THE STRENGTHS AND LIMITS OF THE NGO WOMEN'S MOVEMENT MODEL: Shaping Nicaragua's Democratic Institutions

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Abstract: This article examines the political interactions in Nicaragua between the NGO-based feminist movement and government institutions on the issue of women's health in the mid-1990s. Analysis of the Nicaraguan feminist movement yields insight into the ability of NGO-based movements to influence state policy and into the strengths and limits of using NGOs as an institutional base on which to build a social movement. By defining the mechanisms of state-NGO interactions and analyzing the democratic potential of an NGO-based social movement, this article contributes to understanding of both NGOs and social movements in the context of newly democratic governments.

Since the 1980s, nongovernmental organizations (NGOs) have begun to play a significant role in politics and public policy in Latin America. While NGOs had been active in smaller numbers in the preceding decades, they expanded in the 1980s as individuals and international agencies sought to build a democratic counterweight to the military regimes that were dominating the region. The economic crisis of the 1980s also encouraged the growth of NGOs that sought solutions to worsening poverty. The democratic transition period that followed the military governments witnessed the growth of social movements, which had contributed to the downfall of the military regimes. Many of these social movements have also gradually institutionalized themselves in the form of NGOs.

During the military and democratic transition periods, analysts of NGOs and social movements tended to view them as organizations ac-

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1. See for example Loveman (1994).
tively opposed to the state, perceiving in them the promise of democracy. As democratic consolidation began, however, NGO and social-movement opposition to the state became tempered, in practice if not always in rhetoric, as a result of the opening of democratic channels as well as NGO and social-movement maturation. In the early 1990s, scholars began to document evidence of cooperation between NGOs and the state. Much of this literature reinforced the prior work on the democratic potential of NGOs and social movements, with the important difference that these state-NGO linkages, rather than NGOs alone, were envisioned as the contributing factors to development and democracy.

As these dramatic political changes have occurred across the region, profound changes have also taken place in economic policy toward neoconservative economic programs that are private-sector-oriented rather than state-oriented. As a result, international and national policy makers are increasingly promoting NGOs as an efficient means of developing third world countries both economically and socially. Neoconservative policy makers, who believe that democracy is inherently tied to capitalism and the private-sector initiative that capitalism represents, also claim that NGOs promote democracy because they are private rather than state institutions. Contemporary structural-adjustment programs reflect this neoconservative position. As one component of these programs, neoconservative international development authorities like the International Monetary Fund and the World Bank have adopted official policies of promoting NGOs as a means of replacing state services and thus deepening democracy.

Despite important differences among these perspectives, most of these analysts and policy makers have agreed on the democratic potential of NGOs. Charles Reilly even considered NGOs to be veritable "academies" for democratic learning (1994, 2). Only the post-Marxist view of NGOs has begun to recognize some of the problematic inequalities among


4. Using NGOs to substitute for state services, often by subcontracting state services to NGOs, is a relatively new strategy promoted by international organizations such as the World Bank. This strategy fits well into neoliberal programs of cutting back the state's involvement in favor of private-sector provision of services. Examples of programs developed with World Bank encouragement that decentralize social services from the state to NGOs include the various social development funds created in Latin American countries, such as the FONCODES program in Peru and the FOSIS program in Chile. The government of Nicaragua has decentralized its social security system to NGOs (see Kampwirth 1997), in part due to World Bank requirements (World Bank 1994).
actors and organizations in civil society (Macdonald 1997, 15–21). The literature on NGOs, in its confidence in their democratic potential, recalls the literature on social movements. In this body of work, few authors drawing on the U.S. political process or the European new-social-movements perspectives question the democratic potential of social movements. In fact, the new-social-movements school of thought views social movements as actively creating alternative spaces for new democratic practices.5

Using a historical institutionalist perspective, this article will examine the political interaction in Nicaragua between NGOs in civil society that form the basis of the feminist movement and government institutions, including government health services as well as health policy and policy-making bodies.6 Analysis of the NGO-based feminist movement in Nicaragua and its efforts to shape state institutions under the administration of Violeta Chamorro will yield insight into the ability of NGO-based women’s movements to influence state policy and into the strengths and weaknesses of using NGOs as an institutional base on which to build a social movement in civil society.7 By discussing the ways in which NGOs interact with government institutions, this article adds to the general literature on state-NGO linkages and also contributes to the definition of mechanisms by which this interaction can take place.8 While NGOs and social movements have been promoted largely as a positive and democratic phenomenon in Latin America and the developing world, attention to their limitations is relatively new.9 Because the NGO movement model has been

5. In describing the “newness” of these movements, most theorists on new social movements point primarily to the importance of post-industrialism, a shift from class-based politics to identity politics, and to the movements’ new targets, methods, and goals. For examples, see Melucci (1989) and Touraine (1988). Latin Americanists who have built on these concepts in analyzing social movements in the region include Jelin (1990) and Escobar and Alvarez (1992), who emphasize the democratic potential of social movements.

6. According to Steinmo and Thelen (1992), the central tenets of new historical institutionalism include a belief that institutions both constrain and refract political outcomes but never cause the outcomes. The focus is on the process of politics and how institutions shape and are shaped by political interaction. The aim is not to generate grand theories on the state or society but theories on the intervening processes between the two. For example, this article examines how NGOs as institutions shape the Nicaraguan feminist movement and how this movement in turn shapes state institutions.

7. The Sandinista Party (the FSLN) is the Nicaraguan revolutionary party. The Sandinistas governed the country from the revolutionary victory in July 1979 until the 1990 elections, in which the UNO coalition of opposition parties succeeded in electing Violeta Chamorro as president of Nicaragua. She headed the government from 1990 to 1996. In October 1996, Arnoldo Alemán, the conservative candidate of the Partido Liberal Constitutionista (PLC), won the presidential election.

8. Bebbington and Thiele emphasize the need to define tightly the mechanisms of NGO-government relations (1993, 3).

9. Among the few that discuss the limitations of NGOs are Diaz-Albertini (1993), Edwards and Hulme (1996), and Macdonald (1997). In the literature on social movements, Hellman (1995) notes that internal hierarchies and lack of democracy are common in social movements.
widely implemented and promoted as a tool of democracy, the success as well as the limitations of the model have important consequences for the possibilities of fortifying democratic institutions in Nicaragua and elsewhere. In sum, this article seeks to contribute to the literatures on NGOs and social movements by delineating both NGO-based social movements' democratic potential and their democratic debilities.

