Humanitarian aid and local institutions in Angola: strengthening institutions or institutionalising weaknesses?1
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Introduction

The long civil conflict in Angola resulted in the weakening and disintegration of both informal social institutions and formal state institutions. During the protracted crisis, humanitarian actors emerged as the principal providers of social services, filling the institutional void in service delivery by the state. This paper discusses the changing relationship over time between humanitarian aid and local institutions and its outcomes for local capacities. It is based on fieldwork undertaken in Huíla Province in 2007/08, mostly in Matala and Chipindo municipalities, which have distinct experiences of aid and conflict2, as part of a PhD research on the effects of humanitarian aid for local rural institutions.3

Humanitarian aid defines itself as having the distinct purpose of saving lives and alleviating suffering wherever and whenever needed.4 It is based on the core principles of being needs-based, impartial, independent and neutral. These principles are reflected in the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief5 and in other instruments of International Humanitarian Law. However, beyond the humanitarian imperative of saving lives, humanitarians are also meant to build and strengthen local capacities to meet the needs of those affected by disaster or conflict. This intention is articulated explicitly in several of the Code of Conduct’s 10 Articles.6 The attention to strengthening local institutions reflects the need of aid organisations to extend their objectives beyond the pure delivery of humanitarian aid into areas which traditionally lay in the development field. Few organisations see relief work (protection and assistance) as the end in itself7. Only Médicins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC) are considered organisations with a ‘pure’ humanitarian mandate8. Increasingly, principles derived from development, like accountability, partnership, participation and sustainability, are becoming important9. However, humanitarians struggle to implement them particularly in contexts of protracted crisis such as Angola’s conflict, where short and long-term needs coexist. The question is what have

1 Published in Nuno Vidal & Patrick Chabal (eds) Southern Africa. Civil Society, Politics and donor Strategies (Brussels & Luanda: Media XXI & Firmamento with Angolan Catholic University, University of Coimbra & Wageningen University, 2009), pp.63-76.
2 Matala in Southern Huíla witnessed little direct conflict but received a large displaced population and hosted numerous relief programmes. Chipindo in the North-East was heavily contested throughout the war. Most of its population was uprooted and remained isolated and inaccessible by aid agencies until peace was established in 2002.
3 The research is part of the programme “Aid under fire: people, principles and practices of humanitarian aid in Angola” of Wageningen University, financed by the Dutch Agency for Scientific Research - NWO. It is based on an ethnographic analysis that includes participant observation of selected aid projects and institutions as well as interviews with rural populations, aid organisations’ staff, public servants and social sector workers.
4 This rationale is rooted in the Geneva Conventions and the creation of the International Committee of the Red Cross. It followed Henry Dunant’s initiative after witnessing the extent of suffering at the battle of Solferino in 1859. ICRC (2005) Discover the ICRC report, Geneva, ICRC.
6 Article 2 says that relief will be provided upon the basis ‘of a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet these needs’. Article 6 commits to attempt to build disaster response on local capacities’ and strengthen these by using local resources, working with local partners and in cooperation with local government structures where possible or appropriate. Article 7 refers to full community participation in managing relief aid.
8 HILHORST (2005: 353).
9 Ibid.
been the concrete efforts and results of humanitarian aid in increasing the capacity of local institutions? Some have argued that contrary to the rhetoric, not only has aid failed to build local capacity, but it has also contributed to its long term decline. This paper explores such questions in relation to the history of aid in Angola and shows how problematic such objectives remain for humanitarians. It argues that aid interventions despite being guided by a set of values and principles that go beyond saving lives, have not made serious efforts to build the capacity of local government institutions or understand the role of informal community institutions. Instead and as a direct consequence of this, humanitarian action has actually contributed to the processes of deterioration of local institutions.

The paper covers the post-colonial conflict and the history of aid thereafter. It distinguishes between two periods of the war: from independence in 1975 until the Bicesse Peace Accords in 1991, and from the 1992 re-ignition of the conflict until the Luena MoU (Memorandum of Understanding) in 2002. The third period covers the transition to peace until present time. For each of the three periods the paper looks at the condition of the local institutional landscape, at the role of different aid actors and at their changing approaches to formal and informal local institutions. The time periods defined in this paper do not claim to fully represent Angola’s complex reality. They are limited to major changes in the conflict and political situation (including the influence of the Cold War and peace agreements or the holding of elections) and in the aid environment (including the emergence of national civil society organisations - CSOs).

