

# **Social policy and the ability to appear in public without shame**

## **Some lessons from a food relief programme in Kinshasa.**

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### **Introduction**

The success or failure of poverty programmes crucially depends on the behavioural response they generate from both the 'poor' and the 'non-poor'. Amartya K. Sen discusses this issue in some recent publications on social policy (Sen 1995; 1999), arguing among other things that 'capability-oriented reasonings in dealing with targeting problems have some distinct merits with regard to incentive compatibility' (1995: 19). More specifically, Sen believes that targeting problems could be significantly reduced by structuring social policy initiatives in response to specific capability deprivations, such as illiteracy, sickness, malnourishment, etc. This is the essence of his 'instrumental argument' in favour of the capability approach, besides the better-known 'fundamental argument' (Sen 1999: 131). In the present contribution, we challenge the instrumental argument by proposing a more complex use of capability-oriented reasoning. To this end, we emphasise the *plurality of concerns*, which is in fact also part and parcel of Sen's approach. Indeed, Sen's suggestion that capabilities better reflect the decisional concerns of the potential 'targets' becomes much more convincing if we broaden the inventory of relevant functionings. More specifically, we consider whether the ability to appear in public without shame might be one of the more relevant determinants of human agency and hence of the behavioural response to social policy initiatives. In Sen's work, the term

‘agent’ refers to ‘someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives’ (Sen 1999: 19). Thus, it is to be sharply distinguished from game-theoretical uses of the concept, as, for example, within a principal-agent framework.

In order to demonstrate our hypothesis, we analyse the case of a food relief programme in Kinshasa (Democratic Republic of Congo). The programme was implemented by an externally sponsored network of healthcare centres in response to the looting that occurred in the capital in 1991. The network was financed and headed by *Médecins Sans Frontière (MSF)* between June 1992 and August 1995. Although the crisis that had ravaged the country’s economy and society was far from over, MSF decided to abandon the project, as the programme managers had become aware that it was failing on two counts. First and foremost, those who received assistance under the programme seemed to be trapped in it rather than helped by it. The programme managers attributed this problem to the fact that some mothers effectively used their underfed children as ‘meal tickets’. Second, the programme failed to reach the intended target population, not because of inadequate *supply*, but because of insufficient *demand*. In other words, the behavioural response by the (potential) target population proved to be a crucial determinant of the programme’s (in)effectiveness.

We develop our argument in three steps. In the first section, we fully spell out Sen’s ‘instrumental argument’ for capability-oriented reasoning. A brief presentation of the performance indicators of the food programme in Kinshasa subsequently allows us to identify some weaknesses in his version of the argument. In section two, we focus on the observed behaviour of the (potential) target group. We also include explanations which

consider the ‘ability to appear in public without shame’ as one of the main determinants of human agency. Even though the concept is notoriously vague and ambiguous, we consider it of key importance in explaining the behavioural response of the potential target group to the food emergency programme. In order to be able to take some meaningful steps towards a more operational and unequivocal definition of ‘public shame’, we specify a set of propositions. An important notion in this respect is that public shame can limit agency both in a direct way and by distorting people’s cognitive make-up. After discussing the methodological problems triggered by this peculiar characteristic, we set out to explore the relevance of public shame in the context of the abovementioned food relief programme.

In a third and concluding step, we summarise our own ‘instrumental argument’ for capability-oriented reasoning. Besides its emphasis on the multifaceted nature of well-being, the capability approach also highlights the importance of seeing ‘people as active agents of change, rather than as passive recipients of dispensed benefits’ (Sen 1999: xiii). Having established that the ‘ability to appear in public without shame’ is a basic determinant of human agency, we explore some further connections between ‘public shame’ and social policy initiatives.

### **1. Targeting problems in Food Emergency Programmes.**

Let us begin by spelling out in some greater detail Sen’s ‘instrumental argument’ for the capability approach. Comparing it to a policy that tries to target the income-poor, Sen sees three advantages in a social policy articulated around basic capabilities (1999: 132-

4). First, many functional deprivations, including agedness or physical disability, are hard to simulate for purely tactical reasons because they are beyond the control of the persons afflicted. Second, many functioning-related public services, such as education and healthcare, are nonshiftable and nonsaleable, which guarantees some ‘built-in matching’ between demand for and supply of social policy. Third, even if none of the former elements apply (or if they apply only partially), the aid may still be assumed to match the requirements of ‘those who really need it’, as capabilities supposedly better reflect people’s personal decisional concerns than a narrow focus on income. As a result, the policymaker can attribute greater weight to (and have more trust in the mechanism of) self-selection, and he or she can be less concerned about the possibility that individuals might try to distort information or adapt their behaviour for purely tactical reasons.

Sociologically speaking, the latter argument is the most challenging of the three, as it makes some important assumptions about human behaviour and decision-making capacity. It is also an argument that can be tested by studying people’s responses to a policy of nutritional support involving take-home food rations. Unlike age or gender, the level of malnourishment of a child is, technically speaking, relatively easy for its parents to manipulate. And unlike education, for example, food rations can easily be sold or given away to a better-nourished person by whoever is taking care of the child. In other words, *if* nutritional support for the malnourished is indeed a better policy than monetary support for the income-poor, the argument must inevitably be based on the third of the abovementioned merits, namely that this type of aid better matches the requirements of ‘the genuinely needy’. After all, those who *really* need the food aid will no doubt utilise it in the intended way, while those who do not (or no longer) need food aid will surely show no interest. Admittedly, Sen mentions ‘occasional reports’ of families that deliberately

keep one child famished so that they could use it as a ‘meal ticket’. However, he goes on to argue that ‘in general such incentive effects in keeping people undernourished, or untreated, or illiterate are relatively rare, for reasons that are not altogether astonishing’ (1999: 133). In fact, Sen considers these reasons to be so little astonishing that he does not analyse them further.

In the empirical case discussed below, the programme is targeted towards families with children under the age of 5 and suffering from acute malnutrition. The latter means that either their weight is below 75% of the median for the corresponding height category or they exhibit clinical signs of malnourishment (edema etc.). If the child’s weight increases to above 85% of the median for at least three consecutive weeks, it is considered ‘cured’ and may leave the programme. The programme offers food aid in two ways: not only does it provide food concentrates for malnourished children, but, rather importantly, it also provides a sack of maize, beans and flour for these children’s family (the so-called dry ration). It is assumed that the child’s malnutrition is caused by scarcity of food (and/or financial resources) at household level, and hence that the symptoms of malnutrition cannot be cured without tackling the root cause of household poverty. The total cost of this *dry ration* per household amounts to \$200 a year<sup>1</sup>, which represents about 10% of total food outlays of an average (10-member) household in Kinshasa<sup>2</sup>.