Nicaragua is home to one of the most dynamic feminist movements in the Latin American region. Fifty-nine women's NGOs and their affiliates serve a population of some four million Nicaraguan women and men.10 While these feminist organizations are diverse in terms of their objectives, size, and operating style, the movement is composed largely of NGOs run by paid professionals and offering services and advocacy, as opposed to membership-based organizations or grassroots community or neighborhood organizations.11 The Nicaraguan experience of vibrant NGO activity can be used to generate some general hypotheses for the NGO-based social-movement model and to test preliminarily the assumptions of the development and democratic potential of NGOs.12 Yet Nicaragua is unique in the Latin American context in its historical relations between the state and civil society. Because the revolutionary Sandinista government in the 1980s greatly encouraged increased activity in civil society, the line between the state and civil society became difficult to discern during this period. This melding of state and civil society contrasts sharply with the mobilization of civil societies in direct opposition to states that were controlled by military governments in South American countries in the same period. This article will focus on Nicaraguan NGOs in the 1990s under the UNO (Unión Nacional de Oposición) government headed by Chamorro. In the 1990s, the division between the state and civil society in Nicaragua became more clearly defined, and the feminist movement adopted a much more oppositional stance toward the state. Thus the Nicaraguan relationship between the state and civil society has become more like that of other Latin Ameri-

10. A directory of Nicaraguan women's organizations lists fifty-nine independent nongovernmental women's organizations. Mixed sex organizations and government-affiliated organizations also operate (Mujer y Cambio 1994). The number is likely to be even higher now, given that Nicaraguan women are continuing to found new independent organizations. An estimated one thousand NGOs exist in Nicaragua, three hundred of which are active. See "Bill to Regulate NGOs Deeply Disturbing," entro 16, no. 189 (Apr. 1997):15.

11. In Carroll's terms, the Nicaraguan movement is based on a certain kind of NGO—grassroots support organizations (GSOs)—rather than on membership support organizations or primary grassroots organizations (Carroll 1992, 11). The Nicaraguan feminist NGOs fit into the GSO category except that they are more politically oriented than the GSOs defined by Carroll.

12. Because NGOs have gained a higher profile only in the last decade in Latin America, social scientists are generating theories about them in evaluating NGOs. Case studies are crucial to this process.
can countries in the 1990s. Yet the historical legacy of revolution remains a profound influence.

This article is divided into three parts. The first will provide a brief historical background of the post-Sandinista Nicaraguan feminist movement and the circumstances that encouraged it to establish an NGO social-movement base. As will become clear, state mobilization of women in the Nicaraguan revolutionary period was fundamental to the development of a strong autonomous feminist movement in the post-Sandinista period.

The second section will evaluate the strategies and success of the Nicaraguan feminist movement in shaping state institutions in the area of Nicaraguan health policy. I will argue that the NGOs forming the organizational basis for the post-Sandinista feminist movement in Nicaragua have shaped state institutions on local and national levels. They have done so by several means: by providing a viable model for an alternative vision of women’s integral health care; by collaborating directly with local government health posts to change state delivery of health services; by becoming involved in and influencing state health policy making; and by raising the issue of women’s health in civil society. The movement’s success in shaping state institutions is a significant development. Beyond these achievements, the Nicaraguan feminist movement’s success and the ways in which it was achieved cause analysts to consider two major points. First, the ability of a feminist movement to change state health policy brings the recognition that women’s movements can be an important and influential force in developing state social policy, even in Latin American societies.13 Second, the way in which many of the gains were made by the movement—by cooperating with the state—suggests the importance of developing specific institutional and non-institutional mechanisms that can facilitate relations between the state and NGOs or the state and social movements.

Finally, the third section will draw on the experience of the Nicaraguan feminist movement to outline important limitations of the NGO-based social-movement model. These limitations include barriers to changing state policy when key government officials are unsympathetic to

13. A number of competing theories exist on the development of social policy in industrial states. Among these, the perspective focusing on class and power resources asserts that labor power is the primary engine behind state formulation of social policy. This perspective is exemplified by Stephens (1979), Korpi (1983), and Esping-Anderson (1985). This perspective is being challenged increasingly by scholars who believe that women also play an important role in developing social policy (see Bock and Thane 1991; Koven and Michel 1993). In Latin America, Alvarez (1990) has shown how the women’s movement in Brazil had a significant impact on Brazilian state policy. The success of the Nicaraguan feminist movement adds to growing evidence contradicting traditional assumptions of women’s lack of efficacy on the policy front.
movement goals, placement in the contradictory position of substituting for state services while advocating expansion of state services, and dependence on unstable financial support. Moreover, the questionable degree of democracy operating within the feminist movement is weakened by the NGO structure of the movement, thus tempering rosier views of the democratic potential of NGOs and social movements.

THE NICARAGUAN FEMINIST MOVEMENT: ESTABLISHING NATIONAL NGOs

The contemporary Nicaraguan feminist movement has experienced two distinct periods: that of the revolutionary feminist movement that emerged during the Sandinista Revolution and continued through the subsequent Sandinista government and the post-Sandinista period.14 In the revolutionary period, the feminist movement was closely tied to the Frente Sandinista para la Liberación Nacional (FSLN) through its mass women’s organization, AMNLAE (Asociación de Mujeres Nicaragüenses “Luísa Amanda Espinosa”). Sandinista party leaders largely controlled AMNLAE’s leadership and agenda. In contrast, the current post-Sandinista feminist movement diverges from that of the earlier period in its autonomy from political parties (although many individual members are still sympathetic to the Sandinista party) and in its decentralized structure of networks built around issues. The post-Sandinista feminist movement also relies on NGOs as the fundamental basis for operations. Such reliance arose primarily from a loss of state resources, political differences between the movement and the Sandinista government, tightening state budgets during economic structural adjustment, and the FSLN’s electoral loss in 1990. The Nicaraguan feminist NGOs are currently supported by international organizations, foreign governments and foundations, and international feminist networks.

The post-Sandinista women’s movement in Nicaragua also emerged from the strong organizational base laid by the Sandinista Revolution and its corporatist party structure. With thirty thousand members active in seven hundred local committees in 1983, AMNLAE was the primary political organizational base for Nicaraguan women (Deighton et al. 1983, 43). It helped lay the foundation for the contemporary women’s movement despite serving at times as a mechanism for organizing women around the Sandinista party instead of objectives defined independently by AMNLAE members. As part of the FSLN, which controlled the government from 1979 to 1990, AMNLAE possessed the resources to organize women across

14. The suffrage movement was the first clear mobilization of Nicaraguan women. Although it began in the 1920s, the Nicaraguan suffrage movement did not succeed until 1955. Nicaragua was among the last five countries in the Americas to give women the vote (Whisnant 1995, 411–13; Saint-Germain 1993, 124).

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Nicaragua. Thus through AMNLAE, women gained initial experience in social-movement organizations that later became the basis for an autonomous feminist movement no longer dependent on the FSLN. AMNLAE women’s centers and groups also constituted an important organizational network for the subsequent autonomous feminist movement. One feminist movement activist explained, “All the alternative women’s centers that exist in Nicaragua grew out of AMNLAE. They were formed by AMNLAE, so they have these women’s experience on how to form alternative centers.”

This statement is true to a large degree. Some AMNLAE centers broke away completely to form part of the post-Sandinista feminist movement, and many women gained important experience through AMNLAE. Yet women under the Sandinista regime were also active members of other FSLN mass organizations of workers, peasants, students, and professionals that represented men and women. These organizations also made vital contributions to the organizational experience and resources of the post-Sandinista Nicaraguan women’s movement.