During the first phase of the civil war, people relied primarily on informal social institutions and mutual aid mechanisms. International aid agencies were few and national CSOs only emerged at the time of the 91/92 Bicesse Accords. Thus, no organised humanitarian operation was in place to assist victims of conflict and displacement. The return to war in 92 saw an aggravation of the decay of social and state institutions and a scaling up of the humanitarian effort. However, as this paper argues, aid agencies paid little attention to understanding and supporting existing local institutions. In the transition to peace, aid has shifted focus towards institution strengthening and capacity building initiatives. Nevertheless, the legacy of emergency approaches is problematic for current attempts to strengthen the state’s relationship with communities as well as its service delivery capacity. Such aid efforts to support the transition and democratisation processes have been further compromised by the sharp decline in donor funds, in coordination activities and by a disinvestment in local aid actors.

**Institutions in conflict**

Institutions are often defined as the ‘rules of the game’ and organisations as the ‘players in the game’. Institutions can be further characterised according to the degree of formality (formal, semi-formal, informal), the level of geographical hierarchy (from local to global), and the area of analysis (economic, political, legal and social-cultural). In this paper institutions are conceptualised as “any form of legitimised social ordering”. The focus is on those institutions through which local people address their needs and problems, whether organisations or not, formal and informal. There is a strong relationship between crises such as conflicts and the disintegration of such institutions. “...conflict further weakens institutions by breaking-up communities, deepening mistrust and preventing the State from functioning...”


in an accountable manner to distribute resources and manage conflicts.” These effects on the social fabric vary from one locality to another according to their specific history and experience of conflict.

Formal institutions in Angola, such as the state, have become weakened over the years due to several factors: the transition from the colonial system and the political changes of the early independence years, the effects of the war and the severe underinvestment by the government in both material and human resources. During the conflict, the institutional capacity in nearly all branches of public administration declined, leaving it disorganised and in a leadership vacuum. Social sector institutions were also affected as the withdrawal of the state produced an institutional void in service delivery, particularly in rural and more isolated areas. The absence of state institutions meant that many people had to fend for themselves during the years of displacement in the ‘bush’, as was the case for instance for most of Chipindo’s population. Otherwise, they resorted to alternatives such as traditional and community institutions, private services, personal networks, churches or NGOs. Service provision was thus left almost entirely in the hands of external aid actors. The replacement of this role of the state remains a dominant criticism of the lengthy presence of humanitarian aid in Angola. It refers to the contribution of aid to the de-linking of the state from society and its responsibility in the provision of basic services to the people. As shall be seen, in the post-conflict phase aid interventions are attempting to address some of these weaknesses by building the state’s institutional capacity.

The war and large-scale population movements also affected informal institutions, directly and indirectly. Although there is a serious information gap regarding processes of institutional change over the years, existing studies suggest that there has been a general decline in rural institutions, particularly communal ones. Robson and Roque for instance explain that “… after such a long period of social transformations in rural areas in the colonial period, followed by various decades of instability, rural institutions of solidarity have been strongly modified. Mutual aid may occur in rural areas, but less frequently than before.” The phenomenon of displacement had a great impact on the social life of the country and was one of the primary factors behind the destruction of community institutions. In 2001 alone, almost one third of the Angolan population was estimated to have been displaced. Displacement split up families and communities but also accelerated the urbanisation process, creating new social constellations where people from different origins and contexts were able to coexist. Notwithstanding the effects of the conflict and of population movements, some customary rural institutions such as the Onjango did survive and still have an important role in the management of resources and conflict resolution, particularly in the least war affected areas.

16 These are discussed elsewhere for example in relation to the changing role of the traditional leaders and authorities. Suffice it to say here that the legacy of these factors has also defined rural societies, their institutional fabric and relationship with the state. For an historical account of the experiences of colonization and early independence, see NETO, M. C. (2001) Angola – The historical context of reconstruction. IN ROBSON, P. (Ed.) Communities and Reconstruction in Angola. Guelph, Development Workshop.
20 That is 3.8 out of a total estimate of 12 million people. CISH (2001) Programa nacional de emergência para a assistência humanitária – segunda fase – continuação. Comissão Interministerial para a Situação Humanitária, República de Angola
21 The Onjango is a village ‘council of elders’ that still exists in the majority of rural villages and which plays a vital role in the management of community life, in moderating the power of leaderships, in conflict resolution and in the transfer of knowledge to the young. PACHECO, F. (2005) Angola: Construindo cidadania num pais em reconstrução: A experiência da ADRA. V Colóquio Internacional Paulo Freire, Recife, Brazil.
22 ROBSON, ULISAVA et al. (2006); PACHECO, F. (2005).
Besides conflict, aid interventions also play into processes of institutional change and social transformation. These occur as a result of social actors’ behaviour in reaction to an external factor or to emerging constraints or opportunities. The long presence and prominence of aid in Angola have made aid interventions an inherent part of these change processes. This happens either intentionally through institution strengthening projects or unintentionally as aid becomes another strategy people employ to meet needs and through which power relations play out. This perspective rests on an actor-orientation, which starts from the premise that social actors have agency. As external interventions such as aid projects enter the life-worlds of people, they get shaped and transformed as actors negotiate with one another. There is therefore a need to deconstruct interventions and understand how aid is translated and transformed at the interface of implementation, through the everyday practices of organisations and their interaction with various stakeholders such as civil servants, recipients and aid workers.