Free food distribution is considered to be helpful only to the extent that acute child malnutrition is caused by temporary factors beyond its family’s control. In other words, *theoretically* (though not in practice), the target group does not include those who are seen to be ‘structurally’ poor. It is assumed that approximately 5% of the malnourished are ‘social cases’. They are a group of vulnerable people who are inclined to ‘conceive

the supplementary feeding as long-term aid' and who 'existed before and will always exist, since it is difficult to change the causes of their poverty and malnutrition'<sup>3</sup> Conversely, the aid from MSF was intended for the 'temporarily' poor, i.e. it was targeted towards those families who were unable to guarantee food security to their members because of temporary problems stemming from the prevailing economic and political chaos. Note that this option is central to MSF's policy: a (natural or manmade) disaster calls for exceptional ethical rules that are, by definition, temporary exceptions to 'normal' practice (Boltanski 1993). We will return to this ethical argument for intervention below.

In tables I and II we have brought together the main indicators of programme performance. First, we discuss programme performance by looking at its impact on those receiving aid. While, during the first year of operation, the percentage of children who left the programme 'cured' reached the target of at least 70%, targets for other indicators were not realised: 17% left the centre before having been cured, and 7% died while receiving assistance under the programme<sup>4</sup>. These indicators actually deteriorated as the programme went on.

<< insert table I here >>

Also interesting from our perspective is the category of children who were 'transferred or sent away before having been cured'. This category should comprise the children who were transferred to other centres or to a clinic, but it also includes those who were sent away by local healthcare staff on the basis of evidence (or suspicions) of shirking: a caretaker might, for example, present herself in two healthcare centres in the course of the same week, or, more commonly, she might be suspected of keeping her child

malnourished in order to be considered for a dry ration. Here we once again stumble upon ‘occasional’ evidence of people using a child they are supposed to care for as a ‘meal ticket’. Moreover, it appears that the evidence is less occasional than we would perhaps like to believe. From 1994 (year 3), in an attempt to document the problem of shirking, MSF began recording the ‘average period of stay’ of a cured child, and found that it fluctuated around 100 days. However, the forms that were used in the centres to follow-up on the children were designed for a maximum stay of only 13 weeks (91 days), which, from a medical point of view, is more than sufficient to recover from malnutrition. The grassroots healthcare workers were therefore constantly reminded that something appeared to be wrong in some families: why were their children not recovering, despite such long periods of assistance? Why were these families so ‘negligent’, as one expert put it<sup>5</sup>?

The last variable of Table I is very significant: apparently, almost two-thirds of all children who were assisted under the programme were so seriously malnourished that they should have been admitted to hospital for 24-hour medical care. This is a first indicator of the programme’s performance in terms of who it was able to reach – or to be more precise, who it failed to reach on time. Further evidence is assembled in Table II, where the number of children assisted and the target population are compared.

<< insert table II here >>

Admittedly, the figures presented in Table II are merely indicative and they should be interpreted with circumspection. To begin with, there are some disputable differences in the definition of ‘malnutrition’ between the two series of data<sup>6</sup>. Further, they *overestimate*

the number of children assisted, as some were registered at different centres at the same time. This was a recognised problem. An attempt was made to resolve it by the introduction of a rule under which children could only be admitted to the centre located in their district (from October 1994 onwards)<sup>7</sup>. However, by March 1995, it emerged that the measure had apparently never been properly implemented<sup>8</sup>.

Be that as it may, the principal lesson to be drawn from the figures is quite clear to see: the emergency food programme seems to benefit only a small minority of the target group. It should be noted at this point that this is a demand-side rather than a supply-side problem: the network of MSF-sponsored healthcare centres covered almost the entire city, with the exception of the most affluent districts. MSF found it ‘problematic’ that they were unable to reach all malnourished children. In fact, their programme covered only 5% of the potential population<sup>9</sup>. The organisation responded in a variety of ways. First and foremost, it revisited the families that had abandoned the programme without further notice. Second, it tried to restrain local healthcare workers’ inclination to exclude so-called ‘opportunistic’ mothers, i.e. those who were suspected of deliberately keeping a child malnourished in order to receive the family food package. Deguerry, an external expert<sup>10</sup>, defended the latter measure on the basis of two arguments: first, he pointed out that it is conceivable that a case of serious long-term malnutrition has a deeper cause (HIV-AIDS, TB...), and second, he argued that mothers will not allow their children to go undernourished simply in order to receive a food donation. He felt that their strategy could probably be explained in terms of a catastrophic economic situation, and, on this basis, recommended that they be assisted regardless.



However, as can be observed from Table I, these actions probably compromised the programme's effectiveness. The percentage of children who died before they could be cured continued to increase, as did the proportion of children who were transferred. On the other hand, the percentage of children who quit the programme before being cured decreased, but this indicator too failed to even come close to the initial target of less than 10%.

In sum, by the end of the third year, the programme seemed to be facing a dilemma between programme effectiveness on the one hand and targeting effectiveness on the other. Being unable to resolve this dilemma, the leading agency opted to terminate its support for the food relief programme<sup>11</sup>.

The question arises: why did the programme fail? For one thing, it seems that it did not encounter merely *occasional* cases of families treating their children as meal tickets: the data on average period of stay would suggest that most families receiving food aid actually belonged to this category. On the other hand, the fact that the programme was unable to reach a large group of families is in apparent contradiction not only with the 'meal-ticket' explanation, but also with Sen's argument regarding the merits of capability-oriented reasoning in relation to incentive compatibility. Indeed, why should only a minority be tempted by the highly valuable food package? Is capability-oriented reasoning helpful in trying to understand the behavioural response of potential and would-be beneficiaries of the programme?

## **2. Malnourishment and the inability to appear in public without shame**

It should be noted that, while there was certainly debate within the organisation about the fact that the target population was inadequately reached, the issue of the apparent failure to effectively eradicate malnutrition among children who *were* assisted had a much deeper impact on programme assessment. This was to be expected: it is a well-known fact that local field organisations tend to measure a programme's efficiency in terms of its effect on those who are reached rather than its general impact on the issue at hand (Elster 1992). Accordingly, they tend to collect information relating to the improvement of 'local' rather than 'overall' efficiency, while their discourse focuses more on 'local' than on 'overall' fairness. The essence of the notion of 'local fairness' as conceived by the fieldworkers is expressed quite aptly in the following citation:

'The supplementary feeding programmes may be considered to be based on a tacit contract between the beneficiary's family and the centres. This contract stipulates that the centres should commit themselves to following up each child and to providing food at regular intervals, in return for the family's regular participation and commitment to the child's health (to feed a malnourished child requires time and patience). It is quite understandable, then, that in the case of marginalised families, this contract is not honoured'<sup>12</sup>.

It is interesting to note the implicit assumption made in this quote regarding the articulation of norms (i.e. the 'not altogether astonishing reasons' that people have for taking care of their children) and material interests. It is considered to be 'quite understandable' that marginal families fail to honour the contract and are prepared to compromise the health of at least one of their children. In other words, what we, the non-poor, understand to be normal caring behaviour is seen as a luxury that the poor cannot afford. The poor, therefore, are condemned to living in an amoral world.