The record of the Sandinista government on women’s issues is mixed. Under the Sandinistas, many critical issues of interest to women—such as abortion, divorce, and leadership positions in political organizations, which call for reevaluating gender roles—were addressed only to a limited degree by the FSLN or AMNLAE. Another major obstacle to change on these issues, then and now, is the power and influence of the Catholic Church over Nicaraguan politics and society. Among the advances made under the Sandinistas, the Ley Cooperativa promoted women’s active participation in agricultural co-ops and gave them the right to hold land titles (Collinson 1990, 111). Women were also guaranteed an

15. Author’s interview with Isabel Beteta, obstetric nurse at the Casa de la Mujer “Erlinda López” AMNLAE, Managua, 9 June 1995. The field research for this article was conducted over eleven weeks from May to August 1995. The methodology implemented was in-depth positional interviews with women’s movement activists, members of the Nicaraguan women’s health network, health workers, and government officials, augmented by archival research in Nicaragua. Thirty-three interviews were conducted representing eight cities and towns. Nine public and private documentation centers were visited in three cities. All documents and interviews originally in Spanish were translated into English by the author.

16. Abortion was addressed to the limited extent that therapeutic abortions were granted by the Comité de Análisis e Interrupción del Embarazo at the Bertha Calderón women’s public hospital in Managua for a wide range of reasons, including socioeconomic difficulties. Prior to 1990, 80 percent of all requests for an abortion were granted (Flores Cárdenas 1992). Although no-fault divorce was established under the Sandinistas, it can be argued that the enshrinement of no-fault divorce in the Constitution of 1987 was due to the influence of the women’s groups outside AMNLAE that participated in writing the new constitution. This project represents one of the first instances in which women’s groups, such as the Oficina Legal de la Mujer, took a stand independent of AMNLAE in pushing for more strategic advances for women. For details on Nicaraguan women and the constitutional process, see Morgan (1990).
eight-hour workday, with paid maternity leave and two half-hour breaks a
day for breastfeeding (Collinson 1990, 29). But many of these laws and oth-
ers that might have changed patriarchal relations were implemented
poorly, if at all.

Even in the military, where women had played a significant role
during the revolution, women’s subsequent participation was limited.
Within a year of the revolutionary victory, women dropped from a third of
the armed forces to less than 10 percent, with only 3 women among the 74
top commanders and 13 in the officer training corps of 231 (Whisnant 1995,
419–21). In sum, a lack of follow-through even on the women’s issues that
did not face tough church opposition revealed the socialist FSLN of the
1980s showing favoritism toward the urban male workers who were con-
sidered to be its primary constituency. Moreover, the FSLN top priority was
to defend the revolution that was being threatened by a protracted civil war
against U.S.-backed counter-revolutionary forces. One former Sandinista
feminist activist observed, “Sandinismo was revolutionary . . . in society, in
the socialization of property. But in private life, women were property. It
wasn’t revolutionary in this sense, within the family.”

By 1989 a tenuous balance began to break down within AMNLAEx
between those who wanted an organization dedicated to interests defined
by its members, including feminist interests, and those who continued to
believe that women were best served by defending the FSLN revolution.
For most Nicaraguan women, defense of the revolution had come to mean
supporting the army draft and losing many family members and friends to
war-related violence. In 1989 a group of AMNLAEx feminist leaders re-
signed from the organization, protesting the top-down structure in which
AMNLAEx leaders were selected by FSLN party leaders. Those who re-
signed expressed the view that the organization had become a mere vehi-
cle for implementing party decisions. Although the FSLN made gestures
toward democratizing the hierarchical and corporatist AMNLAEx structure,
the organization’s first democratic elections were postponed and then can-
celled by the FSLN. In 1990 the FSLN appointed a new secretary general of
AMNLAEx who was unsympathetic to feminists ideals. The AMNLAEx lead-
ers who resigned in 1989 went on to create the post-Sandinista women’s
movement centered around internationally supported nongovernmental
organizations. Since the election of the UNO government in 1990, indepen-
dent feminist NGOs have multiplied.

International organizations, foreign governments and foundations,

17. Author’s interview with Bertha Inés Cabrales, Coordinator of the Colectivo de Mujeres
Itza, Managua, 14 June 1995.
18. For more on the tensions that arose between the FSLN and the Nicaraguan feminist
movement in the late 1980s as well as the establishment of an independent movement in the
early 1990s, see CHinchilla (1994) and Randall (1992).
and international feminist networks all played a role in building the non-governmental organizations that now serve as the infrastructure of the independent post-Sandinista Nicaraguan feminist movement. International agencies, foreign governments, and foundations have provided consultants and seed money to set up alternative, autonomous women’s centers, while international and regional feminist conferences and information networks have acted as means of sharing strategies and ideas.

International organizations like the Pan American Health Organization (PAHO) and its division entitled Women, Health, and Development (WHD) have been influential allies for national women’s movements. For example, the PAHO director of the Nicaraguan WHD division maintains a close relationship with individuals in the Nicaraguan Ministerio de Salud, thereby prioritizing and legitimizing women’s health among larger ministerial objectives. International and national PAHO officials also attend conferences on women’s health with members of Latin American women’s movements. The Central American women’s health conference held in El Salvador in May 1995 is one example of a forum in which officials from international agencies and women’s movements exchanged concerns and ideas. Conferences and networking of this kind lead to important consultative and financial support for feminist movement NGOs like those in Nicaragua.

Private foreign foundations and foreign governments such as those of the Netherlands and Spain gave seed money to Nicaraguan feminist leaders, enabling them to set up alternative women’s organizations independent of the Sandinista party. These funds began to flow to independent women’s organizations prior to the defeat of the Sandinistas, but they became critical after the 1990 elections. All organizations affiliated with the FSLN lost state funding, their primary source of financial support. At this time, many international foundations and governments were redirecting their financial support away from governments and toward private-sector initiatives. These new international funds encouraged professionals who had worked for former FSLN organizations or for the state welfare system to start their own NGOs.19

International feminist networks have also played a role in supporting and strengthening the Nicaraguan feminist movement. Feminists share and circulate strategies within the Americas and beyond at regional Latin American encuentros of feminists, at planning meetings for United Nations events, and through international movement information networks such as the regional Latin American and Caribbean Women’s Health Network.20

19. These professionals were probably encouraged to leave their state jobs by the financial incentives offered by the Chamorro government in its effort to reduce the number of state employees (Kampwirth 1997, 117).
The NGOs that make up the contemporary Nicaraguan feminist movement are national NGOs. That is, they are active only in Nicaragua and lack the considerable resources and powerful influence of the larger international NGOs, which work in multiple countries and generally have home offices in industrialized countries. These national NGOs nevertheless receive international funding and have a defined structure for decision-making and accounting purposes. The Nicaraguan feminist NGOs provide services and advocacy for the popular sectors but are run primarily by middle-class professional women. These NGOs are generally more hierarchical than membership or primary grassroots organizations. They vary in size and objectives from large service-oriented organizations like IXCHEN (Centro de la Mujer IXCHEN), which has twenty-seven branch offices providing health and legal services to women across the country, to two-person collectives such as the Colectiva Masaya, which has a specific political agenda.