Different periods, actors and approaches of humanitarian aid

From independence in 1975 to the 1991 Bicesse Peace Accords

The process of institutional decline is first linked to the abrupt transition from colonial rule. At independence there was a mass exodus of the colonial population and with it the abandonment of skilled and qualified human resources and of major infrastructure. Hodges quotes an estimated 5% (or 340,000 people) of the total population having left the country at that time. The lack of investment by the colonial system in education and training of local people, and later the severe neglect of social services by the independent government resulted in the quick deterioration of state institutions at all levels. Towards the end of the 1970s, social services were already showing signs of decay as a result of such budgetary constraints. Over time, the state became altogether absent in many parts of the territory as a result of the fighting. In many areas, such as Chicomba and Chipindo in northern Huíla, this was reversed only after the war ended as the government reinstated all local government administrations. While in isolated rural areas basic service institutions were virtually abandoned, in the cities they were strained far beyond capacity due to rapid population growth resulting from displacement.

In many areas, the complete breakdown of state services was avoided largely through the assistance provided by external actors, such as the churches, some aid agencies and the technical assistance in various sectors by political actors such as Cuba. Kapelongo hospital in Matala municipality reached such a poor level of service that its functions were taken up by the municipal health centre, which is lower down in the referral system hierarchy. The centre was more easily accessible than the hospital and in addition received support from MSF for a number of years, developing a greater capacity to respond to health needs. The churches were also important in providing basic services and in training local staff through their rural missions, but they too suffered greatly during this period. In Huíla province.

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25 ROBSON, ULISAVA et al. (2006);


27 Most notable was the contribution of hundreds of Cuban doctors and teachers during this period. In the health sector, the government was able to establish 1260 health units nation-wide with significant support of foreign doctors. However, these entered a rapid process of deterioration due to a lack of resources, poor coordination of medical supplies and transport difficulties to the provinces. VIDAL, N. (2009) Política, sectores sociales e sociedade civil em Angola. IN VIDAL, N. & PINTO DE ANDRADE, J. (Eds.) O Processo de Transição para o Multipartidarismo em Angola. Luanda, Edições Firmamento.
the protestant churches, assigned to the region by the colonial system, were particularly prominent in creating and maintaining health care for the local population.28

Between 1975 and the Bicesse peace process in 1991, there were few international humanitarian organisations working in the country29. Some aid was being provided as part of external interventions of political actors involved in the Cold War. MPLA and UNITA received military assistance from Cuba and the Soviet Union and South Africa and the United States respectively. Towards the end of the 1970s and into the first half of the 1980s, in addition to these actors, several international donors such as the Nordic and Western European countries were funding aid interventions to alleviate hunger and disease.30 During the Cold War the ICRC and MSF were the only organisations present in UNITA areas, while several United Nations (UN) agencies were operating mainly in government territory31. In the late 1980s a small number of more development-oriented INGOs appeared32 and the first coordinated humanitarian operation was launched in 1990 led by the UN’s Development Programme (UNDP)33.

The political changes that lead to the 91/92 cease-fire also affected humanitarian actors and their strategies. The national civil society sector was born as the country moved to a multiparty system and begun to open up. Some existing international NGOs (INGOs) responded to the transition to peace by attempting to adjust interventions towards development activities including training and capacity building34. However, this period was short lived and the war that followed was one of the most destructive and cruel in the country’s history. As such, the results of the investments made during the short window of peace, in terms of institutional capacity building, were unclear. The abrupt return to war created an emergency culture among agencies that was to persist over time, even in areas and during periods of relative ‘stability’ where longer-term development interventions could have been implemented. Notwithstanding, some aid actors emerged and retained a development vision, even after the return to war. The national NGO ADRA for instance pioneered initiatives to strengthen community organisations including the distribution of relief aid through existing structures. In Gambos municipality ADRA started in 1994 an integrated intervention involving the provision of relief aid, social infrastructure and the capacity building of local institutions. It worked with the local administration and emerging forms of community organisation around various issues. A local group was created - Grupo Estrela, which was involved from the outset in the distribution of relief items. It also designed and implemented small projects. Later the group became a local NGO and now represents other local organisations in public consultation fora and performs tasks previously under ADRA, which has downscaled its presence.35 However, as the next section shows, this was an exceptional approach to aid in the emergency period.