It is not our intention to argue the contrary case, i.e. that there is no relationship or tension between norms and interests. However, we do submit that norms are not merely preferences that can be traded off against one another in the light of budget restrictions and the structure of relative prices.

The starting point of our argument is what Sen frequently refers to as ‘the ability to appear in public without shame’. He regards this ability to be one of the essential determinants of human agency. The public-shame argument goes back at least to Adam Smith. In his discussion of the possibility of the ‘industrious poor’ to reproduce themselves and their families, he introduces the concept of ‘necessary goods’, or

‘the commodities which are indispensably necessary for the support of life, but whatever the custom of the country renders it indecent for creditable people, even of the lowest order, to be without... Custom... has rendered leather shoes a necessary of life in England. The poorest person of either sex would be ashamed to appear in public without them’ (WN: 469-71).

Though not strictly a physical necessity, leather shoes were considered to be such a socially imposed necessity that the effects of a tax increase on potatoes or on leather without a proportional increase in (subsistence) wages would have had a similar impact: in either case, the industrious poor would have been inhibited in reproducing themselves as a social class<sup>13</sup>,

Thus, in the minds of Smith as well as Sen, there is clearly a well-circumscribed set of behaviours and rules of conduct that are so essential that people would rather compromise their own physical existence (or that of their peers) than imperil what Rawls refers to as

the ‘social bases for self-respect’. In other words, they feel that decent behaviour is anything but a luxury, and that its cost will determine people’s degree of commitment to it. Somehow, the ‘meal-ticket explanation’ seems to miss this important point, suggesting, as it does, that material poverty induces amoral reasoning.

On the other hand, it must be acknowledged that ‘public shame’ is probably one of the most elusive of the often-cited capabilities. In order to operationalise the concept further - for analytical as well as policy purposes- we would like to refine the definition of ‘public shame’ by submitting five propositions.

*Proposition #1: Public shame does not only involve goods.*

First, it should be noted that people do not only feel shame for the way they dress or for their possessions. This would be indicative of the kind of commodity fetishism that Sen is so concerned about when he distinguishes between his perspective and the ‘opulence approach’. The reasons for public shame can vary from wearing inappropriate shoes to using inappropriate language, gestures, manners, behaviour, etc. More in particular, not being able to feed your children adequately may be a reason for public shame. We would argue that we come very close to the precise meaning of public shame if we define it in the same terms as Avishai Margalit defined humiliation, i.e. as ‘any sort of behaviour or condition that constitutes a sound reason for a person to consider his or her self-respect injured’ (Margalit 1998: 9). Accordingly, the ‘ability to appear in public without shame’ can be interpreted as an ability to appear in public without having good reasons for feeling humiliated. This might be the case, for example, if the person in question is seen, treated or related to as nonhuman (Margalit 1998: 108). In this sense, it is perhaps

somewhat unfortunate that public shame is often discussed in the context of relative poverty: our argument would rather connect it to relational poverty (see also Sen 2000).

*Proposition #2: Public shame differs between social groups within society*

Norms of decency not only differ between societies, but also between social groups within the same society (Sen 1999: 88). As Smith asserts, 'in Scotland, custom has rendered [leather shoes] a necessary of life to the lowest order of men; but not to the same order of women, who may, without any discredit, walk about barefooted' (WN: 471).

Sen is not always clear on this point. In his discussion of public shame, for instance, he quotes Adam Smith's example of shoes in England, but he stops short of quoting Smith on the status of shoes in Scotland. Yet, adopting a clear position on this proposition is important, if only because it might exclude many definitions of 'relative' poverty that continue to establish unique poverty lines for all the inhabitants of a particular country or region. While this may be a pragmatic solution, it is worth remembering that it is no more than that.

On the other hand, it should be clear that the humiliation a football player experiences after losing a game is far less severe (in fact it is not severe at all) than the shame of being considered a bad parent. This is probably due to the fact that a bad footballer has no reason whatsoever to consider himself to be nonhuman or subhuman, whereas matters are rather more complicated for bad parents. According to Margalit, 'parents', and to be more precise 'mothers' and 'fathers', are considered to be 'encompassing groups', while he defines 'humiliation' as 'the rejection of an encompassing group or the rejection from

such group of a person with a legitimate right to belong to it' (1998: 141). Consequently, rejecting mothers of malnourished children from the group of mothers more generally can rightly be called a humiliation.

*Proposition #3: There are different types of public space.*

On the one hand, the type of shoes we might wear for, say, going shopping will not necessarily be considered 'decent' enough for attending Sunday morning mass or, for that matter, a conference at Cambridge University. On the other, to be able to appear in public without shame depends, among other things, on what (you think) bystanders know about you, and this is determined at least as much by what you are wearing as by the circumstances in which they happen to see you. Being seen queuing for a food package can therefore be humiliating.

*Proposition #4: Public shame is negotiable.*

Third, even though it is reasonable to assume that some people will feel deep shame at their inability to adhere to the rules of 'custom', it is equally likely that others will deviate from the norm simply for the sake of challenging it. More significantly, it may at times, or perhaps even most of the time, be important to know exactly by whom a particular custom is imposed and whose behaviour is consequently judged to be indecent. In concentrating on public shame and on how to avoid humiliation, we should not lose sight of the fact that, quite often, there is someone who imposes the rules, sets the standards and possibly humiliates those who refuse to accept his or her authority. Negotiating over the definition of decent behaviour appears to be an essential ingredient of what is now

often referred to as the *politics of identity* (Meyer and Geschiere 1999). Applied to the present case, it might be worthwhile noting that -in Kinshasa at least- the shame of being the parent of a malnourished child is in fact borne by the mother, not the father. This outcome is culture-specific and, no doubt, can be rather convenient for the fathers.

