long-term planning as to how to phase out to the development stage. Consequently, the prolonged crisis has meant that it becomes 'easier for donors to threaten or carry out a total or near-total cut-off of aid even to countries undergoing severe conflict' (Keen, 2007: 138). Lack of transitional planning led to insufficient capability to deal with this abrupt aid cutback.

Originally, WFP and the Angolan Ministry of Health opened a series of therapeutic and supplementary feeding centers to address the high levels of malnutrition (ReliefWeb, 2004). There were formerly 26 operating therapeutic feeding centers and 50 supplementary feeding centers supported by WFP. However, WFP has since pulled out. There has been a severe cutback in the number of operational therapeutic feeding centers and supplementary feeding centers. Due to the reduction of WFP activities, malnourished children no longer benefit from food supplements and the government supplementary programs are not able to cover the needs of malnourished children. Most of malnutrition cases are left untreated in the communities. The mortality rate in the feeding centers can be as high as 10 to 25%. Many children with moderate malnutrition run the risk of approaching a stage of severe malnutrition.

These issues can be linked to a lack of planning for transitioning, or scaling up processes from the emergency to development phase. Yet sustainability is important to assess when evaluating post-conflict development programs. Connectedness is also a linked aspect that refers to the need 'to ensure that activities of a short-term emergency nature are carried out in a context which takes longer-term and interconnected problems into account' (Minear, 1994). As CMAM programs take place in a wide variety of contexts, it is useful to consider these two criteria together.

Beyond this, it is interesting to observe the problems that inertia of past nutrition intervention programs during the emergency context has created for CMAM. CMAM relies on community volunteers. However, during the emergency period from 1975-2002, volunteers were recruited for NGO or donor-supported top-down programs. Former community volunteers have become habituated to receiving better volunteer incentives, such as soap, food, bicycles, and money. Consequently, in the transition to the development context in Angola, less people are willing to be volunteers to screen for malnutrition in their communities with the wristbands. Community volunteers who are conditioned to monetary or tangible incentives

repeatedly talked about what they “used to receive.” As local expectations of volunteers have risen, it becomes difficult to structure incentives.

Angola is also experiencing problems with food dependency as a result of the emergency phase. Agricultural production is still low as the country has transitioned to the development phase. However, better planning from the beginning could have improved transitional planning and timing of emergency aid. As Aidan Egan from Creative Associates remarked, ‘In Angola the emergency phase has been drawn out for too long; it has caused increased dependency...WFP continues to plan to expand its free food distribution in Angola to incorporate more of the UNITA areas, though its free food policy is criticized for going on too long’ (Hammock and Lautze, 1997). Specifically, with the current CMAM program, the therapeutic food, Plumpynut, comes from a French company called Nutriset. Whilst special therapeutic food may be needed to address time-sensitive medical needs, in the long run, agricultural policies should also be evaluated to foster Angola’s previous self-sufficiency.

Traditional Aid vs the Empowerment Model

William Easterly’s critique in *The White Man’s Burden* (2006) presented bottom-up aid as the way forward, in comparison to the traditional top-down “planner” approach. His argument stressed that planners believe in revolutionary social change, based on an Enlightenment ideal where the “Rest,” or Africa, is tabula rasa to be remade. Without a historical, legal, political, institutional and cultural context, the “West” can inscribe its own superior ideals.

Jim Goodman (2008) from The Hunger Project has stressed the difference between traditional top-down service-delivery aid and what he called the bottom-up empowerment model. According to Jim, in the traditional top-down paradigm, the target group is beneficiaries whose basic needs must be met, and services are provided through governments and charities. Donors are in charge that provide the money and hold implementers to account. The main constraints (as only a technical analysis of CMAM would reflect) involve bureaucracy, and inefficiency of the delivery system. The role of government is to operate these service-delivery programs, and social and cultural issues are seen as conditions to be compensated for. Conversely, with the empowerment model, the target groups are hardworking, creative individuals who lack opportunities and are actors in development. Instead of simple service delivery, mobilization and empowerment of self-reliant action in solidarity is stressed. Rather than money an expertise, local vision and entrepreneurship is emphasized. Local agents and the leaders who they hold accountable are in charge, not donors. Rather than bureaucratic technicalities as the main constraints, institutional, historical, political, economic, and social factors are considered. The role of

government in this model is to decentralize resources and decision-making to the local level, build local capacity, set standards, and protect rights.