From 1992 to the end of the conflict in 2002

28 The IESA (Sinodal Evangelical Church of Angola) mission hospital at Caluquembe municipality was for a long time renowned for its service quality. Despite many difficulties, it continues to train local staff. The hospital of the mission of IECA (Evangelical Congregational Church of Angola) in Bunjiei (Chipindo) was also a crucial provider of health care but was abandoned by 1982 due to the war and eventually completely destroyed.
29 The state received technical assistance in areas such as health and education, particularly in the early independence years when it made some effort to invest in policies and programmes in the social sectors.
30For further details of aid in the 1st and 2nd socialist administrations see VIDAL (2009).
32 Examples from the South of Angola include for instance Development Workshop and ACORD.
35 Interviews with ADRA Director, 08 February 2008, Luanda; ADRA Project Coordinator for Gambos, 03 September 2007, Gambos; Founding Member of Grupo Estrela; and Municipal Administrator of Gambos, 04 September 2007, Gambos.
The return to war in 1992 was marked by the intensification of needs and the scaling up of the humanitarian effort. Institutional capacity continued to decline to the extent that local administrations ceased to function or exist, not only in UNITA territory, but also in more remote government areas. This period saw a sudden growth in numbers of international aid agencies as well as national organisations, which often acted as their implementing partners. Except for a few agencies like ADRA, humanitarian actors concentrated almost exclusively on emergency assistance – food aid, essential non-food items, medical assistance and basic service infrastructure. This left little room for practices to support existing local institutions, either formal or informal. Concerning state institutions, interviews with agency staff and civil servants revealed that most agencies limited their relationship to pragmatic communication with the relevant structures to define areas of intervention and ensure physical access.\textsuperscript{36} However, even this was unsystematic given that “many times NGOs skipped consultation with governmental bodies and intervened directly at the municipal level”.\textsuperscript{37} Beyond this superficial contact there was neither a real engagement with government to devise policies or approaches for the provision of assistance, nor much concern with capacity building for local service delivery by the state. In areas controlled by UNITA this was even more problematic as access remained difficult and was ultimately completely cut after 1998.

Humanitarian agencies opted to work outside of state structures, establishing parallel systems of aid provision whose structure and functioning depended fully on their own inputs. Concerns with corruption and mismanagement as well as neutrality considerations also played a role as state institutions were seen as lacking in capacity, commitment and resources. Humanitarians sought to secure access to populations in areas under the control of the two warring factions and therefore opted to work ‘alone’. The circumvention of the state contributed in turn to the further deterioration of its service delivery capacity. It also undermined the impact of subsequent efforts to build the capacity of national institutions or develop democratic forms of government\textsuperscript{38}. Moreover, as the government continued to neglect the social sectors despite its growing revenues from a booming oil industry, humanitarians ignored this lack of willingness besides the lack of capacity, as part of the root causes of the crisis\textsuperscript{39}.

Humanitarian interventions were equally limited in supporting informal community institutions. Beyond superficial needs-assessments, accounts of rural people revealed that participation of aid recipients was almost invariably reduced to modest consultation by aid agencies, in turn limited to beneficiary registration through the traditional leaders. Typically the Soba (traditional chief) and the village secretary\textsuperscript{40} were approached by aid organisations to request a list of the families eligible for a project, or to act as witnesses during the agency’s own registration process. Some cases were found of individuals claiming to have been excluded from beneficiary lists due to disagreements with their Sobas or because they were demanded a fee which they were unable to pay.\textsuperscript{41} Furthermore, several aid agencies reported that it is common practice for community organisation projects today, to have traditional authorities

\textsuperscript{36} Locally, this communication was done through the provincial offices of the government’s Technical Unit for the Coordination of Humanitarian Assistance (UTCAH) operating with the support of the UN’s Office for the Coordination of Humanitarian Assistance (OCHA). UTCAH was established in 1998 to raise funds, monitor, coordinate, evaluate and inspect all aid programmes (article 6, Decree 30/98). It works under the Ministry of Social Assistance and Reintegration (MINARS).

\textsuperscript{37} Interview with Provincial Humanitarian Coordinator of UTCAH for Huíla province. Lubango, 27 August 2007.