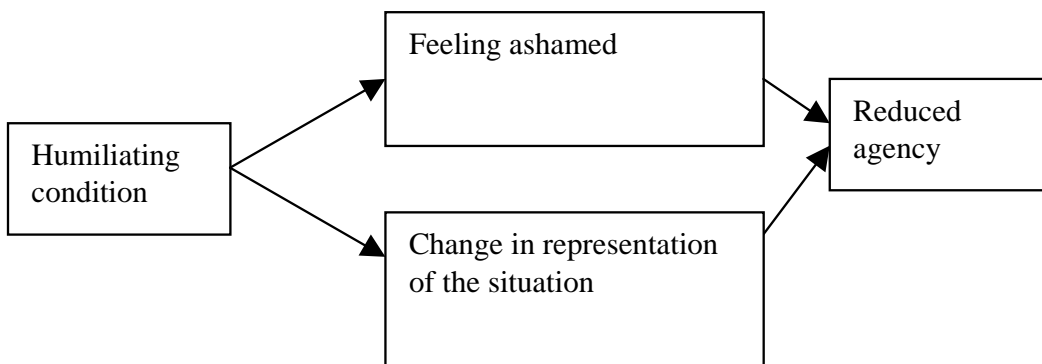
*Proposition #5: It is necessary and sufficient to have a sound reason for feeling shame.*

Finally, like Margalit, we would like to make a clear conceptual distinction between feeling ashamed and *having sound reason* to feel ashamed. The latter notion tries to capture an essential aspect of the condition of public shame, which is relatively independent from the empirically verifiable feelings of humiliation or shame those involved may be experiencing<sup>14</sup>. Consequently, Margalit takes into account that people can adopt different tactics to evade, ignore, laugh at or contest an attack on their self-respect. These tactics can vary from an overly sensitive reaction, whereby the humiliator is depicted as a beast, to an ‘uncle Tom’-attitude, whereby the supposedly humiliated party shows no sign whatsoever of humiliation or interprets the available evidence in such a distorted manner that no humiliation need be faced.

It is quite clear to see what the implications of proposition #5 are from a normative point of view: the policymaker’s concern with public shame should not simply evaporate if those involved do not feel ashamed, much as the policymaker should continue to feel concern when the ‘mental wreck, ravished by famine and buffeted by disease’ has come to accept his or her predicament merely as a way to survive such harsh conditions (Sen 1985: 188; 1999: 62-63). In what follows, we shall focus on the implications of the fifth

of the above propositions, approaching it from the perspective of an empirical analysis of the determinants of agency. This will allow us to develop an alternative interpretation of the data gathered on the food relief programme in Kinshasa.

Margalit’s strategy of distinguishing between ‘feeling humiliated’ and ‘having reasons to feel humiliated’ implies that we should consider the possibility that ‘reasons for feeling humiliated’ can affect individual agency in two different ways: shame may be a factor that is taken into account at the moment of decision-making, e.g. when deciding whether or not to appear in a particular public space, say a healthcare centre. Alternatively, however, the humiliating conditions might also cause the individual to change his or her cognitions –or beliefs invoked to interpret the situation- so as not to have to feel ashamed. In other words, humiliation can result either in a feeling of shame, which will encourage the humiliated person not to appear in public, or in a distorted view of reality, which would arguably reduce the humiliated person’s agency in another way. The latter causal chain connects to the theory of cognitive dissonance reduction, whose primary hypothesis has been summarised aptly by Akerlof and Dickens: people like to think of ‘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)<sup>15</sup>.





However, even if the latter causal chain between public shame and agency can be related to a well-established theoretical psychological concept, we should be aware that there is a difference between the ordinary assumption that people are reasonable beings and the assumption invoked here that people *like to think* of themselves as reasonable beings. Whereas the ordinary rational choice model prohibits a causal link from motives to cognitions (Elster 1994), this link becomes the essence of the cognitive dissonance reduction model.

Accordingly, we feel we should adopt the methodological principle of being frugal in our use of the cognitive dissonance reduction model as a determinant of human behaviour (Boudon 1996, 1997). It might become more convincing as an argument if the successive steps in the causal chain can be demonstrated. We shall discuss each of these steps in turn and use data from the food relief programme to illustrate each one.

*Step #1. The rational-choice hypothesis can be shown to have only limited explanatory value for the case at hand.*

As we argued in the first section, the rational-choice alternative, which arguably supports the thesis of malnourished children as meal tickets, cannot explain why so few people are interested in the programme in the first place. To reiterate, this lack of interest finds expression in (1) the small proportion of the target population reached, and (2) the high proportion of ‘severe’ cases among the new clients. In other words, people come too few and too late. Why did MSF fail so badly in reaching the potential population of

malnourished children? Certainly the nutritional centres covered by MSF were offering a ‘generous’ family food package. Furthermore, the package contained a portion of beans, a relatively expensive commodity in Kinshasa that is supplied by air from the Kivu region. The question arises why so many so-called ‘social cases’ chose not to incorporate MSF’s family food package into their survival strategies? Why were they so ‘irrational’?

To be more specific, it would be consistent with rational choice behaviour to include ‘caring for your children’ as one of the preferences in the utility function (Becker 1996). Thus, it could be reasoned that, under a certain income level, poverty obliges people to set priorities and trade off their child’s well-being against other needs. Table III summarises the results of a survey we organised in one of Kinshasa’s districts, and which enables us to compare households with children that receive the dry ration with households of a representative sample. The latter group was subdivided into households with well-nourished children aged between 6 and 59 months and households with at least one malnourished child of the same age.

<< insert table III here >>

We specified three different and commonly used indicators of income-poverty (see annex): one based on total household outlays, another based on food outlays and a third based on housing quality. For each of these indicators, we found no significant difference between households that received the dry ration and households that did not. We did, however, find a significant difference for all three indicators between the two groups of households with at least one malnourished child and the group of households with well-nourished children only<sup>16</sup>. In other words, the absence or presence of family altruism

seems to be related to other factors than (income) poverty. Clearly, then, we need to look for a different explanation.

In a slight variant of the rational-choice hypothesis, family altruism might be considered part of the preference function of only *some* people, while others may be assumed to have preferences that are characteristic of ‘amoral egoists’. In this case, we could distinguish between the (moral) ‘altruists’ (who do not come to the centre) and the (a-moral) ‘egoists’ (who use one of their children as a meal ticket). While such a model could easily explain the results presented in Table 3, there is no rational reason for the egoists to arrive too late at the healthcare centre. Of course, the failure of the rational-choice hypothesis is merely an argument to deem *any* alternative explanation more probable.

*Step #2. There is ambiguity in the perception of reality, which makes the possibility of cognitive change more plausible.*

The shame-induces-cognitive-change argument becomes more probable if we can prove that the set of cognitions is not fully specified, i.e. that there is some room for manoeuvre and interpretation. There are indications that such room exists in this particular case.

To begin with, it may be difficult to recognise that a child’s symptoms are indicative of deficient nutrition. Usually the immediate cause of acute malnutrition is *illness*, not malnutrition *as such*. The problem is compounded by the fact that other children who are given the same food ration will not necessarily have the same symptoms. Further, the quantity consumed is less important than the degree of variation in consumption and, more generally, the quality of the food. For all these reasons, ‘ordinary’ knowledge is not

very useful for validating the relationship between deficient food intake and symptoms of acute malnutrition<sup>17</sup>, and, concomitantly, an entirely different reading of the symptoms becomes possible.