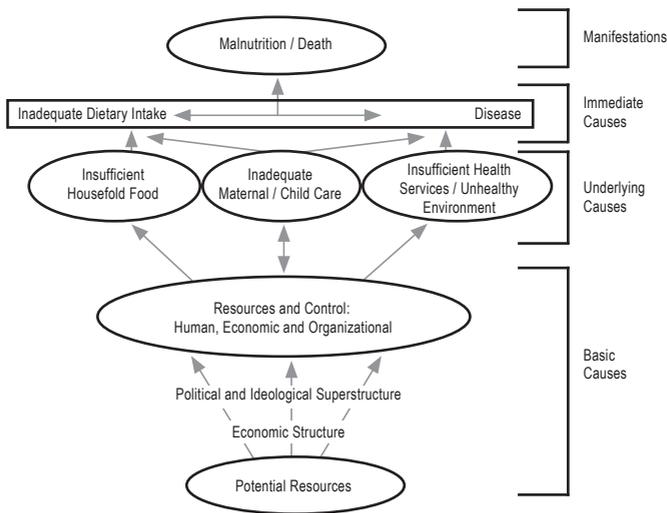
Nutrition interventions during both the emergency phase and the development phase in Angola have presented their own particular set of problems. In short, the challenge in transitioning stage from war to peacetime is that ‘emergency assistance is usually externally driven, with a risk of being inappropriate and even fueling conflict. In addition, very few donors commit to longer term development, once the most acute phase of a crisis passes, and so root causes of conflict and crises remain untouched’ (Alinovi et al, 2007: vii).

Root Causes of Severe Acute Malnutrition in Angola

By approaching severe acute malnutrition as a humanitarian issue in the post-conflict development phase, the assumption was that it could be treated through technical solutions. It is important to note that severe acute malnutrition does demand immediate medical attention. However, a two-pronged approach is needed. Little planning was done alongside CMAM to complement this program and address the long-term root causes of severe acute malnutrition. This is emblematic of a particular discourse present in the ‘complex relation between the intentionality of planning and the strategic intelligibility of outcomes’ (Ferguson, 1990: 20).

A framework of causes of SAM is shown below by the UNICEF Conceptual Framework (UNICEF, 1990).

Chart 1 – UNICEF conceptual framework on severe acute malnutrition



When assessing connectedness of a CMAM program, it is essential to appraise the design in relation to how it addresses immediate and underlying causes of Severe Acute Malnutrition. In evaluating the technical flaws with the efficacy of CMAM (e.g. staff turnover, data collection problems, distribution problems of therapeutic food), my initial report did not address the root causes of SAM in its entirety. There are a range of causes of malnutrition which can be separated into different time phases:

- Immediate causes (e.g. inadequate food intake, diseases, war);
- Underlying causes (e.g. food insecurity, caring capacity and essential services);
- Structural causes (e.g. economy, political ideology and government policies, institutions and patterns of resource allocation, nutrition-related interventions).

Intervention designs that aim to tackle immediate causes of malnutrition are typically more short-term in impact. Intervention against underlying causes are more medium-term in impact and focus on capacity building. Interventions related to structural causes are long-term in impact and focus on empowerment of the population. During the civil war, aid agencies stepped in to deal with immediate and underlying causes of malnutrition. CMAM is perhaps more appropriate in tackling immediate causes of SAM. It is also apt as an intervention that is rapid in response.

However as Angola has moved from war to peacetime, aid agencies did not complement their food programs with a set of policies that addresses underlying and structural causes. Aid agencies must realize that they are no longer operating in the emergency phase, and the same rules of the game do not apply to the post-conflict development phase. Policies should aim to target long-term hunger, caused by availability and access as opposed to temporary emergencies. Yet the literature published by operating aid agencies often displaces malnutrition from its complex web of causes. Severe Acute Malnutrition arises from a complexity of factors and mandates a joint clinical and public health response (Collins et al, 2006) that frames issues in a wider discourse. Root causes, not symptoms must be brought to the foreground. The following discusses some of the possible root causes, but is by no means exhaustive.