\textsuperscript{40} The village secretary is appointed by the MPLA and is also the party secretary. He is the person responsible for keeping records and supplying data on the village’s population.

\textsuperscript{41} Interviews with local woman in Bairro KM15, Matala, 28 January 2008; with local farmer, Nguelengue Village, Bunjei, 13 October 2008; with resident of Catchope Village, Matala, 19 December 2008.
formally or informally occupying the most powerful positions within created structures. Only one programme was encountered in Huíla where the Soba is purposefully left out of such group.

This points to a failure of aid agencies to understand the changing role and systems of power and authority of these institutions, thereby risking doing more harm than good. Aid delivery through traditional structures, which suffered deep transformations did not guarantee more socially responsible interventions. As Wille explains, humanitarian aid which worked with community structures without understanding them, risked inadvertently strengthening the hierarchical and undemocratic aspects of such structures rather than empowering whole communities. "Local communities are not homogenous entities and power relations regularly play a role in the allocation of resources. It is important that INGOs are aware of these problems and aim to make well-informed decisions about collaboration."44

The lack of attention and investment on the part of aid agencies during the emergency to supporting existing local institutions or creating lasting new ones can be associated with a number of reasons. Firstly, donors preferred to channel aid through INGOs or the UN rather than bilaterally and to fund short-term projects aimed at saving lives and reaching the highest possible number of people quickly. This intervention modality lasted almost a decade. Secondly, the competition for visibility and funds amongst agencies discouraged detailed studies and needs assessments needed to build knowledge of local contexts. “Rapid diagnostics and assessments are important, but do not provide a deep understanding of social dynamics and their origins.”46. Thirdly, as argued by Simões and Pacheco, there was a serious lack of value attached by donors, international agencies and the government itself, to the importance of knowledge about the social reality and of the capacity of communities to assume their own destinies47. This lack of real direct involvement by communities in the definition and implementation of activities resulted in a working culture that is ‘blind’ to institutional aspects. Notwithstanding, as discussed in other papers in this volume, aid during this period contributed to the development and knowledge transfer to CSOs48. State institutions also benefitted from such dynamics. As an example, health workers from the municipal post in Matala all refer to the experience and knowledge gain as the greatest legacy of MSF’s presence during the emergency.49

The end of the war and the transition period

At the time the conflict ended in April of 2002 the humanitarian crisis reached a new peak in the country as previously inaccessible areas were opened up and large numbers of people arrived in displacement centres, often in a critical condition. This crisis was met by virtually collapsed social services in rural areas and severely overstretched and under-equipped ones in urban centres. People’s own coping

42 Interview with IECA programme staff in Bunjei, May 2008; Personal communication with CARE International staff in Matala, June 2008; Communication with ZOA staff-member at inter-agency meeting, March 2007, Lubango.
48 See paper of David Sogge, Bob van der Winden and Rene Roersma in this volume.
49 Interviews with the head of the Health Section of Matala, Matala, 15 January 2008, the Administrator of the municipal health centre, Matala, 14 January 2008 and two local nurses, Matala, 12 January 2008.
50 For instance, estimates by local medical staff interviewed in Bunjei (Chipindo) place mortality figures above 30 people per day at the very height of the crisis and nutritional data show that 9% of children younger than 5 years were severely malnourished and 27% moderately malnourished. MSF (2002) Angola: Sacrifice of a People. MSF. Page 18.
capacities had also been greatly undermined following the brutal war tactics which were responsible for splitting up families and communities and destroying mutual and self-help mechanisms.

Aid agencies played an essential role during this phase, but were affected by the rapid decline in donor funding soon after the end of the war, which led to a rather abrupt downsizing and withdrawal of many international organisations. Within only one year, from 2004 to 2005, Overseas Development Assistance (ODA) net totals dropped from 1145 million to 442 million USD respectively51. This had a clear knock on effect on national NGOs. In early 2001 the numbers of national NGOs (NNGOs) and INGOs registered with UTCAH stood at 365 and 195 respectively (and were estimated to be higher in reality)52, whilst by 2006 UTCAH’s directory listed only 68 NNGOs and 57 INGOs as being operational53. The downsizing of aid resulted from a shift in donors’ policies as peace was consolidated. The continued growth in wealth from oil was taken by the donor community as a sign that the state should take over the country’s development. Funds were thus directed elsewhere54. However, the persistence of various needs of the population shows that the decision was politically informed rather than based on local realities.55