Further, there are many traditional interpretations of the symptoms of malnutrition to contend with. Sometimes, it is thought that undernourished children have become the target of sorcery or of an ‘evil eye’ within their (extended) families. If a person falls ill for no apparent reason or without an obvious root cause, sorcery is almost always seen as a possible explanation: perhaps a(n extended) family member sucked the lifeblood out of the child in order to reclaim whatever was previously taken from them<sup>18</sup>. However, while sorcery is sometimes considered as a possible cause, one tends to stop short of making a precise ‘diagnosis’. Often, the symptoms of malnutrition are simply used as an argument to accuse a family member of witchcraft. The child’s malnutrition is thus attributed to a family conflict, a transgression of certain ‘traditional’ norms, etc. There are of course different routes to ‘resolve’ such a conflict, depending on its type and depth, the type of evildoer, and the type of communication channels between the conflicting parties. One possibility is to call on the services of a traditional healer, who can then give the child an ‘antidote’ that will protect it from evil forces. Note that readings whereby the symptoms of malnutrition are attributed to sorcery are hard to invalidate, as sorcery is traditionally believed to be practised ‘at night’ and ‘behind one’s back’. Furthermore, ‘evidence’ of sorcery is found precisely in the fact that it is generally accepted as an explanation. While one might assume that ignorance regarding the relationship between deficient food intake and symptoms of malnutrition can be easily resolved by organising training sessions on basic medical care for young mothers, it is a much harder proposition to invalidate witchcraft in a society where the power of nocturnal forces is considered so matter-of-

course. Indeed, questioning these forces would be seen to invalidate the questioner rather than the nocturnal forces themselves<sup>19</sup>.

Wrong diagnoses do not necessarily and certainly not unambiguously result in wrong cures. Reading malnutrition in terms of sorcery does not necessarily imply that the child will not be cured. Many ‘antidotes’ administered by healers actually have a high nutritional value, e.g. the food concentrate from the red fruit of a tropical tree, which is supposed to compensate for any blood that has been sucked out of the child’s body by a witch. Although in the case of what is known as *nsanga*, the child’s symptoms are associated with unfaithfulness on the part of its mother, this perceived cause is not necessarily disconnected from medical and social reality: not only does sexual intercourse bring about hormonal changes that may affect the production of colostrum, but extramarital intercourse may also be an indicator of diminishing (or indeed total lack of) care for a child, which may in turn affect its nutritional status (Engle and Nieves 1993). To the extent that the latter aspect is significant, ‘healing’ of the family (e.g. through a ‘payment’ to the child’s lineage as a means of rectifying the transgression of the rule) may indeed have a positive impact on the child that is measurable in terms of its nutritional status<sup>20</sup>.

Thus, given that reality is sufficiently ambiguous to assume that people will not necessarily make what *outsiders* would consider to be the most rational choice, we can restate the problem. Indeed, the issue is not so much that alternative readings of the symptoms of malnutrition are *ex ante* less probable. It is rather that these alternatives are *systematically favoured* over the explanation that the symptoms of malnutrition are caused by insufficient food intake, which, given the general circumstances, is at least as

probable. Compare our argument to the troubleshooting algorithms used by computer experts. The problem is not that the list of alternative explanations for the symptoms of malnutrition is too long, but rather that the algorithm used to test the relevance of each of these symptoms seems to put the ‘insufficient food intake’ hypothesis last, while time is running out for the child to be cured.

Indeed, parents will tend first to visit a traditional healer or, more generally, to address what they regard to be the root cause of the child’s symptoms before turning for help to the nutritional centre. This may also explain why parents do not consider the food that is offered at the nutritional centre to be normal: mothers often assume that ‘they put some drug in the food’. As one mother put it, ‘why should my child be cured by eating your flour, while it became ill eating my own?’<sup>21</sup> In this sense, the nutritional centres have become a new type of healer, a kind of healer-of-last-resort, that is capable of protecting people against the consequences of the evil eye, or of neutralising the malicious effects of adultery, though without the prospect of healing the root causes of the symptoms or restoring the social fabric surrounding the child.

*Step #3. Some plausible cognitions enable people to avoid feeling ashamed.*

A further step in our argument is that the insufficient-food-intake explanation is ignored for as long as possible, as such a diagnosis brings with it a sense of failure and humiliation. Some evidence of this line of reasoning is found in the interviews of households from the representative sample that we identified as ‘poor’ according to the income criterion (Luzolele and De Herdt 1999: 52-63).

In this context, we would, first and foremost, call attention to such frequently heard colloquialisms as ‘we eat by the horoscope’ and ‘we eat by miracle’. To our modern minds, these sayings would appear to be unmistakable signals of crisis, but in fact they also emphasise the religious underpinnings of good health: an individual is healthy and able to feed himself and his family simply because he is blessed by the gods or by fate. Moreover, note that the notion of ‘eating by miracle’ does not imply that the *Kinois* consider themselves to be powerless or even void of responsibility *vis-à-vis* the supernatural forces that determine their existence. These forces are far from arbitrary, even if they are free to act as they wish. It follows that one can interpret the above expression as a reminder that the ambition of self-control and self-sufficiency is illusory. Thus, it is an admonition that one should show more rather than less respect for social norms; it provides an incentive to take more social responsibility, rather than to be fatalistic about the vagaries of life.

But if survival is seen in religious terms, failure to survive will, in the first place, be interpreted as a conflict with the gods, and, by inference, as a punishment for something that must have upset them. Indeed, the viewpoint that sorcery is a cause of malnutrition basically considers the symptoms of malnutrition as a punishment for transgressing social norms. Whatever may have been at origin of these norms and explain their dynamics, to the extent that malnutrition is associated with the transgression of social norms by the (foster) parents of the malnourished child, the range of ‘cures’ is of course of a totally different order than when the symptoms of malnourishment are seen simply as an indication of *malnutrition*.

Shame is also connected in a different way with malnutrition. Several interviewees expressed their reluctance to go out and beg for food:

‘We don’t like to beg, as tomorrow they will say ‘he came here to beg’. The next visit, you might have gone there for a different reason, but they’re going to think that you have returned to ask for money again. This is why we don’t do it. To expose everyday problems or basic needs outside the home is almost taboo; to ask for something basic brings shame and it disrupts social ties’ (cited in Luzolele and De Herdt 1999: 58, my translation).

The point that the interviewee is making is not so much that a good relationship must be reciprocal, whereby a gift is returned in due time and with an overall balance between gifts and counter-gifts<sup>22</sup>. Rather, her point is that asking for food would ‘spoil’ the social relationship in the sense that the beggar can no longer perceive it to be truthful. Once the relationship has become compromised in this way, doubt creeps in, and this will undermine any subsequent attempt to make it intrinsically valuable again. In the same vein, the Kinois describe the poor (*babola*) as the lonely:

‘*Mobola* is a person without parents; he who lacks food is poor, because, if he doesn’t eat, it’s because he has no-one to give him food’ (cited in Luzolele and De Herdt 1999: 63, my translation).