Underlying Causes of Malnutrition

According to informal discussions with community members and health coordinators, it seems that malnutrition in Angola arises in part from poor feeding and caring practices for children. In the long run, sustainability will thus imply promoting nutrition education and agricultural production. Distance is often an

impediment for people trying to access health post services. Access is also impeded by remaining land mines, which take time to be eliminated. Poor infrastructure, with roads slowly being rebuilt is another constraint.

Structural Causes of Malnutrition

Damage done to the supply-side during the war only explains part of low capacity. Agricultural insufficiency is also historical, and tied to the colonial state. During Portuguese rule, there was an 'exploitative system, extracting surpluses under the whip of taxation, and through a well-calibrated flow of incentive goods (cheap Portuguese wine), wage goods (textiles), and producer goods (oxen, carts)' (Sogge, 1994: 94). The impact of the colonial legacy on weak agriculture has persisted to today, with an influx of Portuguese goods in supermarkets that are too high to afford. This is to the extent that the capital, Luanda, was rated as the most expensive city in 2011.

Institutional factors also are key: in 'the post-independence era the state bureaucracy has remained ineffective with the exception of the petroleum sector' (Ostheimer, 2000: 120). This has led to de-linkage on a socio-economic level, whereby the MPLA government has formed strong partnerships with foreign oil companies by means of the state-owned oil company, Sonangol. As such, it has funded its 'military and economic projects almost entirely with oil revenues [and] the Angolan government no longer needed to diversify its economy and boost the productive capacity of its population' (Ibid: 121).

Working Towards an Empowerment Model

Complementary food programs that encourage better feeding-caring practices as well as an agricultural self-sufficiency would promote sustainability. With the transition from war to peacetime, aid agencies also need to start planning how to integrate their nutrition intervention programs into Angola's national health system. Therefore, a strong partnership should be forged with the state with discussion on decentralization of service delivery to the local level, and protection of rights and standards.

As Jim Goodman (2008) emphasized, Angolans need to be respected as individual actors in the development process. Local voices on authoring their own story must be placed at the center. As cited by Elbadawi, World Bank Development Economic Research Group lead economist, 'aid can work if good policies are already in place, but can't stimulate good governance on its own' (Elbadawi, 1999: 580).

Conclusions

As Angola has shifted from war to peacetime, malnutrition has persisted. Yet aid agencies continue to pursue malnutrition as a 'technical problem' to be engineered with solutions that treat only its short-term causes. However, this type of discourse is not framed in the history of Angola's nutrition problems and intervention. Doing so weaves a narrative of institutional, historical, political, economic, and social factors that work together to explain why malnutrition still remains a major problem. With complex emergencies that have persisted to peacetime, interventions must also seek to look at long-term determinants of food insecurity to complement immediate causes.

Since the formation of the colonial state, Angola witnessed a fallback in agricultural self-sufficiency. During wartime, as aid agencies and the WFP stepped in, this often fuelled the conflict, increased dependency, and pushed farmers out of business. Whilst some have criticized these aid agencies on the basis of their ethics for getting involved with humanitarian agency in the first place, this article's criticism of their practices stems from the results of actions taken. When the media spotlight was on the civil war in Angola, aid agencies quickly flooded in, but failed to facilitate discussion about the long-term consequences of their involvement. When aid agencies decide to become embroiled in humanitarian intervention, they have already justified to themselves why they entered in the first place. However, they should also hold themselves accountable to evaluating their actions after deciding to enter.

Evidently, the case of Angola was complex, and there was not a lot of discussion in the aid agency sphere about how to modify practices from emergency situations to peacetime. Reports concur that for 'many working in humanitarian and development fields...an increasing number of crises do not fall neatly into either of these broad categories. This is particularly true for protracted crisis situations where what were originally considered emergency situations continued over years and even decades. Indeed, it soon became clear that there was a huge policy gap and a lack of suitable frameworks to guide response and longer-term programming in these complex and volatile situations' (Alinovi et al, 2008: vii). However, this does not evade us of our responsibility to start thinking more critically about these issues. Analysis of any policy problem, not only malnutrition, needs to be contextualized within an analytical framework that examines the root causes.

Some would criticize any intervention at all on the part of aid agencies on the basis of aforementioned challenges, which have arisen from war to peacetime. Others have even stressed that these aid agencies are a form of neo-colonial enslavement. Yet there are solutions that need not be overly cynical or fatalistic. Not all foreign aid is inherently flawed or imperial.