The first alternative women's NGO emerged when tensions between feminists and the FSLN began to surface. In January 1988, a group of professional women who belonged to CONAPRO (Confederación Nacional de Profesionales), the FSLN professional workers’ association, started the Colectiva Masaya. Several of those who founded the center had a dual objective. On the one hand, they wanted to provide in a welcoming atmosphere badly needed direct services for women’s health care, such as family planning and screenings for cervical cancer. On the other hand, they wanted to provide a place for women to discuss issues and learn from each other, much like the U.S. feminist practice of consciousness raising. The Colectiva Masaya sought to help women get the health care services necessary for their survival, given the severe health risks that Nicaraguan women face. In addition, the center sought to change the way in which women thought about themselves and their own health, thereby encouraging women to confront their own subordination in society. The Colectiva Masaya was thus a forerunner of independent Nicaraguan feminist NGOs, many of which are also health centers that emerged with similar service and political objectives.

As the independent Nicaraguan alternative feminist NGOs multiplied, they initiated exchanges and networks among themselves. At a 1992

21. I consider the women’s NGOs in Nicaragua to be what McCarthy and Zald (1975) termed “social movement organizations” (SMOs), meaning organizations that form the building blocks of a broader social movement made up of organizations, individuals, and networks. In the Nicaraguan post-Sandinista feminist movement, the SMOs are largely professionally run and externally financed NGOs, as opposed to membership-supported organizations like unions or primary grassroots organizations like neighborhood associations. Earlier, the movement was based on the government organization AMNLAE. In other social movements, SMOs may be churches, student groups, or other types of organizations.

22. Author’s interview with Klemen Altamirano, Co-coordinator of the Colectiva de Mujeres de Masaya, Masaya, 13 June 1995. Altamirano cofounded the Masaya center.
Encuentro Nacional de Mujeres, participants formed six different issue networks that focused on the environment, communications, health, and violence. Only two of these networks survived—those on women’s health and violence against women. Founding the Red de Mujeres por la Salud (women’s health network) were Italian María Cavalleri of the Colectivo de Mujeres de Matagalpa and Argentine Ana María Pizarro of the Servicios Integrales para la Mujer (S. I. Mujer) in Managua. Both had worked for the Sandinista health system prior to founding their own autonomous women’s health centers and later the women’s health network. While the other networks have lost energy, health has become a major focus of the Nicaraguan women’s movement. The health network provides direct women’s health services via the feminist NGOs and also pressures the state for changes in health policies.

Health concerns poor and middle-class Nicaraguan women alike, but poor health afflicts lower-class, less-educated, and rural women disproportionately. The reduction of public-sector health spending in Nicaragua due to structural adjustment has affected these women to a greater degree by making existing public health services more costly and less accessible. Urban middle-class leaders in the feminist movement also recognize the value of health care. Many came from human-service professions such as teaching and health care, social service experiences that have enhanced their understanding of the difficult obstacles to health care faced by women in poorer strata. Feminists recognize health as a serious problem and also perceive an opportunity to draw the women to whom they are providing services into a broader dialogue that encourages them to question traditional gender roles.

Nicaraguan women face three major health risks, all related to reproduction: maternal morbidity (illness), maternal mortality, and cervical cancer. These risks are closely linked to poverty, low levels of education, and rural or urban locations. Maternal mortality is tied to unsafe abortion (Pizarro 1988), which has probably become more common as government

23. On the Nicaraguan women’s movement’s early focus on violence, see Dolan (1993). Although a movement in the field of public health is seeking to include violence as a health issue, the Nicaraguan movement has kept these two networks separate, despite overlap in personnel and the NGOs involved.

24. During the Sandinista years, spending on public health was fairly consistent at about 5 percent of the gross national product (GNP). In 1990 and 1991, with the entry of the Chamorro administration, health spending dropped below 3 percent of GNP, regaining some ground only in 1992 at 4.6 of GNP (OPS 1994, 343).

25. Smith (1996) noted a similar phenomenon in the Central American peace movement, in which activists came largely from human-service occupations. Smith cited studies showing that “new-class, human-service occupations do attract or produce people with more liberal or progressive attitudes and values than business people and unskilled operators” (1996, 172).

26. For more detail on these health risks, see Ewig (1997).
allowances for legal therapeutic abortion were reduced under the more conservative Chamorro government in 1990 (Flores Cárdenas 1992).

The feminist movement does not confine its actions to these major risks, however. It promotes the broader concept of integral health for women, which also encompasses the social risks of occupational and family injuries as well as psychological stress. The key concept of integral health has traveled via international feminist networks and international agencies to become a central focus of the Nicaraguan feminist movement. Integral health care emphasizes the total physical, social, and psychological health and well-being of women, rather than perpetuating the traditional policy of women’s health pertaining exclusively to maternal or reproductive health. The integral health concept challenges traditional health-care models by providing an alternate way of conceptualizing women’s health care. The ability of the post-Sandinista feminist movement to redirect health policy toward the objective of integral health has therefore become an important goal.

FEMINIST NGOS: SHAPING STATE INSTITUTIONS

The traditional focus of NGOs has been economic development. By offering direct health-care services, feminist NGOs in Nicaragua are contributing to the development process by promoting healthier mothers, children, and workers. A more recent justification for NGOs has been to strengthen civil society. Certainly, the feminist movement in Nicaragua contributes to a healthy civil society by encouraging women to participate actively in politics and by bringing feminist issues into the public debate. But a central objective of the post-Sandinista feminist movement is to change Nicaraguan health policy and state provision of women’s health care. In evaluating the ability of the movement and its NGOs to achieve this goal, I am looking beyond traditional evaluations of NGOs to their ability to transform state institutions and societal norms. The Nicaraguan NGO-based feminist movement has made significant strides in transforming state health-care policy and provision and has made less measurable ones in changing social attitudes about the importance of women’s health care.

To improve the health conditions of Nicaraguan women and ultimately achieve integral health for women, the NGOs of the post-Sandinista feminist movement have developed several mechanisms for interacting

27. The international networks and organizations that influenced generation of the integral health concept in Nicaragua include the Latin American and Caribbean Women’s Health Network (established in 1984) and the Pan American Health Organization, as evidenced in their treatment of women’s health in the yearly publication Health Conditions in the Americas. A similar but more limited concept of health was also advocated by the Brazilian women’s movement in the early 1980s, prior to the establishment of the Programa Nacional de Assistência Integral à Saúde da Mulher (PAISM) (Portugal and Mamela 1993).
with state institutions. The most basic one is informal and non-institutionalized: through the women's health centers, the feminist movement develops health-care models that the state then emulates. A second mechanism involves coordination between individual feminist health centers and the state to shape state-run health services at local and regional levels. The most institutionalized mechanisms have been developed at the national level, where the feminist movement has gained a foothold in health policy making. As a result of this national involvement, the feminist movement has changed state health policy. Finally, through a variety of strategies, the movement has influenced societal attitudes toward women's health care. According to Thomas Rochon and Daniel Mazmanian, changing social values, policy, and the policy-making process are the keys to the success of a social movement (1993).

