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"Mis Derechos, Mi Matriz": An Evaluation of the Women's Organization "Casa Materna", Ocotal, Nicaragua

Maruja Alice Clensay

"MIS DERECHOS, MI MATRIZ" - CLENSAY

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"Mis Derechos, Mi Matriz": An Evaluation of the Women's Organization "Casa Materna", Ocotal, Nicaragua

BY

MARUJA ALICE CLENSAY

B.A., Latin American and Latino Studies, University of California,
Santa Cruz, 2002

THESIS

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Master of Community and Regional Planning
Master of Arts in Latin American Studies

The University of New Mexico
Albuquerque, New Mexico

July, 2007

DEDICATION

This thesis is dedicated to my mamita linda
Martha Clensay Torres,
and my abuelita
Rosa Torres Linares

Who have given their love unconditionally as mother, grandmother and friend.

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There are many individuals who should be acknowledged as vital contributors to this analysis. First and foremost, I would like to thank my committee of studies' chair and thesis chair, Claudia Benoit Isaac. Claudia has been an inspiration. Her assistance, guidance, and belief in my work and capabilities have been essential to my academic achievements. And to my other advisers Dr. Teresa Cordova, Dr. Susan Tiano and Ric Richardson, I am extremely thankful for all your time, consultations, and recommendations.

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ABSTRACT OF THESIS

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ABSTRACT

This analysis examines the women's organization Casa Materna- a national women's pre-natal health and reproductive education program in Nicaragua. While there are nearly twenty branches of Casa Materna throughout the country, this thesis concentrates on the pilot project in Ocotal- a municipality located in the northern department of Nueva Segovia. Founded in 1987, "El Centro Educativo para la Mujer Casa Materna" offers a variety of services such as medical, counseling, and habitation, to women who are considered high risk pregnancies from rural areas.

In December 2006 and January 2007, I conducted an evaluation of Casa Materna's organizational structure, outreach methods and daily activities to assess how Casa Materna-Ocotal impacts women's lives. My analysis includes many interviews as well as personal observations. During my research, five issues surfaced as prominent

concerns regarding Casa Materna. These issues are finances, client sustenance, medical services, education, and the facility's environment. Additionally, there appear to be internal inconsistencies among the staff and clients regarding how these issues are perceived. While this lack of consistency may be the result of external circumstances, structural constraints, or other governing variables, Casa Materna exists with two conflicting stories- what Casa Materna claims to be doing versus what it is actually doing.

After discussing and examining the five issues according to these contradicting theories of action, I ask the following: How can Casa Materna address these theoretical inconsistencies through organizational recommendations? I then propose a variety of recommendations and suggestions founded in non-profit organizing and planning literature to assist Casa Materna with fulfilling their Integral Health Program objectives as well as improving their organizational structure.

By examining a current Nicaraguan women's organization such as Casa Materna, I assess how social mobilization and grassroots organizing manifests in an international and gendered context, contributing to academic discourse and hopefully improving the altruistic efforts of this specific organization.

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CHAPTER 1:

INTRODUCTORY SUMMARY

Often, social mobilization occurs when governments are indifferent to the interests of the poor majority (Walker 2003:170). This situation is common in the Latin American region with its shared history of political, economic and social instability. Yet Nicaragua's story is somewhat different from the rest. With its advocacy of the poor and support of social mobilization and activism during the 1980s, the Sandinista government's progressive social policies and political agendas led to the formation of numerous grassroots organizations.

What makes the Sandinista government even more unique is the role of women in the Revolution. "Not only was women's combat participation extensive by Nicaragua measures, it was also unprecedented in the history of the western hemisphere" (Chavez-Metoyer 2000:3). This level of women's participation continued after the fall of the Sandinista government despite the hindering initiatives enforced by the newly founded conservative regime in the early 1990s.

> Beginning in 1992, the women's movement restructured itself into grassroots groups horizontally organized through loose networks operating in public spaces, using the government's insouciance about maternal mortality and women's status as a foil (Isbester 2001:153).

Many of these women's organizations still exist today, networking and unifying themselves through gender identity and working towards the various facets of gender equality.

For the purpose of assessing some of the impact of these organizations today, I chose to evaluate the national organization "El Centro Educativo para la Mujer Casa

Materna "Mery Barreda" AMNLAE[1]" in Ocotal, Nueva Segovia, Nicaragua. By examining a current Nicaraguan women's organization, I assess how social mobilization and grassroots organizing manifest in an international and gendered context, contributing to academic discourse and hopefully improving the efforts of this specific organization.

Founded in 1987, the pilot branch of Casa Materna in Ocotal, Nicaragua offers pre and post natal habitation services, as well as medical, legal and emotional assistance for women from rural areas and others who are considered to have high risk[2] pregnancies (Isbester 2001:136). I conducted an evaluation of Casa Materna's organizational structure, outreach methods and daily activities to assess how Casa Materna-Ocotal impacts women's lives. During my site visit in December 2006, five issues surfaced as prominent concerns regarding Casa Materna; finances, client sustenance, medical services, education and the facility's environment. Additionally, there appears to be internal inconsistencies among the staff and clients regarding how these issues are perceived. While this lack of consistency may be the result of external constraints or other governing variables, Casa Materna undoubtedly has two conflicting stories- what it claims to be doing versus what is actually occuring.

This analysis attempts to answer the following question: How can Casa Materna address these theoretical inconsistencies through organizational recommendations? The outcome of this work will be recommendations for the Ocotal branch of Casa Materna to assist in fulfilling its Integral Health Program objectives as well as improving its organizational structure.

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[1] Acronym definitions in Appendix E

[2] A pregnancy in which there is high probability that problems will develop. [www.webmd.com]

In order to initially address these inconsistencies, I look at the following operational questions: 1) What are the distinct views of women's needs according to staff, clients and physicians? and 2) Is Casa Materna meeting its clients' perceived needs? I analyzed data derived from eleven tape recorded and scripted interviews, participant observation as a Casa Materna volunteer and Hospital research student, as well as extensive scholarly research. This qualitative research was conducted to offer recommendations for the Ocotal Branch of the national organization Casa Materna. By examining Casa Materna's internal inconsistencies, I offer recommendations providing new methods of managing certain conflicting issues within and outside of Casa Materna.

I follow a historical framework to better understand the theoretical disjuncture within Casa Materna- Ocotal. At the time of their founding during the Sandinista Revolution, Nicaraguan women's organizations like Casa Materna embraced progressive gender politics and social reform. These organizations continued after the Sandinista Revolution, concurrent with the shift in gender politics and the transition of public health care in Nicaragua. By using a historical context as my organizing framework, I explore the history of social mobilization in Nicaragua and its adaptation through time in order to assess Casa Materna's current political, economic and social situation.

This thesis begins with a discussion about the Sandinista revolution as a prime example of social mobilization and grassroots organizations. This discussion leads into the past and present situation of public health care in Nicaragua, with specific emphasis on maternal and women medical services. I follow this with the case study Casa Materna by researching its background, its current outreach methods and its staff organization. I then present the five issues that surfaced during my research and inconsistencies therein

by asking the following research question: How can we address these inconsistencies within Casa Materna through organizational recommendations? I conclude with organizational recommendations and prioritization for Casa Materna to improve their efforts both internally and in their neighboring communities.

Background

"Latin America underwent major political change in the course of the last century, some provoked by external intervention, some reflecting the acute social tensions that accompanied the region's development" (Craske and Molyneux 2002:5). Although this region generally shares tales of hardship and strife, each country has a dynamic history. One of Nicaragua's major successes was the promotion of grassroots, non-governmental and women's rights organizations. These organizations provided arenas accessible by various demographics and locations that allowed citizens to channel their input and feedback to improve the newly founded society. "Through group discussion, the new grassroots organizations helped replace old Somoza era values with ones appropriate to a more sovereign, just, and humane society" (Walker 2003:150).

Previous to the Sandinista Revolution, the Somoza dictatorship had an especially hard impact on poor women. "The plight of poor women was especially aggravated by the nature of the Somoza dictatorship and its National Guard. Officers of the guard controlled a flourishing prostitution industry, and soldiers were rarely punished for rape" (Walker 2003:115). The brunt of Somoza's detrimental economic and social policies was primarily felt in poor rural areas. The desire for a change in government was growing throughout the rural highlands, and slowly spreading to urban areas.

The increasing exhibition of governmental disapproval was concurrent with the steady growth of popular support for the FSLN, resulting in a support base crossing demographic categories, class lines and gender divisions. "Women 25 or younger were among the FSLN's strongest supporters. [especially] for professional urban women-women more readily reached by the FSLN and more likely to have benefited from Sandinista policies" (Bayard de Volo 2001:156). This growth of FLSN women supporters resulted in the creation of AMPRONAC (the Association of Women Confronting the National Problem) in 1977. "[They] set up neighborhood committees that helped organize the urban resistance, and many young women fought and died alongside their male counterparts in the FSLN guerrilla army" (Walker 2003:115). With public support, women active in the military and in communities to rally FSLN support, the Sandinista Revolution succeeded in overthrowing the Somoza regime and pursued its progressive endeavors as the new Nicaraguan government. "The mass organizations created in the struggle to overthrow the dictator gave the FSLN a grassroots base that dwarfed the organized support of all potential rivals" (Walker 2003:43-44).

The Sandinista government began to initiate revolutionary social programs and policies with support from the majority of Nicaraguan people:

> During the entire period, the Sandinistas promoted 1) a mixed economy with heavy participation by the private sector 2) political pluralism featuring interclass dialogue and efforts to institutionalize input and feedback from all sectors 3) ambitious social programs based in large part on grassroots voluntarism, and 4) the maintenance of diplomatic and economic relations with as many nations as possible regardless of ideology. (Walker 2003:44).

The FSLN concentrated its efforts on social concerns such as health care, public education, human rights, and especially women's rights and liberation. Since the Sandinistas' success was

largely due to its widespread support across classes and various sectors, the FSLN was attentive to the needs and concerns expressed by the general public.

In 1984, the FSLN publicly recognized the need for "'greater efforts to overcome social problems so that women can achieve full equality with men'" (Bayard de Volo 2001:85). Hence in 1985, AMPRONAC changed into the AMNLAE (Luisa Amanda Espinosa Women's Association), which still exists today in an autonomous form. "Through their mass women's organization, AMNLAE, [the FSLN] worked with women in both the rural and urban sectors, contributing to the growth of the revolutionary consciousness among those women and in the society at large" (Babb 2001:111).

Named after the first woman to have fallen in combat during the Revolution, the AMNLAE articulated gendered needs, issues and concerns of Nicaraguan women and formed organizations such as Casa Materna to assist these needs. "AMNLAE members pushed for and frequently won legislation promoting the interests of women" (Walker 2003:115). With AMNLAE's creation, reproductive rights and low cost contraception became major concerns and demands of younger and progressive women. "Contraception theoretically was made available to everyone free of charge, but market supply was sporadic and shortages were commonplace" (Chaves-Metoyer 2000:27). Although the AMNLAE made significant headway regarding women's liberation issues and concerns with the government, the FSLN was hesitant in some areas of women's reproductive health.

> Sandinista policy towards birth control was not as revolutionary as some might have expected. Though they did bring sex education to public schools and to television, the revolutionaries, anxious to avoid unnecessary conflict with the powerful Catholic Church, systemically skirted the issue of abortion (Walker 2003:111).

The FSLN's hesitation regarding these controversial women's issues was a result of Nicaragua's strong Catholic ideology, which later became prominent in the future governmental policies of Violeta Chamorro.

In the mid 1980s, Nicaragua was considered a Communist threat due to the FSLN's socialist endeavors and its rejection of neoliberal economic policies. Consequently, the Contra War ensued and continued until the fall of the Sandinista government in 1990. With more funds designated for military defense, social spending and programs were drastically decreased during the late 1980s and early 1990s. Certain programs and policies were retained only if considered integral to war efforts, while other organizations and programs were rearranged to fit the Sandinista's Contra War agenda. This was exemplified by the relationship between the Sandinistas and the AMNLAE "as women's identities and interests were shaped and mobilized with the aim of winning the war and securing a more equitable economic system" (Bayard de Volo 2001:127).

Figure 1. Contra Child Soldier.

www.smcm.edu/aldiv/ilc/spanish/FA03/ilcs101/05/tnnorod/Images/contraskid.gif

As the Contra war ensued, the Sandinista government initiated a military draft. Sons, husbands, and brothers of women who had supported the Sandinista revolution were drafted. Some women became "counter-revolutionaries because of the men in their lives and the political decisions taken by their husbands, sons and employers" (Cupples 2006:87). The increase of women counter-revolutionaries and the decreased funds for certain women's organizations resulted in the AMNLAE becoming an autonomous organization from the FSLN. It changed its name from "Association" to "Movement" to symbolize its new method of organizing. This form of activism was not only found in the AMNLAE but began to spread to other women activists. "[Women] became increasingly active in the grassroots, 'sectoral' organzations of Sandinista workers in rural and urban areas during the late 1980s" (Babb 2001:24).

After the AMNLAE became autonomous, it was able to embrace ideals and topics, such as feminism, that it was once hesitant to promote because of their past political associations. They formed additional organizations with various unions and introduced controversial issues "such as abortion, birth control, and domestic violence into the public discourse" (Bayard de Volo 2001:86). Meanwhile, the Sandinista government was losing the majority of its supporters. In 1990, the accumulation of failed policies and public disappointment resulted in the Sandinistas loosing the presidency to Violeta Chamorro (Bayard de Volo 2001:103). This presidential loss did not stop the AMNLAE and other smaller women's organizations from their activism. "Having experienced some advances and a degree of liberation during the Sandinista period, many women were [sic] non-willing to lapse back into their highly exploited pre-revolutionary role" (Walker 2003:116).

The Chamorro administration tested these revolutionary ideals with her conservative neoliberal agendas. With Nicaragua war torn and in a state of economic and social instability, Violeta Chamorro offered hope with her ideological embrace of the nuclear family and the feminine role of motherhood. "Chamorro's campaign relied on traditional gender identities that involved women's special relationship to peace, family, and God" (Bayard de Volo 2001:158). She embraced neoliberal economic policy, drastic cuts to social subsidies and a redefinition of the newly liberalized Nicaraguan woman. Due to her influential ideology, these maternal images emanated in both Sandinista and Anti-Sandinista discourse reinforcing the expectation that women must be selfless and must make "demands on the behalf of others" (Bayard de Volo 2001:163).