It is worth noting that the taboo on begging seems to be restricted mainly to the domain of daily needs, and especially food. One can ask for help to pay for tuition fees or healthcare costs, but not food. Although we did not inquire deeply into this issue, we feel the phenomenon may be seen as a remnant of a predominantly agricultural society, where land was abundant and where the amount of food available depended largely on the amount of effort that was put into working the land. In this context, shortage of food is associated with laziness.



Thus, 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 aid programme is equivalent to admitting that one has failed, not only as a care provider but also, and more importantly, as a social being. Or, as a staff member at the healthcare centre in Kisenso put it:

‘We see many such cases: persons who, if they don’t have money themselves, and even if the sister [i.e. the head of the healthcare centre, TDH] can help them by selling some maize, they don’t have the courage to come and ask for assistance. Some children die because of their parents’ shame’ (cited in Luzolele and De Herdt 1999: 63, my translation).

Participating in a food aid programme is inevitably seen as an obvious sign of poverty. Why else would a person admit publicly or even privately that (s)he is unable to feed his (or her) children ?

*Step #4. There are no relevant ‘secondary’ norms whereby the people involved can define exceptions to the norm that invokes shame in them.*

Norms are never absolute: there are inevitably circumstances in which exceptions become permissible. These exceptions are justified through secondary or adjunct norms. Typically, every social norm is accompanied by a set of clearly demarcated loopholes that define exceptions and/or excuses for deviating from the primary norm (Elster 1989; Ainslie 1992). Such loopholes may also be expected to exist in relation to the norm that associates the acceptance of food aid with laziness, social failure and irresponsible behaviour.

One such loophole allows us to reinterpret the behaviour of people who seek assistance from the food aid programme despite the existence of a strong norm against it. The reason for shame disappears if one can blame a child's malnutrition on the irresponsible behaviour of others, or even on the child itself. If, for example, one can say credibly to oneself that the malnourished child has been bewitched, and is hence already socially dead, there is no need to feel ashamed. In fact, taking such a child to the healthcare centre may be interpreted by the general public as an act of humanity. At the same time, however, children who are considered socially dead are, for this very reason, likely to face different treatment at home too. They are more likely to be stigmatised, and, if the phenomenon of meal-ticket children were quantifiable, we would probably find a high proportion of such children among them.

Although we were unable to prove this hypothesis directly, we have some evidence concerning a similar group of children. A frequently heard expression is *mwana na mwana na tata naye* ('every child has its own father'). It may be used as an excuse by a child's extended family members (on the mother's side) to deny any responsibility for its health after the father has disappeared, even though the child is growing up in its mother's family.

Table 4 summarises some other results of the survey conducted in Matete. It allows us to show the relevance of this excuse in terms of child malnutrition.

<< insert table IV here >>

Indeed, it appears<sup>23</sup> that there are significant differences between the composition of households with well-nourished children (first column) and that of the two groups of households with malnourished children. Whereas 60% of children in the former group belong to the nuclear bi-parental family that constitutes the backbone of the household, this is only about 25% in the latter group. Moreover, 50% of malnourished children who are not assisted by the food emergency programme are being raised by a lone mother, compared to only 34% of well-nourished children. Among malnourished but assisted children, finally, the proportion is 59%.

However, could one not argue that, even if there are strong moral norms opposing it, the ‘exceptional’ circumstances of the socio-economic crisis that has ravaged Kinshasa constitute yet another loophole? This certainly seems to have been the reasoning of MSF, whose intervention was triggered by a looting spree in Kinshasa in September 1991. It would appear, then, that this is a valid argument. Still, we cannot possibly judge the exceptional nature of the situation from the outside. While the looting may have been exceptional enough for donors, it is important to note that it was merely another phase in a long process of economic and social decline, and, for that matter, by no means the most exceptional phase. The looting was preceded by major political, macro-economic and monetary shocks in the 1960s, 70s and 80s. Three months earlier, Kinshasa had been swept by so-called pyramid games that eventually caused a collapse of the banking sector. Moreover, the looting of 1991 was followed by similar incidents in January 1993, the monetary chaos of October 1993, hyperinflation in 1994, etc. (De Herdt 2002).

Finally, the question arises whether the general climate of lawlessness and disintegration of the social landscape in Kinshasa might have provided people with the ultimate excuse

for ignoring a social norm. In this context, we would argue against the view that every notion of justice, of rights and duties, has disappeared with the collapse of the modern state. Indeed, the opposite may well be true: as legality became a source of injustice, local notions of justice might have become more salient reference points for identifying the rights and duties of the *Kinois*. As a consequence, in order to be able to appeal to the norms that guarantee one's rights, one must first gain social respect, and this implies that one should assume one's responsibilities. As it turns out, the domain of food is typically an area where mothers bear the brunt of responsibility and where, if they fail, they risk losing their social existence.

We conclude that our considerations of public shame suggest that the implicit contract between the healthcare workers and parents caring for malnourished children is paradoxical. Those who would be interested *ex post* in respecting the terms of the contract actually prefer not to sign it *ex ante*, while those who are inclined to agree *ex ante* do so for the same reasons that prevent them from complying *ex post*. It is precisely because the supplementary feeding programme targets the malnourished that it will not reach the malnourished with caring parents. After all, the latter will want to avoid exhibiting signs of poverty. This will cause them either to avoid being seen in public spaces that are associated with the food relief programme, or to favour those interpretations of reality that enable them to maintain their self-respect. It is, most likely, this inability to appear in public without shame that heavily constrains the agency of the caretakers, and, by implication, undermines the programme's effectiveness.

### 3. Capability-oriented reasoning, plural concerns and public shame.

The material discussed above allows us, we think, to make some more general observations about capability-oriented reasoning in formulating and executing social policy.

As mentioned in the introduction, the effectiveness of targeting sometimes depends, wholly or partly, on decisions by the potential and would-be clients of targeted programmes. We agree with Sen that capabilities may be assumed to better reflect people's personal decisional concerns than the narrow focus on income, and that capability-oriented reasoning may therefore be instrumental to social policymakers. However, the case study of food relief in Kinshasa also strongly suggests that Sen's instrumental argument for the capability-approach is not convincing if one does not take adequate account of the plurality of concerns inherent in capability-oriented reasoning. In this particular case, we have documented the hypothesis that the ability to appear in public without shame is one of the more relevant determinants of human agency and thus of the programme's effectiveness. We also believe that this finding may be generalised to other areas of social policy, including those for which Sen assumes that 'built-in matching' will *prima facie* resolve the incentive problem. Even if literate people have no incentive to attend school and healthy people see no need to visit a medical centre, this only resolves one part of the targeting problem: you still need to secure effective access to all the illiterate and the unhealthy. Taking into account the above analysis, we argue that capability-oriented reasoning that emphasises plural concerns is very useful in identifying the diversity of factors that might effectively exclude people from making use of a particular service. More specifically, one needs to be aware that effective exclusion from

social services –which inevitably reduces the effectiveness of these services- is not only a matter of material deprivation.