Direct provision of services like health care, legal counseling, and psychological counseling through nongovernmental organizations is a major strategy of the Nicaraguan feminist movement. Direct provision of basic women's health care, such as Pap smears to check for cervical cancer and birth control counseling and dispensing, are basic services that help address some of Nicaraguan women's major health risks. These services are provided in a friendly atmosphere at women's centers that encourage women to continue to take care of their own health needs. Direct service by feminist centers became particularly important in the late 1980s, as the quality of health care declined due to civil war and dire economic difficulties. The deteriorated state of Nicaraguan public health services has created demand for NGO-based women's health services because of the special attention that women receive and because these services are a source of inexpensive quality care in a country where such care is often expensive and scarce. The independent women's health centers have achieved impressive levels of care capacity and national breadth. In 1992 the alternative health centers served more than 125,000 women out of a national female population of 2.8 million (Ocón 1993). With more centers opening since 1992, the annual total is surely higher. IXCHEN and its twenty-seven branches including mobile units served over 83,000 women in 1993 (IXCHEN 1994). Yet the movement does not intend to replace the state health system but to provide health-care options and education for women facing great inequalities, to serve as a model for the state to imitate, and to pressure the state to change its policies and services.

Direct service can influence state institutions as a viable alternative model of health care that can be incorporated into the existing health structures or copied by the state system. The Colectivo de Mujeres de Matagalpa has served as a health care model. The Nicaraguan health minister under President Chamorro, Marta Palacio, sent a national health team to the Colectivo to learn how this women's center provides services in health care and health training.
The Matagalpa feminist NGO is also actively reshaping local services by the state. The Colectivo de Mujeres de Matagalpa reached an agreement with the state to train midwives and to distribute its feminist publications on women’s health-care methodology among the state-run health centers. Zorayda Tórrez, head of the midwife training program for the Colectivo, explained, “We are interested in something collective to contribute to the strengthening of the Ministerio de Salud. We want the ministry to reflect and recognize the many things that they can do in different ways—and we have the tools to support them in this.”28 Because members of the Matagalpa Colectivo gained experience working for the state in the past, they could facilitate a cooperative relationship between the Colectivo and the state. María Cavalleri, the late founder of the Matagalpa Colectivo, worked as a midwife for the state health service for seven years before leaving government employment to start the collective. At that time, Cavalleri arranged an agreement whereby the Colectivo would train midwives in the northern region of Nicaragua and grant state midwife certification. Since that time, cooperation between the collective and the health ministry has increased. The state also contracted with the Colectivo to evaluate the performance of local health systems, known as SILAIS (Sistemas Locales de Atención Integral a la Salud). The collective also provides the state with proposals for new programs. One proposal arising out of survey work completed by the collective suggested that the state train local auxiliary nurses in basic health issues.

While the Matagalpa Colectivo is the most impressive example of coordination with the state and may be the most effective in reshaping regional health services, other women’s NGOs across the country also coordinate with the government to varying degrees. For example, the birthing house Casa Materna de Ocotal “Mery Barreda” cooperates with the government in caring for women with high-risk pregnancies in the department of Nueva Segovia. Casa Materna de Ocotal has an agreement with the local hospital and SILAIS health system to train their nurses in treating women clients with greater sensitivity. In return, the staff at the government health center provides the birthing house with a doctor who visits the center three times a week to check on the pregnant women in residence. The local government health officials hold the birthing house in high regard and recommend that all women in the region with high-risk pregnancies seek care there.29 As a former AMNLAÉ center, the Casa Materna de Ocotal has a history of working with the state that makes such state-NGO coordination easier in the post-Sandinista period.

28. Author’s interview with Zorayda Tórrez, midwife and health team member at the Colectivo de Mujeres de Matagalpa, Matagalpa, 29 June 1995.
State-NGO coordination in Ocotal and Matagalpa is also facilitated by the decentralized institutional structure of the local health system, the SILAIS, and the willingness of the national health ministry to coordinate with the NGOs. In 1992 the Nicaraguan Ministerio de Salud began to decentralize the national health system into local systems known as SILAIS. The idea behind the SILAIS was to formulate national health strategy at the ministerial level but implement it at regional and local levels according to the needs of local populations and their resources. Through the SILAIS, local health consultative boards have been set up to facilitate citizen participation in regional decision making on health issues. Health funding has also been partially decentralized to the SILAIS (Nicaragua, Ministerio de Salud 1993). The participatory structure of the SILAIS has facilitated coordination between the state and NGOs in Ocotal and Matagalpa. Moreover, Marta Palacio, Chamorro’s health minister, was favorable to many projects proposed by local women’s health centers.

The political allegiances of local elected officials appear to have little influence on cooperation or lack of it between the state and NGOs. Given the fact that most of the women who lead the women’s centers were once Sandinista militants, one might expect greater coordination in departments where the FSLN won municipal elections. This is true of Ocotal, where the FSLN has won the majority of municipal seats in the department of Nueva Segovia in the 1990 and 1996 elections. But opposition parties won the majority of seats in the department of Matagalpa in the past two elections, the site of the best instance of women’s NGO-state cooperation.30 Successful cooperation in Matagalpa relates most strongly to cooperation with the SILAIS rather than to municipal officials. Under the Chamorro administration, municipalities achieved a considerable degree of municipal autonomy. Municipal mayors were elected directly for the first time in 1996. If a proposed municipal law passes in Nicaragua, municipalities will have the financial ability to take a more active political role and may become more important arenas for interaction with NGOs in the future (González 1997). But the legislature had not debated the law through the first half of 1998. Although this proposed law remains undisputed, the Alemán administration, contrary to its initial rhetoric favoring decentralization, has taken steps to increase central control over the municipalities, including reducing their ability to tax independently.

Other directors of women’s centers report that local officials are already making a difference in their coordination with the government. Pilar Alonso Zamorza, coordinator of the Xocilt Acalt women’s center in the small town of Malpaisillo, León, noted that the establishment of Xocilt Acalt in 1991 was enabled in part by the victory of the Sandinistas in the

municipal elections in 1990. She believes that this victory provided a window for setting up the Xocilt Acatl center. In contrast, although the Casa de la Mujer “Erlinda López” in Managua maintains a positive relationship with the Ministerio de Salud and trains the staff of local SILAIS health posts on women’s issues, the coordinator of this AMNLAES house reported, “I coordinate here with the local SILAIS of central and eastern Managua. In some municipalities there are relationships with some mayors. But here in Managua, I cannot coordinate with Mayor Alemán.”