While Chamorro's ideological influences installed the role of the domesticated woman in Nicaraguan society, she also initiated fiscal policies intended to aid the suffering national economy. Whether they were successful is unclear, however:

> The downsizing of government, the cutbacks in social services, the privatization of state enterprises, and the credit emphasis on agro-export rather than peasant production of domestic foodstuffs combined to exacerbate the misery of ordinary Nicaraguans (Walker 2003:59).

Chamorro also dismantled aspects of the public education system by banning texts speaking of the reproductive system and sexual intercourse and replacing them with texts presenting "true" family values; "that is, nuclear families with mothers working without compensation and fathers working at salaried jobs" (Isbester 2001:13).

In addition, the availability and sophistication of public health care decreased tremendously. "Through public policy, Chamorro's government restricted women's access to reproductive control. The birthrate, maternal mortality, and illegally induced

abortions increased, compounding the difficulties women faced in escaping poverty" (Isbester 2001:112). Chamorro refused to hire medical specialists and health workers known to be politically loyal to the Sandinistas. Consequently, the number of trained health care workers fell from 12,000 in 1989, to 1,500 in 1990 (Isbester 2001: 149). This drastic cut in health care labor combined with the increasing birth rate was a dangerous situation. "Nicaraguan women have the highest fertility rate among Central American women, at 5.5 children per woman" (Chavez-Metoyer 2000:33). By 1989, Nicaragua's population increased to 3.8 million (Walker 2003:111). As the birth rate continued to skyrocket, the need for adequate medical and maternal health care became obvious. Despite these alarming rates, the Chamorro administration continued to reduce the adequacy and accessibility of health care. "Cuts in Nicaragua's health care budget not only affected women because of their role as health care providers, but also directly affected women's health; [...] and maternity care" (Chavez-Metoyer 2000:92).

The decline in women's health status could not be denied by feminist or non-feminist organizations. The once fragmented women's movement composed of various organizations and networks was unified under the broad issue of integral health care. "Health has become a major focus of the Nicaraguan women's movement. [...] Health concerns poor and middle class Nicaraguan women alike, but poor health afflicts lower class, less educated and rural women disproportionately" (Ewig 1999:85). Various women's organizations stemming from the AMNLAE formed "over 200 autonomous groups [...] and later regrouped into loose coalitions and networks that were less ideologically based and more issue based" (Chavez-Metoyer 2000:101). Eventually, the

majority of non-profit and non governmental organizations involved with the women's movement incorporated health care in their objectives.

Currently there are numerous women's NGOs providing integral health care throughout Nicaragua, even though some people "believe that the responsibility for providing these services lies with the state" (Ewig 1999:90). Yet with an impoverished country still struggling economically, many individuals have to become accountable for their own survival and the survival of others. "NGOs' self sufficiency cannot be attained when the target population is the poorest of the poor, and international funding cannot be relied on over the long term" (Ewig 1999:99). Many NGOs and non-profit organizations in Nicaragua rely on the altruistic intentions of local civilians to sustain the integrity of these organizations.

Thus, the continuity of the case study- Casa Materna, an organization founded on the principles and ideals of the Sandinista Revolution, is imperative to ensure the health and happiness of rural Nicaraguan women today. But why study a current example of a Nicaraguan women's organization?

> The [Nicaraguan] women's movement has accomplished what no other social movement as done in the 1990s: It developed a national women's network in which all women's groups, regardless of different objectives, ethnicities, ideologies, and economic experiences have set aside political loyalties to identify common objectives (Chavez-Metoyer 2000:110).

The level of women's activism during the Sandinista Revolution was preeminent in the Latin American region. The liberalization and social mobilization experienced by women during the Sandinista Revolution continues through the existence of various non-profit and non governmental organizations throughout the country.

While Casa Materna was founded within the AMNLAE during the Revolution and then separated from the government, the present status of its governmental affiliation, if any, is vague. Casa Materna-Ocotal currently receives funds from the Ministry of Public Health (MINSA) after not receiving any financial assistance for an unspecified amount of time. It also claims affiliation in some way to the Casa Materna National Headquarters. Yet the role and involvement level of this national entity with individual chapters is unknown. Despite the uncertainty with this relationship between Casa Materna National Headquarters and independent Casa Materna chapters, Casa Matern is alive and growing with new branches being established throughout the rural highlands.

By evaluating Casa Materna-Ocotal, Nueva Segovia, I supply a needed analysis of a current Nicaraguan women's organization facing economic restraints, gender barriers, social injustice, clients with little or no education and inaccessible social services. Through qualitative and secondary research, I assess Casa Materna's organizational structure, outreach methods as well as its history and daily activities to discover inconsistencies regarding five prominent issues that surfaced during my field research. Addressing these inconsistencies within Casa Materna is important to my goal of providing recommendations to improve Casa Materna's organizational methods and structure.

Analytical Method

In order to answer the research question, I ask the following operational questions: 1) what are the distinct views of women's needs according to staff, clients and physicians? and 2) is Casa Materna meeting clients' perceived needs? Based upon the information received through eleven interviews with clientele, staff, and health care

workers, as well as my own secondary research, I analyze the qualitative data to suggest organizational recommendations to improve Casa Materna's impact on future clientele and its educational procedures in neighboring municipalities.

Upon my return from the field, I transcribed all field observations, my own field reflections, and individual and group interviews. I coded my qualitative data in Atlas Ti by focusing on issues that surfaced through my research and reflections, and through four subject positions: client, staff, doctor/nurse, and outside opinion. Although many issues arose through my field research and independent study, I concentrated my research on five perceived problem areas: finances, client sustenance, medical services, education, and the facility's environment. I studied and compared these five issues according to my four subject positions, as well as other prominent themes I saw emerge through my analysis such as external conditions, Casa Materna history and outreach. With this data I created four matrices included in the appendix. In addition to my qualitative field research, I researched literature on non-profit strategies, organizational methods, educational outreach methods, Sandinista history, and Nicaraguan women's organizations to offer recommendations to improve Casa Materna's efforts and objectives. Casa Materna's progress and existence is important due to its larger historical significance in Nicaraguan grassroots organizing and its addressing of women's health in their objectives. (A topic once blatantly problematic in Nicaraguan history).

Data Collection

My data collection consisted of eleven individual Adult interviews conducted over a one month period from December 2006 through January 2007. These interviews included Casa Materna staff members, clients, health care workers and one diplomat.

Since the majority of my research was conducted over a holiday period, this may be a potential constraint on my data. All interviews were tape recorded with prior permission and written documentation. Confidentiality was offered to all interviewees, yet no one requested such. Nine of my eleven interviews were accompanied by Nurse Dochyta Falcon who was my host mother and connection to Casa Materna and Hospital personnel. Her familiar presence comforted the more hesitant interviewees and her reassurance aided my perseverance. She occasionally assisted in some translation.

For my interviews, I had three sets of questions; one for Casa Materna Staff members/Volunteers, the second for Casa Materna Minor Clients who were minors, and the third for Casa Materna Adult Clients. I did not interview any minors during my field research, but I did use those questions designated for minors in one interview with a young woman who seemed intimidated by the language used in the Adult Client questions. My questions for staff members concentrated on the administration of the facility. The questions designed for clients discussed their background and experiences at Casa Materna. In addition to these questions, I had a second interview with the Casa Materna Administrator with questions constructed after interviewing Casa Materna staff, clients, medical staff, and the diplomat. After my field research trip, I had more questions regarding Casa Materna's financial management after analyzing my data. These questions were sent to the Administrator via email in late January. I received a reply from the Administrator stating that she read my questions and would get back to me. After a few weeks, I emailed her again to check on the status of her answers. As of July 2007, I still have not received a response. (All interview questions are included in the appendix). If I had received this information prior to the completion of this thesis, it would have

affected my recommendations as follows: I would have been able to evaluate updated fiscal information, I would have known any past fundraising activities, grants, or any additional loans received which would have altered my fundraising recommendations; and I would have been able to evaluate their auditing procedures and their relation with the national Casa Materna headquarters. However, this occurrence alludes to the possibility of financial mismanagement and/or disorganization within Casa Materna, which is reflected my recommendations.

In addition to individual interviews, I had one group interview with three clients. This group interview followed the "Adult Client" questions, and then became a free discussion. I intended to host a focus group to openly discuss two questions regarding Casa Materna's services and its clients' needs. Yet my "focus group" was transformed into a "charla", an educational session for the clients which is given at the facility. Charlas are hosted periodically at Casa Materna to educate the clients on pregnancy and child birth procedures. My observation of this educational in-service session benefited my analysis in the same manner as my proposed focus group would have. The charla consisted of seven clients and Nurse Dochyta Falcon, who discussed topics regarding pregnancy, labor and delivery procedures. All individual and group Casa Materna client and staff interviews were conducted at the facility at the interviewees' availability. Other interviews were conducted at the Hospital and at Nurse Dochyta Falcon's residence, and were also scheduled according to the interviewees' availability.

Besides interviews, I acquired qualitative data through participant observation as a Casa Materna volunteer and at the local hospital. Through my previously established connections with Nurse Dochyta Falcon, I had access to the Hospital facilities including

their labor, waiting and delivery rooms. I witnessed various routine medical procedures as well as two births. These participant observations were noted through my daily reflections in my journal.

Figure 2. Maruja Clensay at Alfonso Moncada Guillen Hospital; Ocotal, Nicaragua.

Immediately after each interview, I spent an average of one half hour reflecting on the specific interview through written informal observations. I also made a daily habit of a morning and nightly reflection. All personal observations and reflections were transcribed, coded, and triangulated in Atlas Ti in addition to my interviews. I also had many informal discussions with various community members. These informal discussions were not tape recorded, but were reflected on through my daily written reflections.

Thesis Organization

This work is presented in five chapters. The first consists of an introduction to the analysis and Sandinista Revolution historical data for context. It also discusses the current status of health care, and Nicaraguan women's social movement and organizing. In Chapter 2, I describe the case study, and its background, and present a fictional story

of "Maria", a composite portrait describing the typical tenure of a Casa Materna client at the facility in Ocotal. With this fictional narrative, I touch on issues expressed through my qualitative data regarding Casa Materna's pre- and post-natal care: 1) finances, 2) client sustenance, 3) medical services, 4) education, and 5) the facility's environment. In Chapter 3, I examine Casa Materna's advocated vision and its mission, objectives, staff protocol, etc. I then examine each issue with information from the interviews, with data from a document received from the Administrator appearing to be a "funding report"[3] (see Appendix A), personal observations, informal discussions, and Casa Materna's officially adopted objectives.

Chapter 4 examines the aforementioned five issues differently by comparing the objectives Casa Materna claims they are doing with what they are actually doing. Based upon this comparative analysis, I offer perspectives on each issue's current condition, along with basic recommendations in how to proceed regarding any exhibited contradictions. Chapter 5 concludes this analysis by presenting how Casa Materna can use insights from literature regarding non-profit organizations in approaching these five issues. With these recommendations, Casa Materna can address the disconnection between their officially advocated objectives reflective on past conditions, and its present actual achievements. Casa Materna can realize their internal inconsistencies and eventually achieve congruence between what they intend to achieve and what they actually accomplish. With these recommendations Casa Materna can address the inconsistencies regarding the five issues by restructuring their organizational framework. To assist in this realization, I present four topics needing to be addressed by Casa

[3] Since this document does not have an official title, it will be referred to as Casa Materna "Funding Report".

Materna to improve its services: 1) The establishment of a Board of Directors 2) development of a system of rigorous financial controls 3) improvement of connection with and regulation by the national Casa Materna headquarters, and 4) organizational capacity building. Casa Materna's existence in Ocotal is essential to Nueva Segovia's rural and high risk pregnant women. This evaluation is important for the future survival and growth of Casa Materna in Ocotal and to assist the health needs of Nicaraguan women. After presenting these recommendations, I conclude with some steps to verify Casa Materna's services in the future.

CHAPTER 2:

CASE DESCRIPTION

Case Study: El Centro Educativo para la Mujer Casa Materna "Mery Barreda"

AMNLAE de Ocotal, Nueva Segovia, Nicaragua

Figure 3. Nicaragua, Nueva Segovia in dark blue.

www.buscainmobiliarias.com/ni/mapas/nueva_segovia.gif April 2007

Background

Located in the department[4] of Nueva Segovia, Ocotal is the most densely populated municipality south of the Honduras border. Due to its proximity to Honduras and as the department's fix formatting capital city, Ocotal is a major cross point of national and international migration from Honduras, rural municipalities, and the neighboring departments of Madriz and Jinotega. Ocotal hosts facilities otherwise sparse in Nueva Segovia such as law enforcement, retail, a Mercado for local crafts, artistry and food items and primary medical services. In sum, Ocotal is a major junction for numerous populations who come for mercantile, migration transit and especially health care services.

[4] A "department" is a contained geographical location. Similar to a county or district.

Figure 4. Map of the Department of Nueva Segovia, Nicaragua.

Ocotal in Yellow furthest to the left
www.ineter.gob.ni/Direcciones/Geodesia/SeccionMapas/SitioSeccionMapas/Nueva%20Segovia.jpg April 2007

Casa Materna - Ocotal

The municipality of Ocotal is home to the first Casa Materna in Nicaragua. Casa Materna, a prenatal facility also known as a birthing house, currently has around twenty branches all over the country (Personal Interview, Gomez:2006). With their newly found autonomy after the AMNLAE separated from the FSLN, Casa Materna was able to offer services once considered unacceptable, including reproductive education, birth control, and psychological and emotional counseling.

> *This was a project of the 1980s that started with international health. The idea was to admit women prior to childbirth and prepare and educate them, and when ready transfer them to the hospital. Later they would be brought back to the Casa and later discharged to their community* (Personal Interview, Castellanos:2006).

Figure 5. Casa Materna: Ocotal, Nicaragua, December 2006.

Casa Materna offers shelter, access to medical attention, food and care for pregnant women from rural areas who are considered high risk, thus needing closer proximity to the hospital. "Approximately 53% of Nicaragua's female population lives in urban zones and 46% live in rural sectors" (Chavez-Metoyer 2000:34). The majority of Casa Materna's clients come from rural municipalities in Nueva Segovia. As indicated in Table 1 on the following page, in 2005 the largest number of Casa Materna clients came from Jicaro. Casa Materna's existence is essential for high risk women from rural areas in Nueva Segovia who need close proximity to the only hospital in the department. As one client, Maria Fatima Guerrero, relates "*I would have to walk three hours to a bus stop, to be able to go to the hospital from my home*" (Personal Interview, Guerrero:2006).