But there are further connections between the ability to appear in public without shame as one of the fundamental determinants of human agency and public policy initiatives. Consider the following example: ‘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). The question therefore arises whether public shame can be utilised to improve targeting.

There are, we think, two major arguments against this view. To begin with, the manner in which we operationalised the concept of public shame enables us to disagree with such a strategy. As we noted above (proposition #5), shame is not necessarily a merely additional cost, but it can also influence cognitions. In this particular instance, the really needy might *postpone asking for food relief for too long*, while the would-be needy might exploit a loophole to avoid shame when asking for food. Thus, the tactic of lowering the beneficiaries’ self-esteem will not necessarily have the intended result. Further, public shame is not merely instrumentally important as a determinant of human agency, it is also an intrinsic constituent of well-being. Sen himself subscribes to John Rawls’s argument that self-respect is ‘perhaps the most important primary good’ (Sen 1995: 13; 1999: 136). It would thus not be very sensible to have people ‘pay’ for resolving one kind of deprivation with another.

However, doubt immediately sets in if we try to think the latter argument through. Although self-respect is perhaps the most important primary good, attaining a shameless society should never be a political ideal. We would agree with Margalit's distinction between a *shameless* society and a *decent* society. It might at least be helpful if members of decent societies were ashamed of acts of humiliation and abuse that exist there. Moreover, decent societies should allow each individual as much freedom as possible to express his or her identity with the features that he or she finds most suitable. This inevitably implies that the political game of identity construction, reconstruction and imposition must go on, and, by inference, that the 'losers' of this game will suffer 'public shame'. The elimination of every possible source of shame can probably only be achieved at the cost of the right to self-expression, which is arguably also a constituent of well-being and a determinant of self-respect.

However, we feel that societies striving towards decency should distinguish themselves from other societies mainly in that they try to *regulate* these politics of identity in two ways. As we have previously argued, not every identity is equally important. Bad football players and bad parents are fundamentally different. Societies striving towards decency should thus give priority to eliminating the more important sources of shame. Additionally, the observation that shame varies between public spaces indicates that we can, once again, set priorities in this respect and try to free *the most important* public spaces from the politics of identity. Those institutions that are most powerful and that represent society as a whole are potentially the more harmful humiliators, and they should therefore be given priority in a social policy aimed at combating public shame.

At this point, we return to Rainwater's argument that public shame should be used as a mechanism to improve targeting effectiveness. Food aid is arguably thoroughly humiliating, as it implicitly questions the recipient's membership of some of the most important identities (parenthood, motherhood) and as it is the state itself (through its public healthcare centres) that does the questioning. However, the problem with such aid is perhaps that it is insufficiently targeted towards the 'truly' indigent according to local notions of justice. Food aid must remain a clearly demarcated exception to the local practices surrounding food production, distribution and consumption. We concur with Mackintosh and Tibandebage (2002) that close collaboration between communities and facilities seems the best way to define such exemption schemes if indeed they are deemed necessary.



## Annex: specification of indicators of household wealth.

We identified 3 separate measures of household wealth. Consider the following formula:

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

with

$W(\alpha, \theta)_h$  = indicator of household h's wealth, function of parameters  $\alpha$  and  $\theta$ ,

$X_h$  = measure of household-level wealth,

$\alpha$  = equivalence factor to convert children's consumption into adult equivalents,

$0 < \alpha < 1$ , and

$\theta$  = factor expressing scale economies,  $0 < \theta < 1$ .

On the basis of the above formula, we first calculate a child-neutral and scale-neutral measure of total household income as

$$T(.7, .85)_h = \frac{Y_h}{(Adults_h + .7 * Children_h)^{.85}}$$

with  $Y_h$  = total real outlays + imputed rent for house-owners<sup>24</sup>.

Further, an indicator supposedly much closer to the indicator of malnutrition is

$$F(.7, 1)_h = \frac{F_h}{(Adults_h + .7 * Children_h)}$$

with  $F_h$  = food outlays at the household-level. The scale parameter  $\theta=1$ , reflecting the common assumption that there are virtually no scale economies in food consumption.

Finally, there is a variable that measures household quality. This variable is a summary measure of different qualitative aspects of housing infrastructure, like the presence or

absence of a toilet, a kitchen, quality of the roof and road paving. It is expressed in terms of monthly rent by means of a simple linear regression between the housing quality variable and the rent paid by occupants. Housing quality is supposed to be neither dependent on the number of household members, nor on the composition of the household:

$$Q(1,0)_h = \frac{Q_h}{(Adults_h + Children_h)^0} \quad \text{or} \quad Q(1,1)_h = Q_h$$

## Notes

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<sup>1</sup> Own calculations, based on W. Vanderhaegen, 'Growing importance of emergency aid: healthy or not ?'

Unedited document, Antwerp: University of Antwerp (1998). The outlays include the cost of inputs + transportation and storage. Personnel and equipment costs are *not* included.

<sup>2</sup> This is merely a guesstimate, based on the fact that average food outlays in Kisenso, one of the poorest districts, amount to \$1717 (Luzolele and De Herdt 1999).

<sup>3</sup> MSF-Belgium, 'Thrimonthly report of the project of nutritionnal assistance to malnourished children in Kinshasa-Zaire; May-June-July 1995', Unedited document, Kinshasa: MSF-archives (1995), p. 4.

<sup>4</sup> This might be an underestimation, as some children who were listed as having "abandoned" the programme had actually died.

<sup>5</sup> C. Vanrie, 'Programme nutritionnel MSF/Kinshasa; rapport mensuel mois de juillet 1994', Unedited document, Kinshasa: MSF-archives (1994), p. 4.

<sup>6</sup> The representative survey on the basis of which the percentage of acutely malnourished children was estimated considers as malnourished any child weighing less than  $-2z$ -scores for the average child of the same height and sex. However, although the use of the criterion of 75% of the median child of the same height and sex is considered less accurate, this criterion continues to be used almost universally in healthcare centres across the world for pragmatic reasons (cf. De Herdt 2000: 14-30). Further, given that one standard deviation may be considered to be approx. 10-11% (Mosley and Chen 1984), the criterion of "weighing less than  $-2z$ -scores" is somewhat more tolerant than the criterion of 75%. But given that the children participating in MSF's food programme weigh up to 85% of the median child (the exit-criterion applied by the food centres), the estimation of the number of malnourished children as published in the table may be regarded as very conservative.

<sup>7</sup> Vanrie, *Programme Nutritionnel*, p. 2.

<sup>8</sup> F. Vautier, F. 'Rapport de mission 3-4/95' Unedited document, Kinshasa: MSF-archives (1995), p. 8.

<sup>9</sup> MSF-Belgium, *Thrimonthly report*, p. 8.

<sup>10</sup> M. Deguerry, 'Rapport de mission (mars)', unedited document, Kinshasa: MSF-archives (1994), pp. 6-7.