Evidently, coordination with the municipal government depends on the officials elected to municipal posts. Arnoldo Alemán, then mayor of Managua and now president of Nicaragua, holds conservative social and political views, many of them antithetical to the objectives of the feminist movement. Although independent feminist NGOs currently provide integral health care in a welcoming multi-service setting, their leaders believe that the responsibility for providing these services lies with the state. While individual NGOs have made progress in reshaping health-care provision by the state in their local communities, coordination with other feminist NGOs through the Red de Mujeres por la Salud has allowed the feminist movement to gain a foothold in the state process of making health policy. One of the movement’s first successes was gaining a role in policy formulation through the Instituto Nicaragüense de la Mujer (INIM), the women’s organization under the Chamorro administration. INIM operates at the ministerial level, and its director belongs to the presidential cabinet. INIM is self-described as a government organization dedicated to bringing a gender perspective into Nicaraguan policy making. During the first years of the Chamorro government, the relationship between INIM and the feminist movement was contentious. Since 1993, however, the relationship improved as the women’s movement was incorporated into the policymaking process. In an interview, then director of INIM María Auxiliadora Pérez de Matus explained INIM’s policy formulation in the following manner: “We have a consultative board that is the main advisory body for the institute, which consists of representatives of the different political parties, the various branches of the state, and the nongovernmental organizations. The decisions that are made therefore reflect the vision of the different national sectors.”

Pérez de Matus noted in particular the government’s incorporation of women’s NGOs into preparations for the 1995 International Women’s Conference in Beijing, a process that INIM led on behalf of the Chamorro government. The INIM consultative board, with NGO representation, is one institutional mechanism that enables Nicaraguan women’s NGOs to influence policy directly during its formulation.


32. Author’s interview with María Auxiliadora Pérez de Matus, Director of INIM, Managua, 21 June 1995.
A second example of gaining a voice was the government’s establishment of the Comisión Nacional de Lucha contra la Mortalidad Maternal in 1992. Given that maternal mortality is a central concern of the feminist movement, creation of a commission on this issue represented a step forward for the movement. The commission is composed of representatives from fourteen local women’s NGOs, three women’s divisions of former FSLN mass organizations, and two universities as well as officials from five government institutions and international organizations such as UNICEF, UNFPA, the Pan American Health Organization, and the U.S.-based reproductive health NGO named IPAS. The commission recommends state policies for dealing with maternal mortality. Its stated mission is “to sensitize the population, improve the response that the state and civil society offer to the problem, promote sexual education, elevate the quality of services for women, revise national legislation regarding their health, provide follow-up, and evaluate the activities taking place in the area of reproductive health . . .” (Nicaragua, Ministerio de Salud 1992, 2).

The formation of the commission and the official participation of women’s NGOs in it represents a significant achievement in allowing the women’s movement direct access to government officials on health policy and in giving them an opportunity to influence policies. It is thus a primary example of the movement’s success in changing the policy-making process by creating an institutionalized mechanism for dialogue between the state and civil society and in achieving real policy change.

Finally, another significant achievement of the movement in health policy has been pressuring the government via the policy process into formulating a new government policy on maternal and child health. Released in April 1995, the policy incorporates many of the movement’s demands for integral health services. As one member of the Ministerio de Salud confirmed in an interview, the policy resulted directly from pressure by women’s NGOs. According to Pérez de Matus, “Nicaragua’s health policy and that of the Ministerio de Salud is undergoing a process of change, of considering health not only from the maternal-child perspective but also talking about integral health, which covers all the areas in which women suffer, not only in the reproductive arena but also the productive arena.” This policy change constitutes a definite advance for the Nicaraguan women’s movement, representing improved health care and a new way of approaching women’s health care. This success is hampered, however, by the barriers to full implementation imposed by a lack of government funds to support the policy.

Shaping state institutions on the local and national levels has been a primary concern of the feminist movement in attaining integral health care

33. Author’s interview with Fátima Real, Gender Advisor in the Ministerio de Salud, Managua, 6 July 1995.
34. Interview with Pérez de Matus, 21 June 1995.
for Nicaraguan women. Equally important is changing social norms and practices that often devalue the importance of women's health. Although changes in values are difficult to measure, they are fundamental because policy change alone can be ineffective without change in the social realm (Rochon and Mazmanian 1993, 77). The Nicaraguan feminist movement has attempted to raise awareness of women's health issues and change societal attitudes through direct contact at the NGO women's centers and through educational campaigns. Direct service to individual women seeks to change social values through education and the involvement of civil society in the women's NGOs. Direct education of women and girls on sex education and birth control is carried out in the women's centers themselves, either on an individual basis with clients who come for services or in workshops, which are often held on Saturdays or Sundays. Such education and counseling are effective in addressing and preventing the problems of maternal mortality and morbidity. These workshops and one-on-one educational sessions can also serve as forums in which women begin to develop feminist interests through consciousness-raising dialogues.

Educational campaigns are another strategy used by the movement to reach an even broader audience. These campaigns attempt to challenge and change social practices and values. For example, by challenging the idea that maternal mortality is normal, the women's movement encourages civil society to change its value structure and place importance on women's lives. The campaigns against maternal mortality exemplify a culturally rooted repertoire in action, that is, the use of movement strategies that draw on culturally specific traditions or resources (Tarrow 1994). In Catholic Nicaragua, the images of the mother and the Virgin Mary continue to be powerful symbols. By centering the health campaign around maternal mortality (motherhood), Nicaraguan women are drawing on Catholic culture and its emphasis on mothers and children. The effectiveness of the mass educational strategy is hard to measure without comparative survey data. But public signs, posters, and television talk shows indicate that women's movement issues are entering the public forum in Nicaragua. Certainly, feminist NGOs' efforts to educate about women's health are opening a dialogue on the issue in Nicaraguan civil society.

As has been shown, the NGO-based post-Sandinista women's movement has significantly influenced state health policies, priorities, and services by making them more sensitive to the health needs of women. The

35. While a focus on motherhood draws on a Nicaraguan Catholic cultural repertoire, the feminist movement is not pro-Catholic. The church, in prohibiting artificial family planning and abortion, has contributed to the high rates of maternal mortality and morbidity in Nicaragua.
36. To my knowledge, no public opinion data are available that measure the effect of the feminist movement on social norms and practices.
movement has achieved this influence through three linkage mechanisms with the state: serving as a viable model for the state to emulate, collaborating with local health officials, and becoming involved in joint policy-making institutions at the national level. The last mechanism may be the most significant in demonstrating the possibility of more institutionalized NGO-government coordination. The movement has also effected a less measurable shift in social values toward recognizing the health needs of women.