Table 1.
Education Center for Women: Casa Materna "Mery Barreda" AMNLAE, Ocotal, Nueva Segovia.

Education Center for Women: Casa Materna "Mery Barreda" AMNLAE, Ocotal, Nueva Segovia 2005 ATTENDANCE													
Municipalities	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**July**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**TOTAL**
Quilali	3		3	1	1	1	1			1			11
Wiwili	2	1	3	3		4	1	1	2	1	1		19
Jalapa	2	4	2	4	6	2	1	3	4	2	3		33
Jicaro	2	3	2	8	7	2	5	8	1	4	2	1	45
Murra			1	4	1	3	1	2					12
San Fernando	2	1	1	4	1	1	1	6	2	6		3	28
Mozonte	2			2	5	3	3		1	1			17
Ciudad Antigua	2	2		2	3				1	3	3		16
Dipilto	1	4		3		3		1		2		2	16
Santa Maria	3	1	3	4	2	1	3	2	2	4		2	27
Macuelizo	1	3	4	3	5		3	2	1	2	3	1	28
Yalaguina	1												1
San Juan			1				1						2
Ocotal						1							1
Chinadega									1				1
Dom. Violence Victims	1	1	1	2		1							6
TOTAL	22	20	21	40	31	22	20	25	15	26	12	9	263

Monthly Average Attendance: 22 Pregnant Women

Source: Casa Materna "Funding Report" (Included in the Appendix in Spanish and English. Similar information for the 2006 year is available as well but is incomplete)

While Casa Materna is close to the local hospital, it is more than a simple rest stop. According to their "funding report", Casa Materna's vision statement states that this particular branch of Casa Materna, officially called the "*Educational Center for Women Maternal House AMNLAE de Mery Barreda- Ocotal*", is a "*nonprofit alternative center which gives comprehensive attention to women and their families*" (Appendix A). Casa Materna staff member Jesica Ramirez Jarquín continues "*Casa Materna is an alternative center for women; for survivors of domestic violence and sexual violence; a center for women of high risk pregnancies; a non-profit organization*" (Personal Interview, Lopez:2006).

Casa Materna offers access to medical services, housing, client sustenance (food), reproductive and sexual education, psychological counseling, legal consultation, family planning services, and a variety of official programs. "*Casa Materna is not seen as a Medical Center but as a shelter, an educational center*" (Personal Interview, Castellanos:2006). This branch of Casa Materna offers five programs: 1) Anti-Gender Violence Program, 2) Integral Health Program, 3) Empowerment and Leadership Program, 4) Adolescent and Youth Program, and 5) Long Distance Formation and Education Program (Appendix A). While these programs are extremely valuable, I am primarily interested in the Integral Health Program since its objective and services directly relate to their pregnant women clientele, and since "the broader concept of integral health for women, which also encompasses the social risks of occupational and family injuries as well as psychological stress" was emphasized in the later years of the Nicaraguan women's movement (Ewig 1999:86).

Figure 6. Casa Materna Clients; Ocotal, Nicaragua, December 2006.

The objective of the Integral Health Program is "*to contribute to the improvement of integral health especially sexual and reproductive health for women, adolescents and youth with a focus on gender*" (see Appendix A). Proposed services to achieve this objective include various pre-natal medical services such as ultrasounds, gynecology, OB clinic, as well as psychosocial counseling, sexual and reproductive counseling and general medicine. These services are offered at Casa Materna, at the Alfonso Moncada Guillen Hospital in Ocotal and at community establishments (primarily those involving midwives and legal counseling).

These services, along with others offered from their additional programs, assist Casa Materna in accomplishing their stated mission "*to contribute with comprehensive attention to women giving priority attention to those who entail the construction of a new citizenship and a healthy life behavior*" (Appendix A). Administrator Scarleth Jarquín

Lopez continues, "*[I think] Our mission is to prevent the death of pregnant women both prenatally and during birth. We are here to help them in every way during their pregnancy*" (Personal Interview, Lopez:2006). Scarleth Jarquín Lopez is the current Administrator and the temporary Executive Director of Casa Materna- Ocotal. She spoke of how she became involved in Casa Materna, its history, and its organizational structure during two interviews, one took place at the beginning of my field research and the second happened at the end.

Figure 7. Casa Materna Administrator: Scarleth Jarquín Lopez, December 2006.

Scarleth Jarquín Lopez has a middle class background and was unaware of economic and social situations in the surrounding areas until she began to work with Casa Materna. "*It was one of those things that came all of a sudden into my life. [...] I learned about [pregnant rural women's] lives, the poor economic conditions they lived in, things I had no clue of when I was not working and just staying at home*" (Personal Interview, Lopez:2006). Scarleth Jarquín Lopez was hired into her second position as Executive Director after the past director Susana Betanco fell ill and was forced to take a leave of

absence. Scarleth Jarquín Lopez has been working two jobs for about a year and claims her main position to be Administrator.

> *There are three permanent positions in our books: 1) Administrator- Scarleth Jarquín Lopez [myself], 2) Health Representative-Jesica Ramirez Jarquín, 3) Shelter Representative- Reyna Yolanda Miranda Mejilla. The Casa's Executive Director and Legal Counselor offer voluntary services* (Personal Interview, Lopez:2006).

The Health Representative Jesica Ramirez Jarquín is responsible of all the clients' files, ensures all women have proper medical attention and is in charge of hosting the "charlas" (educational lectures). Reyna Yolanda Miranda Mejilla is the Shelter Representative and is responsible for shelter maintenance and has the graveyard shift at the facility.

Figure 8. Health Representative Jesica Ramirez Jarquín, December, 2006.

In addition to the three permanent staff members, occasional project directors are funded by the MINSA for allotted periods of time. A young man named Mario Joaquin Lopez Herrera is one of these project directors. At the time of my field visit, he was working with local youth to promote capacity building, leadership skills, and reproductive education in Nueva Segovia. "*These project directors although they are not*

hired by us, provide voluntary work such as helping transport women in labor to the hospital and making sure they receive proper care" (Personal Interview, Lopez:2006). While Mario's work is temporary and part time, the other three staff members are full time. At least one of these three women is required to be at Casa Materna at all times.

While every client's experience and background is different from every other, there are certain characteristics regarding Casa Materna that are found through all my clients' interviews. To better explain Casa Materna's official documented procedures and daily activities, it is best to examine typical client tenure. Let's examine the term of a composite fictional woman named "Maria".

"Maria's" Story- A Composite of Voices

"Maria", a 19 year old woman from a neighboring municipality, arrives at Casa Materna in Ocotal when her pregnancy has reached eight months. "Maria" comes to Casa Materna because she requires a caesarian section and needs to be closer to the hospital. When she arrives she does not pay an entry fee.

> *In the beginning they [had to pay an entrance fee]. They were asked to pay forty cordobas to the Casa as a contribution. But now that the Ministry of Public Health has started contributing, we provide the service free of charge* (Personal Interview, Lopez:2006).

Upon her arrival, "Maria" is asked by the Health Representative, Jesica, if she has seen a doctor during her pregnancy. "*[Jesica] asks them if they have seen a doctor but the majority have been seen by a medic*" (Personal Interview, Lopez:2007). "Maria" has not seen a doctor in five months, so she is taken to the hospital by one of the staff members to be examined.

Upon her return, "Maria" is shown to her room which she shares with six or seven other women. Her days at Casa Materna include light cleaning, watching television, and attending the occasional "charla". According to Administrator Scarleth Jarquín Lopez, "*we have charlas about two to three times a week. They describe how to care for the child and how to care for oneself before and after pregnancy regarding self value and hygiene*" (Personal Interview, Lopez:2006). Casa Materna's front door and phone are kept under lock and key twenty four hours a day, inhibiting clients from calling family or friends to pass the time. Although "Maria" can ask for permission to leave the building, she rarely does. She mainly spends her days at the shelter, collectively cooking the clientele's three meals of rice and beans daily during her stay. After a few weeks, "Maria" starts to go into labor. She alerts one of the staff members of her pains and is taken to the hospital by taxi, though some use an ambulance, or go on foot. "*I help the women with getting to the hospital. I bring their file and leave them with the doctor. If they are not ready for delivery I bring them back to Casa Materna*" (Personal Interview, Mejilla:2006).

After giving birth, "Maria" returns to Casa Materna to wait for her family to pick her up. "*About 30-40% of the women come back to Casa Materna, waiting to go back to el campo. If they live close they will stay about three to four days. If they have a C-section or a tube litigation, they remain at Casa Materna for about 15 days to a month*" (Personal Interview, Lopez:2007). Shortly after two weeks, "Maria's" sister and mother arrive to pick her up and she returns home by bus.

Figure 9. Bedroom at Casa Materna; Ocotal, Nicaragua. December 2006.

"Maria's" story portrays the average client tenure at Casa Materna; however there is still variation. For example, some women stay at the facility longer if they experience complications during delivery or if it is difficult for them to return home. Others who are from close municipalities arrive at Casa Materna when they are in their final week and are having labor pains. But "Maria's" story exemplifies the five issues discussed in this evaluation; finances, client sustenance, medical services, education and the facility's environment.

There are two different stories to examine regarding these issues. While Casa Materna claims to adopt certain objectives and practices, their realized actions appear contradictory. In other words, what Casa Materna says they are doing and what they are actually doing are two different things. Addressing Casa Materna's internal inconsistencies and any relevant external factors is imperative to discover how to amend these contradictions and improve Casa Materna's services. The following chapter discusses the objectives Casa Materna claims to be accomplishing.

CHAPTER 3: ADOPTED OBJECTIVES OF ADVOCACY - CASA MATERNA'S SELF-IMAGE

Introduction

Every organization adopts a set of objectives reflective of an actual pressing situation they intend to accomplish. Casa Materna was founded in response to governmental ignorance of women's health issues and a lack of adequate health care for Nicaraguan women. Consequently, Casa Materna established itself as an essential alternative to public health care for women. Casa Materna still exists with offering even more services than it did at its beginning. Chapter three evaluates Casa Materna's officially adopted objectives in light of the aforementioned five issues.

Finances

Since Casa Materna was founded during the Sandinista revolution with the AMNLAE organization, it was considered at that time to be a government organization. As the AMNLAE began to separate from the FSLN, numerous women's organizations separated as well. It is unknown whether the national organization of Casa Materna was autonomous or in solidarity with the FSLN at this time. But with the rising of the Chamorro administration in 1990,

> ...all organizations [once] affiliated with the FSLN lost state funding, their primary source of financial support. Many international foundations and governments were redirecting their financial support away from governments and toward private sector initiatives (Ewig 1999:83).

The Ocotal branch of Casa Materna is an example of this positional shift.

> *Yes it's true. We used to have help from women's groups in Switzerland. They sent clothes, sewing machines, supplies, and funds. [The pregnant women] used these machines to sew clothing which they sold at the Mercado. It was a manner to sustain them. In 1990, when the Sandinistas lost the election, we lost contact*

with these groups. Many organizations lost international assistance (Personal Interview, Lopez:2006).

Casa Materna has had to look for funding elsewhere, primarily through donations from local organizations, private donors and churches. "*Some of the donors are Red Nacional de Casa Maternas, FONSALUD, and private donations. [Private donations] occur several times, for example Dochyta Falcon donates often*" (Personal Interview, Lopez:2007). In addition to local donors, neighboring municipalities donate around 750 cordobas. "*This helps sometimes with salaries, sometimes for food; it depends on the necessities at the time*" (Personal Interview, Lopez:2007). As governmental roles vary throughout an organizations' livelihood, NGO and municipal collaboration and cost sharing becomes more integral to an organization's survival (Reilly 1995:3). But the regularity of these municipal donations is variable. There are also other entities that donate goods instead of money. Scarleth Jarquín Lopez explains "*Fundación Sol donates medicine. But the amount is very limited and only used for emergencies. The Fundación de Maria Auxiliadora donates food constantly. And the Catholic Church always gives food when needed*" (Personal Interview, Lopez:2007).

Recently, Casa Materna received money from the government through the Ministry of Public Health (MINSA). "As a former AMNLAE 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" (Ewig 1999:88). MINSA donates a specified amount of money to each municipality which is designated for women's health care, yet whether these funds are divided among different organizations in the municipality or are instead given directly to Casa Materna is unknown. Dr. Alemán Gomez explains:

> *The Health Ministry takes care of all departments and their health situations regardless of political and national differences. [...] Vaccines and women's health are the main focus. These funds are from donations that MINSA receives from the Panamerican Organization of Health and the World Organization of Health*" (Personal Interview, Gomez:2006).

According to the second interview with the Administrator, these funds are received once a year and have to last over the entire fiscal period (presumably one year).

> *Recently [in late 2006] we received 40,000 cordobas (2,222 US dollars +/-) for the year, but it's not sufficient for all costs. To pay water, light, telephone, food, office supplies. This does not pay for salaries. Salaries are paid separate*ly. [...] *The costs of Casa Materna are very high and expensive with phone, water, electricity. The funds are not sufficient, just symbolic*" (Personal Interview, Lopez:2007).

In concurrence with their "funding report" (see Appendix A), Casa Materna spends about $5,767.00 per year on overhead costs and salaries. When asked how they paid for their salaries, Scarleth mentioned the executive decision they had made to rent some of Casa Materna's property. "*We needed more money for Casa Materna to have a little consistent stability, help out with the salaries which we do not have funds for, but this help is not sufficient*" (Personal Interview, Lopez:2007). Although Scarleth Jarquín Lopez repeatedly mentioned that Casa Materna needs more money, Casa Materna stopped charging women an entry fee of 40 cordobas. "*Now that the Ministry of Health started contributions to our organization, we provide the services free of charge*" (Personal Interview, Lopez:2006).

> *What's most difficult about working here] is not having enough financial and economic resources; not being able to provide a [more] comfortable shelter to women [...] With more economic resources, we could pay a permanent nurse or medical staff. We can't pay them right now; they volunteer* (Personal Interview, Lopez:2006).

Nurse Dochyta Falcon can recall when she worked at Casa Materna as a part time nurse but was laid off due to economic restraints. "*I worked as a nurse there and got paid 500 cordoba a month but later on they stopped paying me. The director, Susana Betanco said the reason was an economic crisis that prevented them from paying a doctor and a nurse*" (Personal Interview, Falcon:2007).