Early in the transition, aid projects assisted civilians and ex-soldiers at displacement and demobilisation centres. Later they supported the return and reintegration to their areas of origin. In Huíla, these projects focused on two dimensions of rural recovery: restoring basic services by focusing on the building or rehabilitation of social service infrastructure such as health facilities and schools; and livelihoods recovery through activities to kick-start production for subsistence agriculture. The latter entailed the free distribution of agricultural inputs such as seeds, tools and some livestock for animal traction, but over time agencies adapted their approaches towards development and switched to the introduction of in-kind credit systems, managed by purposely created community-based organisations (CBOs).56 With the consolidation of peace and a rapidly growing economy57, the donor community became concerned with questions of governance, democratisation and transparency, therefore focusing on the state’s capacity for reform. These concerns follow mainstream international discourse on state-building in post-conflict fragile states.58 Many interventions in the reconstruction phase therefore aim to build and strengthen the institutional capacity targeting local government institutions and communities.

Capacity building of state institutions in the transition phase involves technical support to different areas, from the economy to health and education, primarily through UN agencies and bilateral agreements.59 Aid agencies have also explicitly assisted state institutions by supporting the current national process of decentralisation and deconcentration. This approach is distinct from other projects in that it specifically works at the two levels - the community and the local government - to create the structures and capacity for the transfer and management of power and resources from the central to the local government. The methodology involves the creation of CBOs from the village up to the municipal level where they are

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55 HILHORST & SERRANO (forthcoming).
56 Typically in Huíla these include integrated development programmes focused on food security, implemented in several municipalities by INGOs and NNGOs such as Action Against Hunger, ADRA, CARE, GTZ, IECA and ZOA Refugee Care.
59 UNICEF stands out in Huíla province as an agency that is currently involved in technical assistance programmes in various sectors including health, water and sanitation, education and decentralisation.
supposed to be incorporated into existing government fora for consultation on social issues. The government’s decision in 2009 to transform all 163 municipalities into budgetary units heightened concerns over the low-skills base and quality of financial management of local administrations and over real local participation. Whilst this may suggest a need for external capacity-building, too little is known about the appropriateness of such interventions to conclude whether decentralisation can result in real local decision-making power and in improving people’s situations. However, there are threats in the way the process is being conducted, in potentially exacerbating regional inequalities. Initially it was only piloted in 68 out of 163 municipalities nation-wide. Many of the municipalities were selected to meet the eligibility criteria (such as the existence of a banking institution) and therefore included those relatively more developed. Even now only a minority of the country’s municipalities are receiving support, which is given by different aid agencies or donors with distinct approaches, priorities, budgets and timeframes.

At the community level, the notion of community organisation and the creation of local groups or CBOs became central for the management of activities of most rural projects. As in the case of decentralisation, the groups are also intended to provide spaces for debate of community problems and act as a link between the community and external actors such as the NGO, local government administration and other state institutions. They have set structures determined by the project and made up of locally elected individuals. Some organisations have reported positive results of this methodology, for example where villages managed to establish self-run community warehouses or were incorporated into government led structures and processes of local consultation. However, this research uncovered several problematic aspects of this approach in the communities studied, to which I now turn.

Community groups struggle to survive beyond the duration of the actual projects. The institutionalisation and legitimisation of behaviour require the building or restoring of trust by local actors, all of which are lengthy process that demand time. Institutional change tends to be slow as it is characterised by path-dependence, lock-in and embeddedness in ideological (values and beliefs) and institutional heritage. The short duration of aid projects is in direct contradiction with this, compromising the sustainability of these structures from the start, particularly when there are no follow up activities that replace or invest in them. In Chipindo for instance, in those communities where aid interventions are still being implemented, community based groups remain active, though to differing degrees. Such communities had previous groups established by another NGO. The current intervention replaced them with its own, sometimes incorporating the members and some of their activities quite successfully. Where no follow up was implemented, residents refer that the initial community development groups had disintegrated when the NGO withdrew. In Matala, less than half of the people interviewed knew of the existence of CBOs created in 2004 by a previous INGO programme. Of those people that knew, all mentioned their complete disintegration or inactivity, although they were handed over to the local Agricultural Development Station (EDA – Estação de Desenvolvimento Agrícola) when the NGO withdrew in 2005.