The history of close relations between Nicaraguan civil society and the state during the revolutionary period, including the revolutionary state’s close relationship with the women’s movement, has facilitated the post-Sandinista feminist movement’s cooperation with the state. The Sandinista party, despite its corporatist and Leninist approach to organizing, left a legacy in Nicaragua of a vibrant civil society and strong capable leaders accustomed to interacting with the state. The feminist leaders of NGOs, although diverse in political objectives and organizing styles, have developed clear strategies for political and social change, which resulted in significant success under the Chamorro administration. This same organizing strength has its limits, however. In the current Nicaraguan political context, the movement must find new tactics to pressure a much more antagonistic government.

LIMITATIONS OF THE NGO MOVEMENT MODEL

The post-Sandinista feminist health movement has achieved important successes on a number of levels but faces four significant limitations, some of them connected with the NGO organizational model. First, the movement is limited in the policies it can change in state institutions by the political views of officials holding state posts of importance to the movement. It has made significant progress in reforming and shaping some state institutions, such as local SILAIS health services, the INIM consultative board, and the Comisión Nacional de Lucha contra la Mortalidad Materna. But the movement faces significant obstacles to achieving its overall project. The personnel in positions of influence within the state are critical to the success that the movement has had in shaping state institutions (as evident in the Casa de la Mujer “Erlinda López” coordinator’s comment on her ability to work with mayors of some municipalities but not with the conservative mayor of Managua at the time, Arnoldo Alemán). The political views of influential officials are key to the movement’s success on the national level as well. For example, the major change in health policy achieved by the women’s movement was closely related to Marta Palacio, Ministra de Salud under the Chamorro administration. Because she was sympathetic with the demands of the women’s movement, it has been
more successful on the health front. By contrast, women's movement efforts to reintroduce sex education into the public school system under the Chamorro government met with rebuke. The major difference lay with the official in charge: Chamorro's Ministro de Educación, Humberto Belli, belongs to the extremely conservative Catholic sect Ciudad de Dios and is therefore hostile to sex education.

As a result of ministerial changes following the electoral victory of conservative presidential candidate Arnoldo Alemán in the 1996 elections, the Nicaraguan women's movement is now facing challenges in maintaining its successes in reshaping the state policy at the national level. Under President Alemán, the Comisión Nacional de Lucha contra la Mortalidad Materna has been dismantled, thus denying feminist NGOs direct access to policy making on this vital issue. In February 1997, the Alemán administration proposed the creation of a new ministry, the “Ministerio de la Familia,” which would replace INIM. The language of the proposal has been criticized by feminist activists as reactionary and unaware of the reality of the majority of Nicaraguan women. Perhaps most threatening, the proposed ministry would govern and coordinate the actions of all NGOs with programs for women. This ministerial proposal is coupled with a proposed law, the “Ley General sobre Personas Jurídicas sin fines de Lucro,” which would prohibit any NGO from soliciting funds outside the country without government authorization. These proposals dramatically threaten gains made by the feminist movement in obtaining a role in policy making as well as the financial well-being of the NGOs.

A second limitation facing the movement stems from its contradictory roles vis-à-vis the state in being simultaneously a health-care provider and a social movement. The women involved in the Nicaraguan feminist health movement believe that the state has a fundamental responsibility to provide for the welfare of its citizens. Many of these leaders were or still are part of the Sandinista political movement, a socialist movement that views the state as critical to social welfare and development. The feminist movement has been advocating better state services and has been willing to cooperate with the state in a variety of ways to encourage health care that is friendlier to women. Yet given the heavy constraints placed on the Nicaraguan state by debt and the severe mandates of the International Monetary Fund to maintain international credit worthiness, the women's NGOs have been filling in health care gaps left by the weakened state. Although the movement does not intend to let the state “off the hook,” funding agencies and international institutions with a neoliberal philosophy of shrinking the state may view the women's NGOs as a perfect vehicle for doing just that. For example, the training of midwives, the evaluations of

state SILAIS posts, and the research and proposals provided by the Mata-
galpa Colectivo to the state are financed entirely through the collective’s nonstate funds. The Nicaraguan women’s centers are caught in a vicious circle: by providing low-cost health services to the public and free consultation to the state, they are playing into the hands of neoconservatives who minimize the state’s responsibility to its people. Yet if these feminist centers insisted that only the state should provide these services, given the state’s current spending limits under structural adjustment, the movement would risk worsening the already severe health risks that Nicaraguan women face.38

Furthermore, while it is common to argue that private-sector NGOs provide fertile ground for innovative ideas, it should be recognized that many innovators within the Nicaraguan women’s NGOs once came up with new ideas from within the state government. The Nicaraguan state was once the site of great progress. Mass education and health campaigns, for example, greatly increased literacy and reduced child mortality. This creative energy has now shifted to the private-sector NGOs. A number of factors led state professionals to leave their state posts, including the political intransigence of the Sandinista party, the election of Violeta Chamorro in 1990, and especially the loss of state funds after electoral defeat and severe restrictions placed on state spending by the International Monetary Fund. Although some of these professionals are now prospering in the private sector, the NGO-based health movement will never be able to replace the state and serve all those in need of public health care, despite its wide coverage. The underlying reason is that the NGO model is limited in scope by dependence on international funds and lack of comprehensive national coordination.

A third limitation facing the movement is the international funding on which the NGO base of the movement has been built. All the independent women’s movement NGOs depend to some degree on foreign funds. The degree of self-sufficiency that they can achieve based on fees for services is minimal, in part because many clients are poor women who cannot afford to pay for services. IXCHEN, the largest health service provider, is making a concerted effort at becoming self-sustaining, but it can do so only because of its large size and the significant number of working and middle-class clients. Most of the women’s NGOs are unlikely to achieve self-sufficiency, at least in the near future. Several women’s NGOs not as well funded as

38. Some have argued that letting the state “off the hook” is not a grave problem for NGOs because they have always filled in gaps left by the state (Bebbington and Thiele 1993, 205). Others have pointed out that in Latin America, an NGO can hardly substitute for a state that barely existed in the first place (Díaz-Albertini 1993, 333). In Nicaragua, however, where the socialist Sandinista government made a concerted effort to fulfill the social welfare needs of its population, letting the state “off the hook” becomes a much greater dilemma, especially for NGOs led by former and current Sandinistas followers.
IXCHEN or S.I. Mujer have been forced to operate on a single-issue grant, usually for dispensing contraceptives. A grant with a mandated focus detracts from the mission of the movement as a whole, which is to recognize the larger health needs of women, not just their reproductive capacities. Thus financial dependence on donations can quickly become a problem in diverting attention from the mission of the movement and ultimately threatening its base if NGOs are unable to obtain sufficient funding. Should the international philanthropic community shift its focus away from the current interest in women and health, this final threat could easily materialize.