Despite the lack of adequate economic and human resources, Casa Materna continues to provide their services "free of charge" to the women who need it most; high risk pregnancies, poor, undereducated women from rural areas. When asked if there were any other sources of similar assistance, Scarleth Jarquín Lopez replied "*Well, there are other Casa Maternas in the nation, but if these did not exist it would be very difficult. It is hard to get [rural] women out of their communities*" (Personal Interview Lopez:2006). Still more financial assistance is needed to improve the level of services and medical attention currently offered at Casa Materna. According to her interview, if Scarleth Jarquín Lopez were to receive more economic resources, her priorities for Casa Materna would be: "*1)Nutrition/food, 2) Utilities, water, electricity, telephone, 3) Salaries, the hiring of a nurse, 4) A daily visit by a Doctor, 5) Psychologist on staff to treat sexual abuse*" (Personal Interview, Lopez:2007).

Client Sustenance

As part of being an organization that provides shelter for high risk pregnant women, Casa Materna is required to supply food for their clients. Casa Materna's original procedures to provide food to their clients is not clear, but according to Administrator Scarleth Jarquín Lopez there have been recent improvements. "*I must admit that in the past, women complained about not having enough food, and that was a*

consequence of our limited funds. Now we hope their testimony can change" (Personal Interview, Lopez:2006). According to the Administrator, one of the employees purchases the food for the clients from a local market when necessary, yet the frequency is not known. Despite the newly acquired funds, the Administrator admitted during her second interview in January 2007 that their food supplies are still very limited. "*Because of the limited funds, we can only give four things- rice, beans, sugar, and oil. Only the basic things, and it's not enough. No milk, meat, eggs*" (Personal Interview, Lopez:2007).

Pregnant women need a variety of food through out their entire gestation. "*[Women at Casa Materna] don't have a balanced diet. Pregnant women need a lot of fruit and vegetables*" (Personal Interview, Falcon:2007). In Lourdes Alcañiz's book *Waiting for Bebé,* she recommends pregnant women consume around 2,000 calories a day, including many fruits and vegetables. "During pregnancy, it's important to choose from certain categories of fruits and vegetables every day. They contain vitamins and minerals necessary for you and your baby's health" (Alcañiz 2003:41). Lourdes recommends a fixed diet to ensure the right amount of protein, carbohydrates and fats a pregnant woman requires:

- 7 to 9 servings of cereals, grains and breads (carbohydrates)
- 3 to 5 servings of vegetables (rich in vitamin A or C)
- 2 to 3 servings of fruit (rich in vitamin A or C)
- 4 servings of milk (milk, yogurt, cheese, etc.)
- 3 to 4 servings of protein (meat, fish, eggs, etc.)
- 2 to 3 servings of fat (oil, butter, mayonnaise, etc.)
- 6 to 8 glasses of liquid (not more than one soda a day)
  (Alcañiz 2003:40).

Casa Materna's clients' limited fare of beans and rice in combination make a good source of complete protein. Occasionally, local community members will donate

other kinds of food to the women at Casa Materna. "*Recently we received a donation of potatoes and coffee*" (Personal Interview, Mejilla:2006). But both Casa Materna staff and medical professionals agree; that fruits and vegetables are lacking at Casa Materna and this deficit needs to be addressed. Administrator Scarleth Jarquín Lopez reiterates "*In order to offer better help, we need more food. Better kinds and variety of food. Meats and vegetables*" (Personal Interview, Lopez:2006). Yet some say rice and beans is more than what these rural women would normally be able to obtain. Dr. Ivan Alemán Gomez concurs "*Malnutrition in rural areas is very common with pregnant women*" (Personal Interview, Gomez:2006). Still, staff member Mario agrees there is room for improvement. "*We are doing everything to improve things. Now we need to work on getting more [economic and human] resources, and better food*" (Personal Interview, Herrera:2006). Casa Materna staff recognizes that their clients' calories needs to be increased and their food diversified.

Medical Services

While proper nutrition is crucial during pregnancy, so are regular medical check ups. Since the majority of Casa Materna's clients are from rural areas, some arrive at Casa Materna without having seen a medic during their entire gestation. As mentioned in "Maria's" story, Jesica Ramirez Jarquín asks every client if she has seen a medic when she arrives to Casa Materna. Reyna Yolanda Miranda Mejilla also confirms whether they have had medical attention. "*I ask the women if they have seen a doctor, if not I then take them to the hospital for an ultrasound*" (Personal Interview, Mejilla:2006). Dr. Carlos Canales Flores outlines the specific medical attention a pregnant woman should receive at Casa Materna:

- They need daily check-ups re: their state of health and the baby's state of health
- They need to provide a shelter that is clean and well kept
- They need to help them with any emotional or psychological health
- They need to help her with her baby's cycle; to educate regarding the movements during the pregnancy and birthing to make the childbirth less painful. (Personal Interview, Flores:2007).

Since Casa Materna's clients are close to giving birth, it is important to have daily check ups with each client at Casa Materna while ensuring the women know what to expect during their delivery.

"*We supply a shelter for women before and after child birth. We also provide family planning, sexual and reproductive education, psychological counseling and also legal advice*" (Personal Interview, Lopez:2006). Casa Materna is classified as a first level-primary care facility and is the only Casa Materna in Nueva Segovia. "*The Ministry of Public Health expects Casa Materna to be responsible for all high risk pregnancy cases, especially those that they cannot access [in Ocotal]*" (Personal Interview, Gomez:2006). Since Casa Materna has received funds from MINSA, certain regulations and rules need to be followed:

> *The rules from this Ministry are that after a woman becomes pregnant she needs to be checked once per month. She needs to receive vaccines such as tetanus and dosages of folic acid and iron. During the last two months these check ups should be every 15 days* (Personal Interview, Gomez:2006).

Yet whether or not MINSA consults individual Casa Materna branches to confirm adherence to these regulations is not clear.

Casa Materna advertises that it offers ultrasounds, pelvic exams, prenatal care, psychiatric care, family planning, sexual and reproductive counseling, general medicine

consultations and training. If the women are unable to receive these services during the doctor visits at Casa Materna for whatever reason, they can receive them at the local hospital. According to Mario Joaquin Lanzas Herrera, the Youth Project Manager, Casa Materna's financial situation has not impeded the medical attention pregnant women receive at the facility. "*A doctor visits two times a week*" (Personal Interview Herrera:2006). But Dr. Ivan Alemán-Gomez believes two times a week is not sufficient. "*At Casa Materna, women are supposed to be seen daily each morning by a primary care doctor as part of their pre-natal care*" (Personal Interview, Gomez:2006). The final month of pregnancy can bring many surprises. It is important to be prepared for unexpected occurrences.

While the final month of pregnancy is considered the most crucial in the gestation cycle, it is also the most dangerous since "*These women are at high risk. For various reasons; age, lack of education, lack of medical care, or the position of the child*" (Personal Interview, Falcon:2007). Nicaragua's population is growing rapidly; 51% of the country is women. "*40% of which is under 18*" (Personal Interview, Flores:2007). "*42% of women in the Ocotal Hospital are under 18 years of age. Some are as young as 11 or 12*" (Personal Interview, Flores:2007). Nicaragua is becoming a very young country quickly. This fact combined with the lack of proper reproductive education could cause an increase in younger pregnancies. Additionally, women over 35 are still reproducing resulting in an overall increase in high risk pregnancies. "In many developing countries many births are to women 35 years or older. The risk of adverse maternal and fetal outcome is greater with increasing age, and so is the risk of certain congenital malformations" (Fortney et al., 1983:3). Hence Nicaragua's growing

population is accompanied by increasing numbers of high risk pregnancies.

Casa Materna's clientele consists of two age groups one in the late teens and early twenties, and the other over 35. Because their clientele is classified as high risk, Casa Materna responds with adequate medical and educational attention. There is always someone available to attend to the women during all hours of the day and night. "*Pregnant women, especially during their last month, need to be accompanied all the time. There is a great risk, especially when the majority of the other people around her are also pregnant*" (Personal Interview, Falcon:2007). Casa Materna also has designated protocol for taking the women to the hospital when in labor.

> *If women are in labor during the day, Jesica is responsible to take them to the hospital via taxi or ambulance. During the night, its Reyna's responsibility and they sometimes go by foot, police, and the fire department or with help of the Red Cross. These women are responsible to carry patient's medical records and obtain a signature from the attending physician* (Personal Interview, Falcon:2007).

Bringing the medical records for each woman upon their arrival at the hospital is imperative. Since all of Casa Materna's clients are high risk, the physician who performs the delivery needs to know the specifics of each woman's condition to be adequately prepared.

Nurse Dochyta Falcon is one of the founders of the Ocotal branch of Casa Materna and recognizes the importance of having Casa Materna serve high risk pregnancies. "*A lot of these women are from the poorest parts of the country. Many of them have no idea if their child is in a bad position and if they will need a C-section*" (Personal Interview, Falcon:2007). Even the government officials hold Casa Materna in "high regard and recommend that all women in the region with high-risk pregnancies

seek care there" (Ewig 1999:88). With a combination of accessible medical services, attentive care, a pleasant environment, and educational charlas, Casa Materna- Ocotal has helped decrease maternal and infant mortality throughout Nueva Segovia. Dr. Carlos Canales Flores agrees "*Casa Materna helped to eliminate a lot of peril [in the rural areas]*" (Personal Interview, Flores:2007).

Still, Casa Materna staff admits they need to improve their level of offered medical services. This necessity is validated by the Administrator Scarleth Jarquín Lopez. "*We need a nurse permanently on staff. Two at least- one at night and one during the day*" (Personal Interview, Lopez:2006). The lack of adequate financial resources presents a major obstacle in obtaining a permanent staff medic, but Scarleth Jarquín Lopez tries to not be discouraged. "*The [governmental] support we get is basic sustenance for the women. We are awaiting more money which might happen with the new government, but we won't be able to tell that until the end of next year*" (Personal Interview, Lopez:2006). Casa Materna makes every effort to ensure that their pregnant women obtain the medical attention recommended by physicians to the best of their ability whether at their facility or the local hospital.

Education

Many women, particularly those from rural areas, experience complicated pregnancies and birthing procedures due to a lack of reproductive health education. "*Many women in rural areas do not even know the names or functions of their sexual organs*" (Personal Interview, Falcon:2007). Rural women tend to be unaware of the medical procedures or processes they should follow during their pregnancy. Chamorro's public education initiatives during the early 1990s contributed to the current

inaccessibility of sexual and reproductive education. Client Sobeida Martinez Alvarado, in her second pregnancy at the age of 19, confirms, "*I didn't know anything about pregnancy or reproduction prior to having a baby. More health education is needed in the rural and farm areas*" (Personal Interview, Alvarado:2006).

When asked about the majority of pregnant women admitted to the Ocotal Hospital, Dr. Carlos Canales Flores responds,

> *[the women] hardly have any [education]. If a woman comes to the hospital too late, certain health conditions can occur: brain damage, blood loss, convulsions; they can remain hospitalized for days. [...] If women had proper pre-natal care, it could alleviate a lot of these current health problems* (Personal Interview, Flores:2007).

Nurse Dochyta Falcon continues,

> *[Casa Materna's clients] have problems such as hypertension/high blood pressure. Their child's heart rates need to be monitored; they need daily check ups, monitoring their weight, nutrition, and psychosocial needs. If its their first pregnancy, they need to learn what to expect*" (Personal Interview, Falcon:2007).

As a consequence of inaccessible education, many myths exist in rural areas that need to be dispelled. Casa Materna utilizes their charlas to inform their clients of proper pre- and post-natal care and to clarify the falsity of common myths regarding pregnancy and sexual intercourse. These misconceptions vary from one community to another, but Nurse Dochyta Falcon mentions some prominent ones:

- Only prostitutes can get STDs
- Women cannot attend funerals because their babies will die
- The number of rings in the umbilical cord signifies how many kids they will have
- If you take the pill, your child will be born with a pill in the middle of its forehead
- Having a tubal litigation/hysterectomy will take away sexual feelings
- Breast feeding will cause your breasts to sag

- Condoms are for prostitutes and are not used by decent women; men prefer not to.
- Some women drink a tea from a certain tree to alleviate their nausea during pregnancy, but this tree carries a toxin that can abort the baby.

(Personal Interview, Falcon:2007)

In addition to discussing common myths and prenatal care, charlas are designed to inform the women about a variety of topics from childbirth, postnatal care and self hygiene, and are conducted two to three times a week. "*We want them to at least learn all these things*" (Personal Interview, Lopez:2006). Dr. Carlos Canales Flores continues "*They need orientation about the process; nursing a baby, alarm signs, labor pain signs, post-natal exercises, and family planning*" (Personal Interview, Flores:2007). During my site visit, I participated in a charla conducted by Nurse Dochyta Falcon that spoke about these issues mentioned by Dr. Carlos Canales Flores. While many of the women were older and knew what to expect, those who were experiencing their first pregnancy knew very little if anything at all. Maria Fatima Guerrero states "*This is my first pregnancy. I didn't know anything about pregnancy before [this charla]*" (Personal Interview, Guerrero:2006). Charlas also provide a space for women to share their concerns and preoccupations about pregnancy and child birth.

While Casa Materna attempts to educate women in the facility through charlas, its staff also performs an amount of outreach in surrounding communities. "*We use radio advertising, murals in the health centers of communities, and also visit each municipality two times a month in all of Nueva Segovia*" (Personal Interview, Jarquín:2006). Even though Casa Materna does not have a vehicle, they still manage to continue their outreach

processes. "*We couldn't repair the vehicles because of limited funds. [...] We've been without a vehicle for five years. [...] We go by bus*" (Personal Interview, Lopez:2006).

Figure 10. Charla at Casa Materna; Ocotal, Nicaragua. December 2006.

While Casa Materna performs its own outreach procedures in surrounding municipalities, it also joins international efforts initiated by other health and education organizations. "*At the beginning of each year, we find ourselves going to the fields [...] with doctors and medicines to be provided to those who need them. This is also an opportunity when we educate about our services*" (Personal Interview, Lopez:2006). Casa Materna relies on such community outreach to promote their services while supplying educational material and services to the neighboring municipalities in Nueva Segovia.

Facility Environment

Upon first glance, Casa Materna is a warm environment with pastel colors of pink, lavender and light yellow. The inner courtyard is fertile with beautiful foliage providing shade and a pleasant atmosphere. "*I like the garden and the birds that come*" (Personal Interview, Maradiaga:2006).