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60 Matala is one of the pilot municipalities of the decentralisation plan in Huíla. The others are Lubango, Humpata and Chibia.
61 For example, UNICEF and CARE Angola are co-funding a decentralisation programme in only 2 out of the 4 pilot municipalities of Huíla and in one other in Cunene province. In line with their organisational mandates, they prioritised as objectives the ‘institutionalisation of the Integrated Municipal Development Plan and the contribution to the implementation of the ‘11 commitments to children’, a government initiative supported by UNICEF. CARE (2008) Apresentação sobre o Programa de Descentralização da Huíla e Kunene - DESHUK U: 2008-2010. CARE International.
62 Terminologies differ between organisations, but with the exception of one organisation which works with a parallel group made up only of women, the structures normally include a coordinator, a secretary, two assistants and a treasurer.
64 Interestingly, groups formed around specific issues like water management or hygiene and health, remained active and widely known in the communities.
65 Figures are based on 50 individual interviews carried out in 5 communities in Matala: Monhanangombe, Mupindi, KM15, Catchope, and Calheta and on group interviews with Farmer School Members.
Further, these structures struggle to gain significant legitimacy vis-à-vis their communities and the state. Legitimacy as explained by Slim is both derived and generated. It is derived from morality and law, and is generated by tangible support and performance and intangible sources of trust, integrity and reputation. CBOs cannot derive legal legitimacy as they lack a formal status. This is an impediment to recognition by formal institutions like the local authorities. As the leader of one such group said, “If I approach the administrator or his assistant and tell him that I am the leader of a group of Community x, they will laugh in my face and ask me to provide official documentation. It is not possible to approach them to talk about issues... only our Soba can try to talk on our behalf.” In addition, they struggle to generate legitimacy as they lack a track record of performance or reputation from which to draw support. Interviews revealed that in most cases, NGO-created community groups with broad objectives such as improving local development are not widely known by people, or are simply seen as channels to manage reimbursements of seed or animal credit rather than to address long-term community problems. State institutions too have difficulty generating legitimacy due to a history of very poor performance.

Gaps and challenges of the engagement of humanitarian action with local institutions

From the analysis of the different stages of the conflict and post-conflict periods in Angola, common gaps and challenges of aid interventions emerge which have affected and defined the modes of engagement with local actors and institutions. First, humanitarian aid has repeatedly been ‘blind’ to institutional aspects and how these shape interventions to produce unintended as well as intended outcomes. By failing to understand the transformations undergone by formal and informal institutions, aspects that are crucial for institution building such as trust and legitimacy are neglected. Uncertainty and rising levels of inequality during the Angolan conflict contributed to the low levels of trust in social institutions, but each community has its own experience of conflict and social transformation. Yet, there has been little serious effort to assess local capacities and strengths, often resulting in tokenistic and standardised actions of engagement with community structures or local government. As has been shown, while it is true that informal institutions often enjoy a high degree of trust and legitimacy, this is not a given. Aid agencies should know that distribution through traditional authorities does not stand for greater equity, wider participation or earn them accountability. In the same vein, exogenous community groups are not guaranteed widespread trust or recognition. Nor is it sufficient to rebuild social infrastructure to ensure efficient and trustworthy services. In Bunjei, local people complain of the persistent lack of medicines and general service quality at the local state-run health centre built in 2004 by an INGO. Many continue to choose private health facilities and nurses or traditional doctors on whom they relied for years.

Second is the rapid withdrawal and disengagement of donors and aid organisations in the post-conflict period. This greatly compromised the ability of aid interventions to improve the living conditions of local people through the (re)building and strengthening of social institutions. Such processes were effectively ‘interrupted’ as agencies discontinued their programmes. This was all the more problematic given the knock-on effect on national CSOs, which would have been well placed to pursue these processes but instead were left struggling for funds to survive. In turn, this resulted from the neglect throughout the emergency, of NGO’s sustainability and capacity. Humanitarians have not developed sophisticated

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67 Interview with Community Development Group coordinator of a village in Bunjei, Chipindo Municipality, 13 October 2008.
enough tools to determine whose capacities should be built and how. Furthermore, contrary to official policy discourse, the transition from emergency to development did not witness new actors with specific expertise in institution strengthening but rather saw a reduction in their diversity and number.

Third, the fact that level of coordination between humanitarian and development actors in the transition was far lower than in the emergency became an obstacle to strengthening local community and government institutions. It resulted partly from changes in the structures responsible for coordination. OCHA was central during the emergency in coordination and the establishment of UTCAH - the government’s coordination unit. When it withdrew in 2004, activities were handed over to the UN’s Resident Coordinator’s Office (RCO) and to UTCAH. However, both bodies embarked on long reform processes with the RCO focusing on coordination within the UN system whilst UTCAH’s capacity for leadership remained limited. Moreover, whilst coordination was vital for access to populations during the emergency, in peace-time it was no longer a priority for either aid or government actors as there were no immediate visible benefits. Agencies thus missed opportunities for learning and for policy and practice discussions to help them reach their longer-term goals, difficult to achieve within the duration of a typical NGO project. On the ground, it prevented continuity of change processes or the institutionalisation of new forms of social organisation and undermined the credibility of agencies among local communities. In Huíla, some villages have hosted similar projects establishing community groups, without the NGOs paying attention to previously existing groups, how these work or why they disintegrated.