As the history of nutrition intervention in Angola has demonstrated, perhaps the answer is simply continuing to be engaged in these types of debates, and to acknowledge that ‘only by understanding the complex political nature of protracted crises will we get away from the blueprints, stop treating them as short-term emergencies, and actually begin to deal with the root causes and hold the key to resolution’ (Alinovi et al, 2008: viii-ix). Any approach to such problems must involve civil society. A discussion of civil society will acknowledge that it is the responsibility of foreign aid agencies to complement services rather than replace them, and to preserve local respect and dignity.

Bibliography

- Alinovi, Luca, Gunter Henmrich, and Luca Russo (2008). *Beyond Relief: Food Security in Protracted Crisis*. Warwickshire: Practical Action.
- Angola: A Day in the Life of a Therapeutic Feeding Center (2004). Available from http://reliefweb.int/sites/reliefweb.int/files/reliefweb_pdf/node-144069.pdf. (accessed 21 June 2011).
- Angola Foreign Assistance (1989). Available from http://www.photius.com/countries/angola/economy/angola_economy_foreign_assistance.html. (accessed June 22 2011).
- Brown, Phyllida (2003). “Malnutrition Leading Cause of Death in post-war Angola”. *Bull World Health Organ* n.º 11, pp. 849-850.
- Campbell, Horace (1997). *Humanitarianism, War and the Recolonisation of Angola*. Harare: Sapes Books.
- Collins, S. Dent, N. Binns, P. Bahwere, P. Sadler and A. Hallam (2006). “Management of Severe Acute Malnutrition in Children”. *Lancet* n.º 368, pp. 1992-2000.
- Easterly, William (2006). *The White Man’s Burden: Why the West’s Efforts to Aid the Rest Have Done So Much Ill and So Little Good*. New York: The Penguin Press.
- Elbadawi, Ibrahim (1999). “External Aid: Help or Hindrance to Export Orientation in Africa?”. *Journal of African Economies* n.º 8, pp. 578-616.
- Ferguson, James (1990). *The Anti-Politics Machine: ‘Development’, Depoliticization, and Bureaucratic Power in Lesotho*. Cambridge: Cambridge University Press.
- Goodman, Jim (2008). “The Hunger Project: A Strategic Organization Committed

to the Sustainable End of Chronic Hunger". *Networks for Change: Combating Malaria in Malawi*. Philadelphia, PA, Fels: Institute of Government, University of Pennsylvania.

Hammock, John, and Sue Lautze (1997). *Building a Livelihood Strategy: Lessons Learned from the Field*. Medford: The Feinstein International Famine Center, School of Nutrition, Science and Policy, Tufts University.

Human Rights Watch (1989). *Angola Violations of the Laws of War by both Sides: an Africa Watch Report*. New York: Human Rights Watch.

Keen, David (2007). *Complex Emergencies*. New York: Polity Press.

Médecins Sans Frontières (2002). "Emergency Situation in Angola Confirmed One Child in Six Malnourished; Malnutrition Leading Cause of Death". Press release, issued June 28.

Minear, Larry (1994). "The International Relief System: A Critical Review". Paper presented to the *Parallel National Intelligence Estimate on Global Humanitarian Emergencies*, September 22. Washington DC: Meridian International Center.

Myatt, Mark, Tanya Khara and Steve Collins (2006). "A Review of Methods to Detect Cases of Severely Malnourished Children in the Community for their Admission into Community-based Therapeutic Care Programmes". Report for the WHO Informal Global Consultation for the Community-based Management of Severe Malnutrition'. *Food and Nutrition Bulletin* n.º 3 (supplement), S7-S23.

Ostheimer, Andrea E. (2000). "Aid Agencies: Providers of Essential Resources?" in Jakkie Cilliers and Christian Dietrich (eds.), *Angola's War Economy: The Role of Oil and Diamonds* Pretoria: Institute for Security Studies, pp. 115-140.

Sogge, David (1994). "Angola: Surviving against Rollback and Petrodollars" in J. Macrae and A. Zwi (eds), *War and Hunger: Rethinking International Responses to Complex Emergencies* London: Zed Books, pp. 92-110.

UNICEF (1990). *Strategy for Improved Nutrition of Children and Women in Developing Countries*. New York: UNICEF.