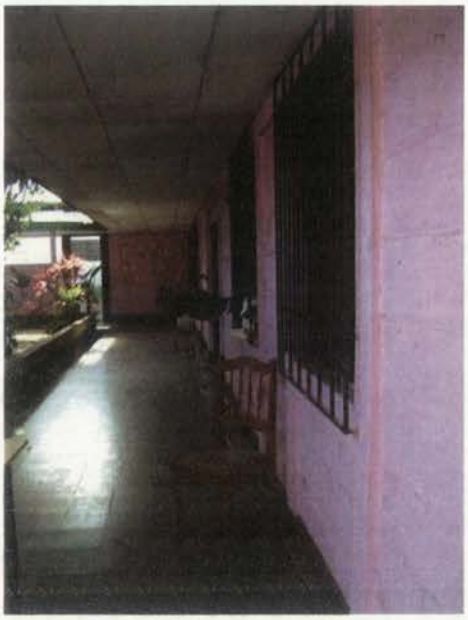

Figure 11. Hallway at Casa Materna; Ocotal, Nicaragua. December 2006.

In general, the facility is clean and maintained. Daily chores, gardening and general upkeep are part of the women's daily activities. Client Santos Maura Flores Maradiaga reiterates, "*During a typical day I do some cleaning, gardening, cooking, and laundry*" (Personal Interview, Maradiaga:2006). In addition to these chores, they are able to watch television at designated times throughout the day and early evening.

Many of the women spend their days sitting and talking with one another and the staff members. "*I love sharing with the women, speaking and conversing with them and sharing moments at midday when we cook and eat together*" (Personal Interview, Lopez:2006). Shelter representative Reyna Yolanda Miranda Mejilla reiterates this enjoyment, "*I love to share stories and hear about their home lives*" (Personal Interview, Mejilla:2006). Some of the clients stated how sharing such an intimate environment with other women creates a familial atmosphere. During the group interview, Blanca Juana

Ramirez commented on this atmosphere, "*At first we were not sure how we were going to survive [at Casa Materna]. We weren't sure how it would function. But now, we are ok with it, it's like a family with the other girls*" (Personal Group Interview, Ramirez:2006).

Figure 12. Kitchen at Casa Materna; Ocotal, Nicaragua. December 2006.

Despite the familial atmosphere and daily chores, many of the clients expressed feelings of loneliness and boredom during the day. "*It's pretty boring here. All I do is watch TV*" (Personal Interview, Alvarado:2006). With the phone kept under lock and key, the women at Casa Materna cannot call family or friends to ease boredom. Reyna Yolanda Miranda Mejilla confirms "*No, [the women] don't have access to the phone*" (Personal Interview, Mejilla:2006). Client Maria Fatima Guerrero continues "*The phone is limited access. Only Reyna has the key [during the night]. If she isn't here [during labor], then tough luck. We'd have to walk to the hospital*" (Personal Interview, Guerrero:2006). Only Casa Materna employees can grant access to the phone, and calls must be for an emergency. This is done to lessen the facility's monthly expenses. The same situation is true for the door during the late afternoon and evening. It remains locked and only staff members

have the key. Scarleth Jarquín Lopez informally commented that the locking of the front door was for the women's protection and the security of the facility.

Figure 13. Main Phone Line at Casa Materna: Ocotal, Nicaragua. December 2006.

With the newly acquired funds from MINSA, Casa Materna was able to make improvements to the environment. They purchased new supplies and materials for their facility. "*We bought chairs and tables for our dining room, robes for the women, sheets, beddings for our beds*" (Personal Interview, Lopez:2006). Although Casa Materna is making improvements to the facility's aesthetics, their clients relate that the environment is still boring and that they "*would like to have more things to do to pass the time*" (Personal Interview, Alvarado:2006).

Synthesis

According to Casa Materna's officially adopted practices, Casa Materna staff asserts that they are accomplishing their objectives while there is a need for increased financial and human resources. "*The work is very important. If we didn't work through crises (like not being paid for two months) and surviving, Casa Materna wouldn't be able to give services to women*" (Personal Interview, Lopez:2007). Their "funding report"

states strengths and accomplishments despite their current economic situation. These include characteristics such as "*We own equipment*" (Appendix A) to:

> *Four consolidated networks- legal defenders, midwives and promoters of family planners, youth, and promoters of political participation; equipment ownership; ability to participate through out entire department; achieved social recognition* (Appendix A).

However, increased finances, permanent medical staff and volunteers are all necessary to improve Casa Materna's services.

With Nicaragua's continuing high birth rate and increasingly younger population, the existence of Casa Materna organizations in Ocotal and Nicaragua is imperative. "By 2025, the population of Nicaragua will jump from 4 million in 2000, to 14.1 million" (Isbester, 2001:147). In the midst of a growing population, Casa Materna's presence has assisted in decreasing maternal deaths. "*These women [at first] preferred to stay at home to give birth causing an increase in maternal deaths. It is because of Casa Materna that this number has diminished*" (Personal Interview, Lopez:2006). In an effort to protect the health of rural women, it is important for Casa Materna to receive more financial and human resources to continue its efforts.

Through continued outreach and promotion of services to nearby municipalities, Casa Materna not only educates rural populations about reproduction but ensures the health of multiple generations. "Education and counseling are effective in addressing and preventing the problems of maternal mortality and morbidity" (Ewig, 1999:92). All Casa Materna staff members are aware of their importance to the livelihood of rural women and future generations. They remain dedicated despite the economic hardships they have had to withstand. "NGO staff are generally highly committed to their work because of

widely shared values and a belief in the social change mission inherent in their work" (Clark, 1991:53). Scarelth Jarquín Lopez statement exemplifies this, "*My regular work is compensated by Casa Materna. The voluntary work is my overtime and weekends work. Right now I am on vacation and I'm still here, giving this interview*" (Personal Interview, Lopez:2006). Reyna Yolanda Miranda Mejilla also reaffirms her love and dedication to Casa Materna, "*If I didn't have love for these pregnant women, I wouldn't be here*" (Personal Interview, Mejilla:2006). Nurse Dochyta Falcon, who volunteers her valuable time at the facility, also remarks "*I still come to Casa Materna because I know these women need me. I'm check on the pregnant women here because I love them and care for them*" (Personal Interview, Falcon:2007). But despite all the love these women have, Casa Materna requires an increase in fiscal resources. The lack of an on-staff medic and therapist, the limited diversification of clients' food, and the consistent overhead costs such as utilities, all substantiate the need for additional funds.

CHAPTER 4: THE ACTUAL PRACTICE OF CASA MATERNA

Preface

In the previous chapter, Casa Materna staff asserts the fulfillment of their Integral Health Program objectives and their official mission according to the five issues. However further analysis discovered that Casa Materna's current actual actions contradict much of their perceived accomplishments. While Chapter 3 examines Casa Materna's claimed actions, this chapter discusses Casa Materna's actual actions.

Introduction

Casa Materna gave a positive impression on my first site visit and with the initial interviews with their staff. The women are constantly working to assist women in need of medical care and reproductive education. Their expressed concern regarding the lack of human and economic resources are familiar to many non-profits and non-governmental organizations. As Drucker (1990:53) describes the situation of non-profit agencies: "You need a plan. You need marketing. You need people. And you need money". Of course, any non-profit organization like Casa Materna would appreciate increased financial assistance. According to staff interviews, the lack of money is the only obstacle Casa Materna faces. With more finances, they would hire more staff members, employ a nurse, purchase a vehicle for community outreach, increase the frequency of their educational excursions, and purchase better food and pharmaceuticals. And even without the desired unlimited financial resources, Casa Materna staff claims to be functioning and offering its services, displaying an incredible amount of dedication.

However as I conducted more client interviews, I learned about disconnections between the clients' perspectives, the staff interviews and information from Casa

Materna's "funding report". The clients' interviews also supply information which is contradictory with certain Casa Materna staff members' interviews. Even some staff members were contradicting one another in their interviews. What I had been told by some Casa Materna staff members was not in accordance with what the other interviewees revealed about Casa Materna. After much research, I discovered that although Casa Materna might appear well organized, there were many discrepancies requiring further examination. Casa Materna not only suffers from structural constraints and insufficient financial resources, but also exhibits inner staff communication problems, partially fulfilled objectives, internal inconsistencies and a slightly deceived clientele. In this chapter, I proceed in the same order as the previous chapter by examining Casa Materna's actual achievements regarding the five issues.

Finances

"*During the Revolution, when Casa Materna was founded, it was better funded and better organized*" (Personal Interview, Gomez:2006). With the departure of the past Executive Director, and in combination with an economic crisis, Casa Materna- Ocotal found itself in a downward spiral. During the economic crisis in the 1990s, Casa Materna lost its governmental and international funding. It is unclear of how long Casa Materna went without government funding but according to Scarelth Jarquín Lopez "*Now we have the government's support, which we did not have for this type of organization in the past. This year we had help from MINSA, the Ministry of Public Health in Nicaragua*" (Personal Interview, Lopez:2006). While this financial support was needed, it was continually referred to as insufficient by both Scarleth Jarquín Lopez and Jesica Ramirez Jarquín. "*We are still not receiving enough economic and financial resources*" (Personal

Interview, Lopez:2006). "*The funds we receive are not enough*" (Personal Interview, Jarquín:2006). It was frequently mentioned by Scarelth Jarquín Lopez, Jesica Ramirez Jarquín and even Mario Joaquin Lopez Herrera, that an increase in financial resources is required. Health Representative Jesica Ramirez Jarquín agrees that the only way Casa Materna could improve its services would be "*with more attention from the government; to be financed better*" (Personal Interview, Jarquín:2006).

After numerous interviews however, inconsistent information regarding Casa Materna's financial records began to surface. For example, there is some ambiguity involving Casa Materna's newly acquired equipment. "*Recently we got funds for new equipment. We bought chairs, tables, bathrobes, bedding [...]*" (Personal Interview, Lopez:2006). Yet Shelter Representative Reyna Yolanda Miranda Mejilla mentioned "*Many items such as sheets and bathrobes are no longer here. I don't know what happened to them*" (Personal Interview, Mejilla:2006). Reyna continued to state some of her other concerns regarding Casa Materna's financial management. "*I don't know what they do with the money. [...] We don't have sufficient things like soap. I go and buy it for [the women]*" (Personal Interview, Mejilla:2006).

In a non-profit organization, communication and transparency are considered integral to its survival (Lord:1989). "The two areas in which small non-profits have the greatest problems are segregating fiduciary duties and documenting financial policies" (Lord, 1989:54). Adequate staff communication and transparency regarding fiscal management validates an organization's efforts and successes. But the Administrator Scarelth Jarquín Lopez is solely in charge of Casa Materna's financial records. During both of our interviews, she did not refer to a "budget", a "fiscal year", or "financial

audits"; all being common terms in financial management vernacular. When asked about information regarding Casa Materna's expenditures, Scarelth Jarquín Lopez printed their official "funding report" detailing the specifics of their financial records (see Appendix A). However, Scarelth Jarquín Lopez typed in specific amounts in the file before printing. I found this anomalous and an area of concern.

It is disconcerting that there seems to be insufficient staff communication regarding finances. For example, while Scarelth Jarquín Lopez claims that Casa Materna receives private donations, staff member Jesica Ramirez Jarquín was uninformed of this, indicating that "*Casa Materna is financed by MINSA- the Ministry of Public Health- it's for equipment. We don't receive private donations*" (Personal Interview, Jarquín:2006). Even though it is not Jesica Ramirez Jarquín's responsibility to be aware of Casa Materna's finances, all staff members should be familiar with the organization's main sources of income through inner staff communication. By having an adequately informed staff that is aware of their finances could prevent financial mismanagement and corruption.

Probably the most significant contradiction is regarding the clients' entry fees. Scarelth Jarquín Lopez mentioned in her first interview that Casa Materna recently stopped charging the women an entry fee for staying at the facility. But every client interviewed stated the contrary:

- *"[The women] paid 40 pesos to be admitted here" (Personal Interview, Maradiaga:2006)*
- *"We were advised to talk with our husbands and get 40 cordoba to come here" (Personal Group Interview, Ramirez:2006)*
- *"I had to pay 40 cordoba when I came" (Personal Interview, Guerrero:2006)*

"*I wasn't let in at first because I didn't have any money*" (Personal Group Interview, Ramirez:2006). Client Blanca Juana Ramirez stated her husband had to return home to retrieve funds from family members or else she would not be allowed to stay at Casa Materna. Even staff member Reyna mentioned that not only are the women still paying an entry fee, but that it is not a fixed amount. "*Some women pay more than others upon entry. Some women were asked to pay 80 cordobas. Others 40 or 50*" (Personal Interview, Mejilla:2006). Whether this flexible amount varies according to the women's background or municipality is unclear. Dr. Carlos Canales Flores states "*[Casa Materna] should not charge these women to enter because they hardly have any money*" (Personal Interview, Flores:2007). Despite Scarelth Jarquín Lopez's claim they no longer charge for their services, the women interviewed claim they paid for admission to Casa Materna. A crooked financial predicament presents itself.

I decided to examine the spreadsheet in the "funding report" given to me by Administrator Scarelth Jarquín Lopez. According to the document, Casa Materna spends about $67,200 cordoba per year (about $3733.00 US). The spreadsheet includes the salary of an on staff nurse, which totals $21,600 cordoba per year ($1200.00 US). Since Casa Materna does not have an on staff nurse, this amount should be taken out of the total, resulting with a new yearly expenditure total of $45,600 cordoba (about $2433.00 US). Casa Materna receives $40,000 cordoba (about $2222.00 US) from the government, making the remaining balance $5,600 cordoba (about $311.00 US). Scarelth Jarquín Lopez stated in her second interview that "each municipality gives [Casa Materna] $750 cordobas" (Personal Interview, Lopez:2006). There are a total of 15 municipalities in Nueva Segovia which should total another $11,250 cordoba per year in donations. This

amount would not only pay for the remaining balance but would result in a positive balance of $5,650 cordoba. According to these calculations, this balance would not give Casa Materna sufficient funds to pay for a full time on-staff nurse, but these funds would help diversify food or could be saved for future expenditures.