Lastly, there remains a gap in the relationship between communities, individuals and the state. As Neto explains, these relationships need to be thoroughly re-examined. New efforts at democratisation by third parties must look towards existing social forces and historical experiences which have the power to stimulate or inhibit initiatives. Most aid agencies have struggled to create links between the formal state and community-based institutions and to extend these to higher administrative levels. The theoretical function of CBOs acting as a link between the community and the state thereby improving the living conditions of rural populations, is seemingly not being fulfilled. Even aid projects supporting the decentralisation process which set out to promote participatory local governance systems for service delivery are fraught with difficulties. Their methodology at community level is similar to that described for other CBOs and is thus exposed to identical problems in creating sustainability and legitimacy of processes. Besides, the long-term effect of capacity-building activities with local administrations requires further analysis, particularly in how these capacities will be retained and reproduced in the future. Furthermore, aid actors are still struggling with switching from emergency projects to longer-term activities. For example, the INGO leading the decentralisation process in Matala was a major distributor of food aid during the emergency. Alongside budget restrictions, local staff identified this past image as a key obstacle in engaging people in activities not involving material aid. Agencies have yet to demonstrate that they have the needed expertise and resources to take on these challenges.

Conclusion

71 The RCO ‘brings together the different UN agencies to improve the efficiency and effectiveness of operational activities at the country level’. It is managed by the UNDP whose Resident Representative is also the Resident Coordinator. (www.aq.undp.org).
72 Often interventions use the same notion of community groups, which differ only in terminology. In Huíla alone, five distinct terms were identified: Community Development Nuclei, Village Development Organisations, Community Development Committees, Community Solidarity Groups, Management Commissions.
Humanitarian aid in Angola has played a crucial role during the war and in the post-conflict period in saving people’s lives and providing essential social services. Yet, the rationale of humanitarian aid is based not only on the four core principles of humanitarianism, needs-basis, neutrality and impartiality but also on the ambition of humanitarian aid to build institutions besides saving lives. However, as this paper has shown, humanitarian aid struggles to fulfil these broadened objectives.

The process of institutional disintegration started under the colonial system and was exacerbated during the conflict. State institutions and basic services suffered from the underinvestment by the post-colonial government and as a result of population displacement, particularly after the re-ignition of the conflict in 92. In the initial war period aid interventions were limited to few international organisations, local churches and aid received under the Cold War context. These helped to sustain a certain level of services to the population, but there was no support for informal mechanisms such as kinship ties through which most people survived displacement. Attempts by aid agencies in the short interlude of peace of 1991/92 to strengthen institutions for the transition to development were hindered by the quick return to war. From then onwards there was a rapid expansion in the international humanitarian effort, which coincided with the rise of national civil society. Despite the diversity of actors and the substantial volumes of funding, the emergency approach crowded out efforts by some actors to work with a development orientation. Humanitarian aid did little to uphold its principles of doing detailed assessments of local capacities and of working with existing local actors and government. It remained largely unconcerned with building state capacity or understanding informal institutions. On the one hand humanitarians replaced the state in service provision, thereby contributing to the de-linking of state from society. Aid worked outside of state structures, seen as untrustworthy, incapable, or as compromising neutrality. On the other, humanitarians blindly distributed aid through informal structures such as traditional authorities, without understanding their internal workings and transformations, the effect of power relations and the implications for beneficiary communities. It is concluded from these approaches that humanitarian action contributed to the deterioration of local institutions. As the title of this paper suggests, rather than strengthening institutions, aid institutionalised weaknesses.

In the transition phase, interventions attempted to address past weaknesses through strengthening institutional capacity at community and state levels. However, these efforts too struggle to ensure the legitimacy and sustainability of local institutions and to create effective linkages between the two levels. The rapid disengagement of the international community means that there is less expertise and resources available to take on this challenge. Lacking coordination and articulation amongst agencies and other key actors further compromises the continuity of change processes and is in direct tension with other important principles such as efficiency, partnership and sustainability. The inability of humanitarians to uphold their guiding principles reflects the complexity of such contexts. Moreover, issues of capacity of the state and society have an effect on local processes of development and democratisation and ultimately on the lives of local populations. They therefore support a call for increased attention to another crucial principle of the humanitarian Code of Conduct – accountability. It specifically refers to accountability ‘to both those they seek to assist and those from which they accept resources’.