Finally, while the success of the Nicaraguan women's movement in changing state health policy making and policies attests to the ability of NGO-based social movements to push for more democratic practices in the formal political sphere, the NGO structure itself severely limits the internal democracy of the movement. The NGO women's movement model has hardly become the "academy" for democratic practices that the authors of either the NGO literature or the literature on new social movements would like it to be. In the broader national health network, women's NGOs with a larger funding base also have the human and financial resources to develop more sources of support. The resulting imbalance of funds among the NGOs has resulted in power struggles and divisions within the movement, hindering equality among NGO members and democracy within the movement. The best-endowed feminist NGOs have taken leading roles in the movement but are criticized by other members of the feminist networks for making decisions about movement funds without consulting the smaller NGO members. One interviewee commented, "They manage finances for workshops, to plan national assemblies, for those things. By 'they,' I mean the small committee. But for us, the network, we have no knowledge of those funds, nothing more than what they tell us about what they spent and what is left." 

At the level of individual NGOs, the professional structure of the NGO is not conducive to democratic action. If participation is included in the definition of democracy, as most social-movement leaders and authors of theoretical work on social movements probably would, NGOs offer their staff and target populations limited opportunities to participate. Thus NGOs do little to promote new democratic spaces. Of thirty NGOs across Latin America studied by Thomas Carroll, all ranked low in participation (1992, 79). The Nicaraguan feminist NGOs are much the same. NGOs require a certain degree of staff hierarchy for rapid decision making, a verti-

39. An example of a center dependent on a single grant is the Casa de la Mujer "Erlinda López," an AMNLAE center in Managua.
40. Power struggles related to funding became evident in several of the interviews that I conducted with movement leaders.
41. Author's interview with the coordinator of a Managua-based women's health NGO, Managua, 9 June 1995.
cal order that is reinforced through differing salaries and responsibilities. All Nicaraguan feminist health NGOs are dedicated to helping poor and working-class Nicaraguan women, and they actively seek to educate these women on health and feminist issues. But reaching out to women of the poor and working classes is not the same as allowing these women to participate in making decisions about the NGO’s goals or operation. This kind of relationship between the service provider and clients risks reinforcing class hierarchies and paternalism. The structure of an NGO requires accountability to outside actors such as international funders, rather than to the membership or even its target population. This arrangement inhibits horizontal democratic participation. All Nicaraguan feminist NGOs are not the same in this regard, however. Some succeed in incorporating the women whom they serve into the NGO and thus the movement itself. The smaller and less-professionalized NGOs are the ones that tend to encourage greater participation and are likelier to succeed in incorporating women of different classes.

As might be expected, the larger and more professionalized NGOs tend to gain positions in the state and civil society institutions such as the INIIM consultative board. These NGOs “represent” a constituency (women) that neither elected the organization nor has clear participatory channels for negotiating how that NGO represents its interests. Lack of participatory democracy within NGOs and the movement is disappointing for the NGO women’s movement model, given the high hopes pinned on NGOs and social movements to provide alternative democratic spaces for women’s participation as a way of compensating for women’s historic exclusion from the formal political sphere. Thus contrary to theories that view social movements as ground for developing more participatory forms of democracy, the NGO structure of these movements results in some NGOs having greater resources than others and requires hierarchy within individual NGOs, thus magnifying internal power struggles and weakening the internal democracy of the movement.

CONCLUSION

The Nicaraguan women’s movement suggests several general hypotheses regarding the viability of NGOs as the basis for a social movement and the abilities of NGOs and social movements to deepen democracy. First, the experience of the feminist movement in Nicaragua shows that

42. Barrig has provided a strong critique of the new-social-movement school of thought, finding the collective identities and democratic practices of popular women's groups in Peru to be fragile and threatened by the “vertical caudillismo” of middle-class feminists and political parties (Barrig 1989, 146).

43. In this regard, Clinica Xochilt Acalt has been more successful than other Nicaraguan feminist NGOs.
NGOs can serve as a potentially powerful base from which women can organize around gender-based interests to impact state policy and change social values. The ability of the post-Sandinista feminist movement to reshape state institutions and change state policy buttresses a growing number of studies in Europe and Latin America showing that organized women can have a definite impact on state social policy and institutions.\(^{44}\) The organizational and monetary resources provided by the NGOs that form the basis of the movement are an essential element of the movement’s success on the policy front. Second, the Nicaraguan case demonstrates that NGOs can serve as a base for innovation and a public-private exchange of improved health-care models. The post-Sandinista feminist experience in Nicaragua has helped to define specific mechanisms by which this exchange can take place: serving as a viable model for the state to emulate; collaborating with local officials and institutions; and creating and becoming involved in joint state–civil society policy-making institutions at the national level.

Even given these mechanisms, however, the movement’s ability to shape state institutions has depended greatly on particular elected and appointed officials within the state. Without direct connections to the state or influence within its structure, the movement is subject to the willingness of these individual state officials to cooperate. Despite the FSLN’s shortcomings, it remains the major Nicaraguan party whose officials were most responsive to the demands of the post-Sandinista feminist movement. The UNO government headed by Chamorro, although less sympathetic to the feminist movement, appointed an array of public officials, thus allowing the feminist movement to make inroads in certain ministerial areas. The inauguration of the conservative Alemán administration, which appears to have a more cohesive political agenda than the coalition of parties that formed UNO, represents a difficult challenge to the feminist movement in terms of policy change at the national level. But if local governments were to gain increased autonomy with the proposed municipal law and specific institutions such as the SILAIS health systems remain decentralized, coordination between the state and feminist NGOs may still take place at the local level.

Thus the effectiveness of the NGO movement model in shaping state institutions relies on the cyclical nature of the democratic state, with its shifting politics and priorities. When the state or parts of it are favorable to NGO goals, cooperation with the state is an effective means of achieving movement policy-oriented goals. In this scenario, the state may even consider NGOs as instrumental to achieving certain state goals. Yet the autonomy of the movement remains important when the state becomes unsympathetic or even aggressive toward the movement. In this case, NGOs can

\(^{44}\) See note 13.
play a significant role in providing alternatives to the state and acting as a thorn in its side.

A limitation that must be recognized is that NGOs cannot replace the state, particularly in serving the poorest populations. In their most dangerous form, NGOs can become an excuse for the state or international funding agencies to dismiss the state's crucial role and its responsibility to serve all its citizens. NGO self-sufficiency cannot be attained when the target population is the poorest of the poor, and international funding of NGOs cannot be relied on over the long term. Therefore the state must always play the essential role in providing basic social services like health care. Moreover, dependence on outside funding can dictate the movement's direction and create instability or even the dissolution of the movement and its individual NGOs.

Finally, the NGO structure of the movement, which results in uneven resources among feminist groups and hierarchical internal NGO relations, discourages democratic practices within the feminist movement. Contrary to much of the literature on NGOs and new social movements that has predicted the creation of new spaces for democratic practices, the democratic advances of the Nicaraguan feminist movement have been primarily in the traditional formal political sphere, rather than in the alternative informal sphere of relations within the movement. Thus while the claim that NGOs and NGO-based social movements play a fundamental role in new democracies contains some truth, they also face serious limitations as a result of the structure of state institutions as well as their own NGO institutional structure.

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