While the full-time nurse's salary was not deducted from the Casa Materna's total expenses, the women's entry fees were also the overlooked. Each woman I interviewed paid $40 cordoba to stay at Casa Materna. If all women pay a fee, according to their monthly average of 22 women per month (see previous Table in Chapter 2), this would result with an additional $880 cordoba per month, totaling $10,560 cordoba per year received in entry fees alone. This amount combined with the aforementioned $5,650 cordoba remaining balance comes to $16,210 cordoba additional income per year. Although this is not enough to pay for full time staff nurse, whose yearly salary is quoted as $21,600 cordoba ($1,800 cordoba monthly) on the spreadsheet (see Appendix A), it is more than sufficient to pay for a part time nurse. Nurse Dochyta Falcon stated while she "*worked there as a nurse, I got paid $500 cordoba per month*" (Personal Interview, Falcon:2007). This amount is significantly less than what was stated on the spreadsheet, regardless Casa Materna has $16,210 cordoba apparently remaining after all designated expenditures. Paying Nurse Dochyta Falcon $500 cordoba a month is $6,000 cordoba a year. Not only could Casa Materna afford to hire Nurse Dochyta Falcon part time at her original rate, but would have $10,210 cordoba remaining to spend on better food, office equipment, or larger expenses in the future.

It is perplexing that the Administrator has not updated her financial records and spreadsheet with revised amounts. Yet Scarelth Jarquín Lopez overlooking spreadsheet

updates is not as confusing as the discrepancy between the women's reports that they are still being charged an entry fee and Scarelth Jarquín Lopez's claim that they pay no entrance fees. There are three possible reasons why Casa Materna's current financial situation is disjointed. One is that there is a complete lack of accounting capacity and proper management. This could be due to structural constraints, lack of proper education or inadequate time allocation. The second is that perhaps Casa Materna is focusing so much on its mission and objectives that proper financial management is falling through the cracks. And the third would be that perchance Casa Materna has been reliant on informal exchanges, in which it would be considered offensive or challenging to ones integrity to be asked to adequately document financial information. Whatever the reason, Casa Materna is evidently suffering from financial mismanagement.

Nurse Dochyta Falcon summarizes Casa Materna's financial situation quite succinctly. "*In Casa Materna nobody knows what the funds do, nobody knows who gives the funds, or how they are invested*" (Personal Interview, Falcon:2007). Even Diplomat Cesar Castellanos has heard about Casa Materna's financial mismanagement. "*I have heard about its problems [...] I have also read stuff in the [either El Nuevo Diario or La Prensa] paper and heard stuff in the streets regarding the misuse of funds by administrators who have bad intentions, who are opportunistic*" (Personal Interview, Castellanos:2006). Although I could not acquire these articles, their existence is important since it confirms that Casa Materna's mismanagement has been discussed publicly. Diplomat Cesar Castellanos works with representatives from various non-profit organizations throughout Nueva Segovia. He is in the midst of forming an evaluation committee to improve Nueva Segovia's non-profit organizations' services. When asked if

he planned on giving any funds to Casa Materna in Ocotol, he stated "*No, I wouldn't give them one peso*" (Personal Interview, Castellanos:2006). Before Casa Materna can secure alternate sources of funding, it will likely require a reorganization of its financial management system to improve its representation in Ocotal and in neighboring municipalities in Nueva Segovia. "*A new dynamic is needed. Greater compromise, strength, and more ample planning. They need to have credibility*" (Personal Interview, Falcon:2007).

Client Sustenance

The subject of sustenance was an issue both staff and clients agreed on; the food is not as diversified as it needs to be. But Casa Materna has made improvements. "*In the past there were times when we did not have enough food. The women complained [...] I used to go to commercial markets and private stores to ask for donations. Now we hope their testimony can change*" (Personal Interview, Lopez:2006). Currently, instead of not having sufficient amounts of food, the women are concerned they are not getting adequate variation in their diet. "*The food is dull. We eat beans all the time*" (Personal Interview, Alvarado:2006). The desire for more diversified and better food was stated in numerous interviews. "*We would like better food, better variety*" (Personal Group Interview, Ramirez, Centeno, Zamora:2006).

This food situation has not prevented these women from obtaining what they need, but it has the potential of putting them in danger. "*The pregnant women go to get [better food] on the street. It's a terrible thing to have them go out alone. It's very dangerous*" (Personal Interview, Falcon:2007). Whether Nurse Dochyta Falcon is referring to crime or health dangers is unsure. Yet based on the context of the interview,

these "dangers" are assumingly health related. Additionally, many women do not have the extra funds to purchase better food. Some of them, like Blanca Juana Ramirez, did not have sufficient money for the entry fee when they arrived. Still, those women who receive money from family or from local community members, purchase better food for themselves and their unborn children.

With some of Casa Materna's clients purchasing their own food in the local public marketplace, community members make certain assumptions about Casa Materna and the treatment of their clients.

> *There are rumors about Casa Materna. People hear that the women are suffering from malnutrition. People wonder why these women have to pay money to get in. [...] I'm not aware if in the three months I have seen evidence of malnutrition, but they don't eat well enough for sure*
> (Personal Interview, Mejilla:2006).

According to some interviewees, there have been cases where women were asked to bring food from home. "*Many times Casa Materna will ask its clients to bring food goods*" (Personal Interview, Guerrero:2006). While Scarleth Jarquín Lopez did not mention this occurrence, she did mention that Casa Materna purchases rice, beans, sugar and oil for the women. Yet Reyna Yolanda Miranda Mejilla claims that, "*We don't have the sufficient supplies. Like oil and sugar. I go and buy them or the women will go during the day and buy them for themselves*" (Personal Interview, Mejilla:2006).

It is surprising not to have food allocations listed on Casa Materna's expenditure spreadsheet in their "funding report" since part of their responsibilities of being a shelter is to provide client sustenance. I attempted to figure exactly how much money Casa Materna spends on the rice, beans, sugar and oil per month. To the best of my

recollection, a bag of beans cost $35 cordoba and a bag of rice about $27 cordoba. During my stay with the Falcon family, one bag of rice and one bag of beans fed a family of four three times a day for about one week. I estimate that a family of four probably needs about 4 bags of both rice and beans per month, totaling around $250 cordoba. With Casa Materna and its average of 22 clients per month, it would need around 20 bags of both rice and beans to feed all the clients for a month. This would total about $1250 cordoba per month, totaling $14,880 cordoba a year. This amount does not include the food donations from local churches that Scarleth Jarquín Lopez claims are given occasionally, nor does it include the cost of oil and sugar. According to our previous calculations, Casa Materna has around $16,210 in revenue per year after expenditures. This leaves Casa Materna with less than $2,000 cordoba in revenue per year if we equate monthly sustenance expenditures in our calculations. This residual amount is not sufficient to pay for a Nurse, even at a part time rate. But what remains puzzling is why these food expenses are not included in the spreadsheet, especially since the women are currently fed rice and beans at Casa Materna. If food is considered a consistent monthly expenditure, then it should be included among Casa Materna's overhead costs in their budget. Assuming these food expenses are required, why would Scarleth Jarquín Lopez claim that the women are not paying an entry fee when it is quantitatively obvious that Casa Materna would be incapable of meeting their monthly expenditures without their entry fees? Again, a complete reorganization to financial management procedures is required.

Medical Services

In a study conducted by scholar Christina Ewig with the Casa Materna administrator in 1995, she reports that "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" (Ewig 1999:88). Whether this was true in 1995, staff member Mario Joaquin Lopez Herrera stated that currently a doctor visits Casa Materna only twice a week. Again, the clients tell a different story. Sobeida Martinez Alvarado has been at Casa Materna for 11 days and claims "*there are no doctors or nurses*" (Personal Interview, Alvarado:2006). Maria Fatima Guerrero has been there for five days and also has not received any medical attention. "*I wasn't asked about my medical status or situation when I arrived and I still haven't been*" (Personal Interview, Guerrero:2006). Still, Scarleth Jarquín Lopez insists that all Casa Materna's clients have had medical attention. "*Yes, we ask them if they have seen a doctor but the majority have been seen by a medic already*" (Personal Interview, Lopez:2006).

To reiterate what Dr. Carlos Canales Flores stated, the women at Casa Materna require daily medical check ups in addition to other services:

- They need daily check-ups re: their state of health and the baby's state of health
- They need to provide a shelter that is clean and well kept
- They need to help them with any emotional or psychological health
- They need to help her with her baby's cycle; to educate regarding the movements during the pregnancy and birthing to make the childbirth less painful

The women interviewed at Casa Materna have not seen a doctor or nurse during their tenure at the facility. "*I haven't seen a doctor during my entire pregnancy*"

(Personal Interview, Guerrero:2006). Reyna Yolanda Miranda Mejilla, who has worked there for three months, reaffirms the lack of medical attention received by Casa Materna clients. "*When I go to the hospital with one of the girls, the doctors ask why they haven't seen a doctor before. I tell them that Casa Materna doesn't have one on staff. I think its due to money*" (Personal Interview, Mejilla:2006). Casa Materna's lack of an on-staff nurse or doctor is definitely related to financial constraints. But with the hospital in close proximity to the facility, there is little excuse for these women not receiving adequate medical attention.

Dr. Ivan Aleman Gomez states:

> *The only coordination [Hospital] has with Casa Materna is to provide care to the high risk pregnancies at the shelter. Women who have had more than five pregnancies, pregnant adolescents or women over 35, and women with illnesses during pregnancy*" (Personal Interview, Gomez:2006).

Scholar Christina Ewig maintains that the government initiated certain policies between the local hospital and Casa Materna to guarantee medical attention to the facility's clientele. "Casa Materna de Ocotal has an agreement with the local hospital and SILAIS (sistemas locales de atencion integral a la salud) health system to train their nurses in treating female clients with greater sensitivity" (Ewig 1999:88). In sum, the hospital expects Casa Materna staff to accompany their clients to the hospital upon their arrival at the facility to be seen by a medic. "*The women need to be asked as soon as they arrive to Casa Materna if they have seen a medic, and if not, they need to do so immediately*" (Personal Interview, Flores:2007).

Dr. Carlos Canales Flores also stated the facility needs to be clean and well maintained. As mentioned, the facility appeared well maintained and clean when I

arrived. Many of Casa Materna's clients pass the time by cleaning. "*We help out around the place. We clean, rotate chores*" (Personal Group Interview, Ramirez, Centeno, Zamora:2006). But Reyna Yolanda Miranda Mejilla stated that the facility was not always well maintained. "*When I came here on the first day, there were tons of things that were dirty. It was horrible*" (Personal Interview, Mejilla:2006). Reyna Yolanda Miranda Mejilla's presence was probably the catalyst behind the current level of cleanliness.

The third point stated by Dr. Carlos Canales Flores regards psychological care and emotional counseling. "*Well, we don't have psychological counseling right now, only when we have volunteers. [...] Also we have a lawyer that volunteers legal counseling*" (Personal Interview, Lopez:2006). The desire for psychological and emotional counseling was strongly expressed by clients. "*We wish we had other services, such as psychological and emotional counseling [...] Emotional support is very important to help women cope with feelings of loneliness and depression*" (Personal Group Interview, Ramirez:2006). Client Maria Fatima Guerrero continues "*There is no one here to help those who are sad. No counseling*" (Personal Interview, Guerrero:2006). If local professionals were to volunteer their time and service at Casa Materna, it would be greatly appreciated. An increase in financial resources would also make it possible to supply this service consistently.

While these three areas merit both administrative and financial attention, there needs to be internal staff improvements to better serve Casa Materna's high risk pregnant women. "*One time a woman was having pain, and Jesica wasn't empathetic. She called her a liar. I asked her if she was really in pain, and I took her to the hospital and she was*

indeed in labor" (Personal Interview, Mejilla:2006). Women who come to Casa Materna are classified as high risk pregnancies, yet clients do not feel that this classification results in increased attention or adequate medical care from the Casa Materna staff. All of the women initially believed that since they are considered high risk, they would receive exceptional treatment at the facility. "*We were all under the assumption that immediate medical care was going to be provided*" (Personal Interview, Alvarado:2006). Additionally, many are not receiving the attention mandated when a woman is so close to giving birth. "*There are many times during the day and night that we find ourselves alone without any Casa Materna supervising staff members or providing care*" (Personal Interview, Guerrero:2006). It is apparent that Casa Materna is placing high risk women in greater risk through their noted displays of unawareness and the lack of adequate medical attention.

Education

A fourth and final point Dr. Carlos Canales Flores mentioned involves the educating of women about prenatal care and delivery procedures. Dr. Ivan Alemán Gomez claims many women first hear about family planning and other health education upon being admitted to the hospital when in labor. "*After a woman delivers, a nurse must follow up to provide the proper vaccines for the child. That is when more health education regarding the child's vaccinations is given*" (Personal Interview, Gomez:2006). The charlas given at Casa Materna are intended to alleviate this situation. Scarleth Jarquín Lopez and Mario Joaquin Lopez Herrera both mentioned how charlas were conducted "*two to three times a week*" (Personal Interview, Lopez:2006). But if

women are still arriving at the hospital with little or no knowledge of labor procedures, what is actually being taught at these charlas, or are they even being held at all?

No one I interviewed had attended a charla prior to the one Nurse Dochyta Falcon and I organized, and many of them had been there for weeks. "*Casa Materna needs more charlas and needs to have more connection with the staff and the clients*" (Personal Interview, Mejilla:2006). Nurse Dochyta Falcon states "*The women say they are bored. They don't receive any charlas to be educated about what to expect about delivery. There are no discussions about pregnancy, which is Casa Materna's responsibility*" (Personal Interview, Falcon:2007). Why does Casa Materna's staff not initiate more discussions about pregnancy and educational services? Charlas do not require additional monies other than staff salary, and if more human resources were made available, charlas have the potential of being a frequent occurrence. Yet since Casa Materna requires more financial resources, they currently cannot afford to pay additional salary expenses, resulting in decreased human resources and charlas. Nevertheless, Reyna Yolanda Miranda Mejilla states that more charlas are needed. Why would the other staff members claim charlas are happening when they are not?

While charlas are hypothetically conducted internally, Casa Materna embarks on outreach methods in neighboring municipalities to educate about reproduction and sexual health and to promote their services.

> *In the past Casa Materna had a lot more workers and they had a vehicle to go to rural areas to talk about Paps, Breast Cancer, Ovarian Cancer and the importance of getting an annual pap. They provided the test and at the same time they educated the people* (Personal Interview, Gomez:2006).