<sup>11</sup> In reality, only MSF opted out. The network remains intact up until today, and, in the context of new possibilities for donating food, continues to organise the food emergency programme. However, this implies

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more irregular provisioning, and, above all, a much less valuable dry ration. At present, around 8000 children are enlisted in the programme.

<sup>12</sup> Author's translation, Vautier, *Rapport de mission*, p. 10.

<sup>13</sup> For a recent use of the concept of "necessary goods", see Goodin (1988).

<sup>14</sup> See also the similar reasoning by Sen, who makes a distinction between what people *value* and what people *have reason to value* (e.g. Sen 1999: 63).

<sup>15</sup> See also Quattrone and Tversky: "an individual who holds two or more cognitions (i.e. attitudes and beliefs) that are psychologically inconsistent will experience an uncomfortable state of tension, called dissonance. The individual will then be "driven" to reduce dissonance by changing one or more of the cognitions so that they are no longer inconsistent" (Quattrone and Tversky 1986: 39). A similar idea had been expressed *avant la lettre* by Adam Smith: 'Rather than see our own behaviour under so disagreeable and aspect, we too often, foolishly and weakly, endeavour to exasperate anew those unjust passions which had formerly misled us... and thus persevere in injustice, merely because we once were unjust, and because we are ashamed and afraid to see that we were so' (TMS: 158)

<sup>16</sup> For technical details on sample composition and the calculation method for income indicators, see (De Herdt 2000).

<sup>17</sup> In our case, the relation between deficient food intake and malnutrition could be categorised as what Boudon calls a "type II belief", i.e. a belief that can be validated but is not (1996: 125).

<sup>18</sup> By way of illustration, we refer to one of our interviewees, who mentions a boy who used to live with his father after his parents' divorce. However, the stepmother claimed he had been bewitched by his biological mother in an attempt to kill his father. The child eventually decided to run away (Luzolele and De Herdt 1999: 27-8).

<sup>19</sup> In Boudon's terms, sorcery may be categorised as a "type III belief": it cannot be validated by an operation of confrontation with the real world (1996: 125).

<sup>20</sup> Future research should enquire into this: given that a growing number of children are brought up in the absence of their natural father, or even their mother, the diagnosis of *nsanga* seems to be rather likely, though it will be much more difficult to "cure" it in the "proper" way under these "modern" circumstances.

<sup>21</sup> Quoted in M.-P. Monganza, 'Analyse des représentations sociales de la malnutrition dans la population de Kingabwa comme préalable essentiel pour une intervention nutritionnelle efficace' Unedited Mphil dissertation, Université de Louvain (1997), p. 127.

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<sup>22</sup> In the vocabulary of the gift-economy, asking for food implies that the gift can no longer be given *voluntarily*, and that it is therefore not a gift that unites.

<sup>23</sup> To be sure, a more complete analysis should control for other, relevant intervening variables, such as income. As has been demonstrated elsewhere, income (or wealth) can indeed influence both the percentage of unmarried mothers and nutritional status, though the net effect of an absent father does not disappear if we control for this (De Herdt 2004).

<sup>24</sup> For a discussion on the choice of the parameter values, see T. De Herdt, 'Surviving the Transition: institutional aspects of economic regress in Congo-Zaire', unpublished PhD thesis, University of Antwerp (2000), pp. II.9 – II.15.

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Table I. The Food Emergency Programme in Kinshasa, 1992-1995,  
Indicators of programme performance

	Programme performance			Programme Targets
	Year 1	Year 2	Year 3	
Average number of children under treatment	3425	3967	3045	cf. table 2
Of those leaving the programme:				
% were cured	73,6%	57,4%	58,2%	>70%
% abandoning before being cured	16,8%	24,3%	15,5%	<10%
% died	7,3%	7,9%	10,0%	<5%
% transfers+ sent away	2,3%	10,5%	16,3%	
average stay (cured children)			100 days	<91 days
% severe / new cases			61,7%	

Source: own compilation, based on MSF-archives (Brussels).

Table II Treated and potential population of food emergency programme, Kinshasa  
1992-1995

Year-Month	Number of cases under treatment by MSF-sponsored Centres	% of children of total population acutely malnourished in Kinshasa	Number of children acutely malnourished in Kinshasa	% treated/ malnourished
92-9	2873	5,1%	37 679	8%
93-3	3712	8,9%	69 145	5%
93-9	3538	4,6%	35 738	10%
94-3	4080	10,7%	86 667	5%
94-9	4034	7,5%	60 748	7%
95-4	2689	5,9%	49 985	5%

Source: own calculations, based on various reports of MSF, and on demographic data by

Ngondo et al. (1993).

Table III. Wealth characteristics of different types of households in Matete (Kinshasa)

	Representative sample		Children receiving dry ration (3)	ANOVA- Analysis			
	Well- nourished (1)	Mal- nourished (2)		F-value	Post-hoc analysis <sup>o</sup> : mean difference between		
	(1) and				(2) and (3)		
	(2)	(3)					
Number of cases	64	10	21				
Per adult equivalent FOOD expenditures (\$ per year)	282	146	191	2.85*	136*	91*	-45
Per adult equivalent TOTAL expenditures	700	414	428	4.79**	286**	272**	-14
% food expenditures/ all real expenditures	62 %	65 %	71 %	2.66*	-.03	-.09*	-.06

<sup>o</sup> Least Significant Difference Test if homogeneity of variance can be assumed, and Tamhane's T2 test if

homogeneity of variance is rejected by Levene's test.

\*p<.1 \*\*p<.05

Source: own survey, Matete 1996.

Table IV. Characteristics of children and households in Matete (Kinshasa)

	Representative sample		Children receiving Dry ration (3)	ANOVA-analysis			
	Well-nourished (1)	Mal-nourished (2)		F-value	Post-hoc analysis: mean difference between		
					(1) and		(2) and (3)
					(2)	(3)	
Number of household members	10.4	14.8	14.1	6.15***	-4.4**	-3.8***	.61
% not of the nuclear family	34%	35%	33%	.02	-.005	.01	.02
% of same or older generation than household head	18%	3%	2%	6.54***	.15***	.16***	.007
% children 0-6 years	22%	20%	28%	2.79*	.02	-.06**	-.08*
of which % children of head	60%	23%	27%	6.26***	.37*	.34***	-.04
% (great) grandchildren	32%	77%	73%	9.84***	-.45***	-.41***	.04
% other extended family	8%	0%	0%	1.52	.08**	.08**	-
% of children with father absent	34%	50%	59%	2.86*	-.16	-.26**	-.09

° Least Significant Difference Test if homogeneity of variance can be assumed, and Tamhane's T2 test if homogeneity of variance is rejected by Levene's test of homogeneity of variance.

\*p<.1 \*\*p<.05 \*\*\*p<.001 Percentages are mean percentages.

Source: own survey, Matete 1996.