While both Scarleth Jarquín Lopez and Jesica Ramirez Jarquín said they are still able to do community outreach without a vehicle, the frequency of these outings is unclear. Jesica Ramirez Jarquín stated that they go out to neighboring communities about twice a month, while Scarleth mentions that since they have to go by bus, it "*depends on the availability of funds. [Sometimes] once a month, or once every two months*" (Personal Interview, Lopez:2007). Yet many of the women interviewed at Casa Materna had never seen the Ocotal branch of Casa Materna in their communities. "*I heard about Casa Materna. They came to my community. But it was a different branch*" (Personal Interview, Alvarado:2006). Some women had heard about Casa Materna from family and friends, but they were unaware of what services they offered. "*I had only heard of how pretty it was, but nothing about its services*" (Personal Interview, Maradiaga:2006).

"*[Now] Casa Materna has less personnel and no vehicle to go to rural areas to give charlas, perhaps that's something Casa Materna really needs*" (Personal Interview, Gomez:2006). Dr. Ivan Alemán Gomez continues that as a result of Casa Materna having no vehicle and insufficient funds and staff, "*Casa Materna limits itself to provide shelter to those who come to it. They no longer do outreach to find and care for women in need*" (Personal Interview, Gomez:2006). Regardless of whether Casa Materna desires to recruit more clients, it is important for Casa Materna to continue its community outreach to educate rural populations about proper reproductive and sexual health. "*Education is fundamental and must be a priority in Nicaragua. We could prevent a lot of things like adolescent pregnancy, and illnesses that endanger our people such as AIDS*" (Personal Interview, Falcon:2007). Without proper reproductive education, maternal deaths could increase along with other illnesses associated with pregnancy and sexual intercourse.

Facility Environment

As was mentioned, the physical appearance of Casa Materna is quite charming. Bright pastel colors and a beautiful garden contribute to an environment that many of the women deem appealing, yet at the same time boring. "*I would like to have more things to do to pass the time. Like things to help take care of myself. Like a mirror to help us do our hair. None of that is here*" (Personal Group Interview, Ramirez, Centeno, Zamora:2006). Some of Casa Materna's clients had ideas of how to improve the facility's environment. "*I would like better food, a medic, and some fun activities*" (Personal Interview, Guerrero:2006). "*I wish there were more charlas, games, exercises*" (Personal Interview, Alvarado:2006). Besides cleaning and cooking, the only other activity the women have is watching television during limited time frames.

While many women consider the environment to be uninteresting, all women interviewed expressed feeling lonely and even ignored by some staff members. "*The administration doesn't show any sympathy or concern about our wellbeing. There needs to be more communication between the clients and the staff members. [...] They only say 'Hi' as they pass us in the hall"* (Personal Interview, Guerrero:2006). Some of the women interviewed mentioned that not all staff members are this way. "*I have more of a relationship with Reyna than any of the other staff or administration*" (Personal Interview, Guerrero:2006). Reyna Yolanda Miranda Mejilla is the staff member most of the women recognize and feel comfortable around. "*I haven't seen any of the other staff [besides Reyna] since I've been here [11 days]*" (Personal Interview, Alvarado:2006). When asked if anyone knew who Scarleth Jarquín Lopez was, a few of them had heard her name and one had seen her. But many of the women did not know her personally.

Nurse Dochyta Falcon comments, "*Scarleth comes in around 10:00 am and leaves at 2:00 pm, some girls have never even seen her*" (Personal Interview, Falcon:2007). This contradicts the story Scarleth Jarquín Lopez told me of how she loved sitting and sharing stories with the women. All the same, the women are lucky to have Reyna Yolanda Miranda Mejilla to be there for them so they are not completely alone. "*I feel sad when I leave them because the women have no one to talk to, no one to give them happiness, smiles, to share things with, there is no love here*" (Personal Interview, Mejilla:2006).

The need for attentive care combines with the lonely and boring surroundings to make it all the more important for Casa Materna's staff to seek different ways to improve the facility's environment. Nurse Dochyta Falcon offers some recommendations:

> *They need a change; things to entertain the women; activities that can help them produce items they can sell. They need music and a better environment; a happy place to be. Give them a tour of the town, give them new clothes, take them out to the park, on walks, watch movies, something that will help them entertain themselves*" (Personal Interview, Falcon:2007).

But nonetheless, clients and staff find that Casa Materna's administration appears unaware of the surrounding situation and are unresponsive to their clients. While some staff members claim to spend time with the women, women I interviewed report just the opposite. In order for Casa Materna to create a friendlier environment, the staff needs to make extra effort to establish relationships with these women. However, more human resources would assist this effort since the Casa Materna's current staff has limited time.

An inattentive staff could be the result of certain factors. Structural constraints such as a struggling national economy could require staff members to have multiple jobs thereby limiting their time at the facility. Other factors such as personality clashes could

also affect one's enthusiasm in the work environment since they might not get along with their coworkers. Either way, there appears to be a lack of dialogue within the staff to communicate these concerns. "*My coworkers do not talk to me, and if they did, I think I would have a better relation to them and a better attitude about Casa Materna*" (Personal Interview, Mejilla:2006). If Casa Materna staff communicated with one another consistently, they would further ensure the safety of their clients.

The lack of inner staff communication can perpetuate apathy in the workplace since no one seems to care about fulfilling certain responsibilities. If one staff member observes an uncommunicative coworker, she might feel unappreciated. As a result, staff dedication could wane, causing inattentiveness to spread. In either situation, whether Casa Materna has an apathetic staff or is merely dealing with a lack of human resources, their high risk pregnant clientele are being left alone without a staff member for long periods of time. "*There are three hours in which the women are left alone without a [door or phone] key in between shifts*" (Personal Interview, Falcon:2007). Client Maria Fatima Guerrero also speaks "*One girl was almost ready to give birth, and she was bored. She wanted to go home for Christmas and they let her go although there was a risk that she couldn't get to the hospital in time from where she lived*" (Personal Interview, Guerrero:2006). Should Casa Materna's administration have permitted this high risk woman to leave so close to term? Is this another display of apathy or rather an example of not having enough resources?

What are the consequences of these women being left alone during the day and night for hours at a time? "*They close and lock the door all day and night*" (Personal Interview, Mejilla:2006). When Client Maria Fatima Guerrero was asked what she would

do if she were in labor and there was no one around, she casually joked, "*Well, I'd guess I'd die*" (Personal Interview, Guerrero:2006). This potentially catastrophic situation merits much attention. Better communication within the facility could assist in staff scheduling, ensuring that someone is present at the facility at all times. In addition, more communication between staff members and clients would make the environment more enjoyable and would build trust and friendship with one another. If communication is improved within the staff and with the women, there could be improved staff dedication, better follow through with their services, and a more enjoyable environment.

Synthesis

Questions about these five issues are evident when examining Casa Materna's officially adopted objectives versus what is actually occurring at the facility today. Educational outreach methods are not occurring with the regularity Casa Materna staff suggests; charlas are absent from daily activities; women have not seen a medic when staff claims they have; women have to pay an entry fee when staff claims the opposite; hardly any of the women know any of the staff members' names, even though staff members claim they spend many afternoons conversing with the clients. What Casa Materna alleges to be its accomplishments, is inconsistent with what is actually happening in the facility.

While this manifestation of contradicting information could be an evident reflection of the staff's disorganization, there are numerous external factors affecting Casa Materna's situation as well. The insufficient amount of money received from the government and inadequate education in rural areas are examples of such structural constraints Casa Materna has to confront. Essentially, Casa Materna requires more

financial and human resources to better serve its clientele in Nueva Segovia, but the money seems unattainable. Historically, Nicaragua has had a significant amount of economic hardship, but the economy's condition during the early 1990s was catastrophic. By 1994, "Nicaragua stood as the most heavily indebted country in the world and the second poorest country in the hemisphere" (Chavez-Metoyer 2000:64). With the Nicaraguan government fiscally unable to supply publicly mandated services such as health care to its people, the people have been forced to supply it for themselves. "Reliance on NGOs arose primarily from a loss of state resources" (Ewig 1999:80). This realization has kept Casa Materna, and other like organizations, in existence. Their presence in the rural areas of Nicaragua is crucial to the survival of its people. This necessity is the main reason why the women who work at Casa Materna-Ocotal are still there. They understand the essentiality of Casa Materna. And despite the frustration due to the lack of human and financial resources, they are still there offering their services.

Even though the dedication of some Casa Materna staff members is evident, the financial mismanagement and poor staff communication are blatantly obvious. If Casa Materna desires to address their inconsistencies regarding the five issues, it needs to examine its accounting practices, its internal organizational methods such as job descriptions and designated responsibilities, and its fundraising and educational outreach strategies to consider some adjustments.

CHAPTER 5: RECOMMENDATIONS

Introduction

Casa Materna is evidently suffering from inner constraints and contradictions regarding the five previously discussed issues. In effort to clarify these findings, Table 2 summarizes Casa Materna's claimed objectives, actual practices and some recommendations that could mend these inner contradictions. After considering the disjunction between what Casa Materna claims to achieve and its actual actions, prominent causes of these contradictions become perceptible. Casa Materna has poor staff communication, unspecified job responsibilities, and extreme fiscal mismanagement. These characteristics all negatively affect Casa Materna's ability to properly fulfill its objectives. The previously discussed contradictions reflect the possibility of malfeasance which needs to be officially addressed. It is an educated assumption that Casa Materna's inability to meet their objectives is due to internal constraints and contradictions. These indications still need to be officially verified, yet assuming these constraints are valid, there are four topics which Casa Materna must examine to verify these indications and to guarantee the future fulfillment of Casa Materna's objectives, its organizational transparency, and fiscal accountability. These four topics are 1) the establishment of a Board of Directors; 2) the establishment of rigorous financial controls; 3) making a clearer connection with, and regulation by, the national Casa Materna head quarters; and 4) organizational capacity building.

It is important and critical for Casa Materna to have adequate services for these women in order to ensure the future survival of high risk pregnant women. There is also evidence that Casa Materna is not fulfilling their claimed objectives and is suffering from

internal financial corruption. In order to verify these assumptions and improve its services, Casa Materna should consider each of the previously mentioned four topics and aim for structural reorganization if it desires to fulfill their claimed objectives.

Table 2:
Recommendations for bringing congruence in Casa Materna.

	Claimed Objectives	**Actual Practices**	**Recommendations**
Finances	Not enough money to pay bills, nurse, or additional human resources. Don't receive entry fees.	Do receive entry fees, as well as private donations. Budget not updated with current costs. Possible corruption-missing money.	A complete reorganization of the budget, getting back to basics. Auditing and oversight from a board of directors. Communicate finances with rest of staff in weekly meetings to prevent corruption. Verify accountability to funders.
Sustenance	Women get food, but its not enough.	Women sometimes have to buy food or bring money. Reyna buys food with own money.	Designate someone to be in charge of buying the food and to check in with financial administrator about how much money is allocated for food. And verify in budget.
Medical Services	Doctor visits twice a week at the facility. Women are taken to hospital upon arrival.	Most women have not seen a medic and have not been asked if so when they arrive.	Designate some one to check with each new patients and confirm that procedure through weekly staff meetings. Develop accountability measures with board, national head quarters, and possible reference hand book

Table 2 Continued

	Claimed Objectives	Actual Practices	Recommendations
Environment	Nice pleasant environment, pretty garden and colors.	Yes it is pretty, but also very boring	Promote outside activities like walks, movies, or play games; promote exercise for women
Education	Casa Materna goes out to neighboring municipalities often to promote their services and sexual education. Also give educational in services, also known as charlas, twice a week.	Many women had never seen Casa Materna in their community nor have heard of their services. All interviewees had never been to a charla.	Build capacity of all staff members and any volunteers. Educate to facilitate charlas and to promote outside education. Make reference books available.

1) Board of Directors

"To be effective, a nonprofit needs a strong board, [...] A board has the job of making sure the nonprofit has competent management, and the right management" (Drucker 1990:157). During both interviews, the Administrator did not refer to a Board of Directors for Casa Materna. I later asked if such a Board exists in the follow up email, yet I did not receive a response. It is a reasonable assumption there is no Board for Casa Materna. Therefore, their first step should be to establish one. A Board is integral to an organization's accountability and survival. "[The Board] must make sure that the organizations they serve are carrying out their missions as articulated in the articles of incorporation and that their financial activities are both legal and proper given federal and

state requirements" (Wolf, 1999:47). The Board is an external entity that verifies whether an organization is fulfilling its services and ensures it is running efficiently. The establishment of a Board for Casa Materna would confirm my discovered disjunctions and would improve Casa Materna's current and future services.

The Board of Directors is most efficient when it includes members who are not directly affiliated with the daily activities of the organization and its staff. This ensures an objective perspective to an organization's functions, which helps make fair executive decisions. According to Wolf (1999:48), the Board of Directors has six general areas of responsibility:

- Determine the organization's mission and set policies for its operation, ensuring that the provisions of the organization's charter and the law are being followed
- Set the organization's overall program from year to year and engage in longer range planning to establish its general course for the future
- Establish fiscal policy and boundaries, with budgets and financial controls
- Provide adequate resources for the activities of the organization through direct financial contributions and a commitment to fund raising
- Select, evaluate, and if necessary, terminate the appointment of the chief executive
- Develop and maintain a communication link to the community, promoting the work of the organization

If these six areas were implemented by a newly established Board of Directors, all of the previously mentioned internal contradictions regarding the five issues would eventually be remedied. Examining the Board's first responsibility for example, having Casa Materna's mission examined and altered could prove beneficial. With high employee turn over rates and the passing of time, staff members may forget what the mission actually states. When examining Casa Materna's official "funding report", the mission statement reads "*To contribute with comprehensive attention to women giving priority attention to*

those who entail the construction of a new citizenship and a healthy life behavior". This mission statement encompasses much subjectivity and flexibility, as well as a wide spectrum of arduous tasks. "A healthy life behavior" is self defined but complex. In addition to their mission statement, Casa Materna has individual statements clarifying the purpose of each of its five programs. The purpose of the Integral Health Program is to "*contribute to the improvement integral health especially sexual and reproductive health for women, adolescents and youth with a focus on gender*" (Appendix A). And when Jesica Ramirez Jarquín was asked what Casa Materna's mission was, she replied "*Casa Materna is an alternative center for women; for survivors of domestic violence and sexual violence; a center for women of high risk pregnancies a non-profit organization*" (Personal Interview, Jarquín:2006).

These three statements create confusion and make numerous demands upon Casa Materna. One statement claims Casa Materna is designed to promote the extremely broad category of women's general health. The Integral Health Program statement claims that in addition to women, their program supports adolescents and youth. And then the final statement reiterated by Health Representative Jesica Ramirez Jarquín refers to Casa Materna as a center for women and survivors of domestic abuse. In order for Casa Materna to meet its objectives, revisiting the mission statement and perhaps narrowing its efforts would be wise. "The starting point is to recognize that change is not a threat, it's an opportunity" (Drucker 1990:11). Drucker continues,

> A mission statement has to be operational, otherwise it's just good intentions. A mission statement has to focus on what the institution really tries to do and then do it so that everybody in the organization can say, this is my contribution to the goal (1990:4).

Casa Materna's multiple objectives are valid but are not currently feasible. The lack of financial and human resources has a negative impact on Casa Materna's deliverables in each of its five programs. By focusing its mission on the Integral Health Program alone, Casa Materna could lessen staff stress levels and concentrate its efforts on feasible objectives. "Three musts of a successful mission: 1) Look outside at the opportunities and the needs, 2) look at what we really believe in (competence), and 3) commitment" (Drucker 1990:7). By reorganizing their objectives according to the societal demands of pregnant rural women, to the external conditions of limited funding and to the internal constraints such as insufficient human resources, Casa Materna will appear aware and efficient thereby increasing future funding potential. After these reorganization efforts are installed in Casa Materna, the four other programs can be reinitiated with a fresh start, better funding and an improved organization.

While the mission is integral to the existence of the non-profit organization, so is the creation of the by-laws "which serves as an organization's operational constitution" (Wolf, 1999:50). These by-laws would be the equivalent of standard operating procedures in North American organizations, and would ensure that staff had clear guidance in implementing board-generated policies. The Administrator did not mention any sort of constitution or a document detailing the specifics similar to those contained in by-laws. By-laws are not only important to the organization but also to the Board of Directors itself. In addition to the by-laws, the Board could also create "rule books" to help the organization run smoothly (similar to SOPs). Again, it is reasonable to assume that there is no such document at the Casa Materna in Ocotal. The establishment of a Board of Directors would greatly benefit Casa Materna. Not only would it help establish

the organizational principles missing from Casa Materna, but it would also supply an external systematic review of Casa Materna's organizational processes.

Presently, I have examined one of Wolf's six responsibilities of the Board of Directors. The other responsibilities are somehow related to the three remaining recommendations for Casa Materna. For example, the second, third and fourth responsibilities of the Board involve year to year planning, proper fiscal management, and fundraising. These are related to the second recommendation:

2) Financial Control

Setting an organization's program on a year to year basis is directly related to an organization's fiscal management. In order for an organization to fulfill its objectives, it needs to have its finances under control to properly allocate funds to specific program services. Since Casa Materna is not fulfilling its services as it claims to be, having a Board of Directors examine Casa Materna's finances would aid in transparent fiscal management, guide future planning, and eventually prosperous fund raising activities.

Richard Lord, in his book *The Non-Profit Solver*, states that the first step to reorganizing one's fiduciary worksheet is to "Ensure proper documentation of transactions" (1999:61). Casa Materna has no adequate recordings of its transactions according to the "funding report" given by the Administrator Scarleth Jarquín Lopez. Not only did the budget/spreadsheet include invalid expenditures (Nurse salary) but it did not include obvious expenses (food) and profits (entry fees). In order for Casa Materna to receive more funds, it must show it has the capacity to manage its funds. "Everyone involved with non-profits is demanding accountability. Donors, funding agencies, and people using the services need to be shown that you're delivering the programs they

want" (Lord 1989:74). In order to fulfill its objectives, the new Casa Materna board should prioritize reorganization of its financial management procedures in line with internationally accepted general accounting principles" and ensure training and oversight of staff in implementing these new procedures.

Fiscal Year

The complimentary framework of an organization's financial management is its fiscal year. "The fiscal year is the basic financial recordkeeping period of the organization, the time frame in which all financial transactions are grouped together, added up, and reported on" (Wolf 1999:176). It is unclear whether or not Casa Materna has a fiscal year and it is very unlikely that it does. I attempted to obtain this information along with other financial specifics through emailed questions to the Administrator, but did not receive a response (see Appendix C for emailed questions). Since I must assume Casa Materna does not have a fiscal year, I will propose one.

A fiscal year should parallel the organization's program year. This is difficult to discern since the Integral Health Program is volatile. Predicting the frequency and popularity of pregnancies is impossible. "The fiscal year should end, whenever possible, just before a period of relative inactivity" (Wolf 1999:177). However if and when educational outreach methods are initiated as scheduled, this could provide a timeline for activity, which would help in the selection of a fiscal year. Regardless, a fiscal year still needs to be chosen. That being said, it is unproductive to run the fiscal year concurrently with the calendar year. The beginning and end of the calendar year usually involves vacations and holiday festivities. It would be wise for Casa Materna to run its fiscal year within a different time frame, for example July 1st to June 30th, and perhaps once it

receives funding from outside sources, it will be able to rearrange its fiscal year to coincide with that of the primary funder.

Budget

Budgets are always tedious but are imperative to the survival of an organization. It is apparent Casa Materna does not have sufficient knowledge of accounting principles. "[A budget] can be a hindrance or a help. It restricts activities but can provide criteria for program evaluation, demonstrate the efficiency of organizational structure, and provide concise justification for fund raising needs" (Lord 1989:73). In Wolf's *Managing a Non-profit Organization*, he presents the basics of the budget framework. "It is laid out in two sections, grouped under two main headings: income (revenue) and expense (expenditure)" (Wolf 1999:177). This is a basic and critical step in financial management. Casa Materna's "funding report" contains a spreadsheet displaying this information (see Appendix A) yet as previously noted it is not complete or updated. Retracing basic steps could greatly aid Casa Materna's budgeting system. Prior to listing Casa Materna's expenses and revenue, it is essential to analyze all of their offered services through their Integral Health Program and assign fiscal costs to them:

Table 3.
Casa Materna Services and Costs.

Services	Costs
Medical	Labor to accompany clients to hospital
Charlas	Materials and Labor
Educational Outreach	Transportation, Materials, Labor
Habitation	Labor, Food, Cleaning Products and Supplies
Counseling	Labor to accompany clients to counseling

Labor is considered an overhead cost, along with utilities, rent (if applicable) and other monthly expenses associated with the provision of Casa Materna's services (Lord 1989:87). Labor is the constant cost through all of the services offered in the Integral Health Program and materials, supplies and transportation fees are other costs. Breaking down these costs helps reorganize Casa Materna's budget. The number of Casa Materna accounts and amounts receives from property rentals and community donations are unknown. Creating an updated budget which displays all expenses, revenues, profits and deficits would assist Casa Materna in managing its finances more efficiently. This would eventually lead to economic stability and the fulfillment of its objectives.

After creating and solidifying a fiscal year and budget, it is vital for Casa Materna's Administrator to follow a budgeting process. According to Wolf, there are two important points to consider regarding budgeting. "Budgeting should always be related to the overall planning process of the organization [...] [and board members], often through a committee should be involved in both the budgeting and general planning processes"

(1999:187). The first goal refers to the difference between simply recording fiscal data as compared to being proactively strategic with managing the finances. "Cash management is more than merely having enough money to pay bills. It is the manipulation of debt and interest-earning opportunities to generate additional revenue" (Lord 1989:25). Yet in order for Casa Materna to become strategic with its finances, it needs to control its budget and have it consistently monitored by the newly appointed Board of Directors.

Eight Steps of a Successful Budgeting Cycle

Wolf proposes eight steps for an organization to follow to complete a successful budgeting cycle (1999:187-197):

1) **Make a Wish List** - What does Casa Materna want to accomplish in years to come? Simply asking fellow staff members about their ideas serves many purposes. It promotes communication, validates staff opinions and will bring new perspectives to discuss and consider. For the upcoming year, Casa Materna should ask itself the following questions: 1) What should Casa Materna be doing in the next year? 2) What core activities are essential? 3) What additional activities could be undertaken if cost were not an object? 4) What staff needs would be associated with these activities? and 5) Are there one time expenditures (i.e. equipment, vehicle, facility improvement, etc.) that should be considered? (Wolf 1999:187).

   The discussion of what Casa Materna needs, what it should be doing, what it is not doing, and what changes are necessary has been constant through this thesis analysis. Yet these changes and recommendations must be reflected in the

budgeting process. For example, if Casa Materna wants to have an on staff medic at the facility, certain adjustments must be made to the budget.

2) **Cut Down the List** - While all the ideas and visions on Casa Materna's wish list are valid, they are not all economically feasible at this time. It is impossible to obtain a vehicle, add volunteers, create better pay, hire a nurse and more employees all within one year's time frame. Narrowing down the wish list according to cost estimates and probability will prove beneficial and achievable. This will result in less frustration when these high expectations are not met in a year's time. Sticking to one cost effective goal would be economically feasible and can be accomplished in one year.

3) **Allocate Income** - Many non-profits receive funds that are either restricted or unrestricted. Restricted funds are specifically allocated for one area while unrestricted funds can be used freely. Casa Materna receives funds from MINSA that are designated specifically for women's health areas. Yet it is clear these funds are used for a variety of expenses since they are the primary source of income for Casa Materna. Whether MINSA verifies that their funds are used accordingly is unknown since the Administrator never mentioned any annual MINSA evaluation or auditing procedure. It is reasonable to assume there is no auditing or evaluation procedure. The classification of restricted and unrestricted funds was not mentioned during interviews with the Administrator. However, Casa Materna should allocate funds to administrative costs first, and then allocate the remaining balance to program and activity fees.

4) **Compare** - After examining the budget with its updated expenses and revenues, some activities will need to be temporarily eliminated in order to balance the budget. This reaffirms my recommendation that Casa Materna concentrate its efforts on the Integral Health Program instead of five programs. Casa Materna currently does not have enough resources to fulfill the Integral Health Program's objectives. At this time it cannot begin to achieve the objectives of its four other programs. Listing all the costs of all five programs will aid in the implementation of this recommendation.

5) **Set Priorities** - Once Casa Materna has listed all the costs of all its programs, certain activities will become apparent as necessary or unnecessary. After narrowing down its mission to one or two programs, Casa Materna's must ask how each program contributes to its mission and future livelihood. As discussed previously, the Integral Health Program is the most necessary and feasible to pursue. Hence, Casa Materna should limit itself to the one program and prioritize its objectives.

6) **Adjust and Balance** - Once Casa Materna has narrowed its services to solely the Integral Health Program, it could readjust its budget accordingly. To reiterate, Casa Materna does not have sufficient financial or human resources to meet the deliverables of the Integral Health Program. However, this deficit still needs to be strategically approached in both financial and administrative management.

7) **Approve** - "Now that the budget has been worked out, it is necessary for the full board of directors to discuss and approve it" (Wolf 1999:196). Casa Materna does

not have an official board. This is yet another reason why the establishment of a Board of Directors is absolutely necessary.

8) **Monitor and Amend** - Approval of the budget does not set the budget "in stone". However, all budgets must be consistently monitored and amended throughout the fiscal year according to varying expenses and revenues. This form of budget monitoring is not occurring in Casa Materna since the "funding report" spreadsheet is not updated or accurate.

Based on information reported both privately and "off the record", there is no doubt that financial corruption or extreme financial mismanagement exists at Casa Materna. Casa Materna should reorganize its financial management procedures with the assistance of the newly established Board of Directors. Using the Board as an external auditor can confirm the financial corruption or mismanagement at Casa Materna and terminate those responsible thus fulfilling the Board's fifth responsibility. It is easy to assume Casa Materna is financially corrupt, but I must, in fairness, also consider that financial ignorance is a possible cause. If termination of the management is necessary, Casa Materna's Board of Directors along with the Casa Materna staff can begin reorganizing its finances as recommended. First, solidify a fiscal year according to either a fixed point of less activity or a funder's (such as MINSA) fiscal year. This not only helps proper fiscal management, but it helps keep programs and services on track. Second, start fresh with a basic budget allocating all current revenues and expenses of Casa Materna including programs, services and overhead costs. After the budget is updated and accurate, then Casa Materna can plan accordingly in order to fulfill its desired objectives. Wolf's Eight Steps can assist in focusing Casa Materna's finances and

strengths on a specific program (i.e. Integral Health Program) thereby improving Casa Materna's financial management and organizational structure.

Fund Raising

In addition to financial auditing, a Board should be in charge of providing adequate resources through financial contributions and fund raising. While proper financial management should occur prior to fund raising initiatives, some fund raising tactics could be used to inform the community about the reorganization in Casa Materna. This also could help fulfill the Board's sixth responsibility which is involving the establishment and maintenance of community relations. Yet all the same, whether for the promotion of the organization's future accomplishments, or for actual fund raising efforts, these tactics will prove useful.

Soliciting Donations

Nicaragua is a poor country. As of the mid 1990s, Nicaragua had a per capita real GDP of $1,837 and a HDI[5] rank of 126 (Gideon in Craske and Molyneux:2002). Many Nicaraguan citizens do not have the extra income to donate. However, soliciting does not have to be solely for money but could also include food, clothes, volunteers, labor and further promotes awareness of the organization. Soliciting individuals and other entities can occur in numerous ways, yet the "more personalized the approach, the greater likelihood of success" (Wolf 1999:241). Some nonprofits use direct mail to solicit donations. Although this is the least personal of soliciting approaches, it has the benefit of reaching more people. Ocotal is the largest municipality in Nueva Segovia and has a

[5] HDI: Human Development Index, published annually by the UN, ranks nations according to their citizens' quality of life rather than strictly economic figures. The criteria for calculating rankings include life expectancy, educational attainment, and adjusted real income (www.infoplease.com)

notoriously unpredictable postal service. While mail solicitation would hypothetically reach more individuals, it might not be cost-effective and does not offer a solid guarantee of timely delivery. Nonetheless, direct mailing will reach many individuals and these individuals will talk to their friends, neighbors and relatives. In studying a society, one must be aware of the problems that society faces and adjust outreach methods accordingly. Simply going from home to home in certain areas of the community could reach numerous people and could also have a personal impact. Having Casa Materna representatives discuss the facility's accomplishments face-to-face with community members could establish a relationship that can be built upon over time, allow the organization to face negative public perceptions of their work directly, and would increase the probability of acquiring donations.

Another soliciting method is through fund raising events. There are several advantages to holding a community event for a non-profit organization. It could widen the donor pool, it could create good public relations, it could generate exposure and it could raise money (Wolf 1999:245). This method of soliciting donations is not only entertaining but it may be the most feasible for Casa Materna's specific situation. If Casa Materna were to follow these previously stated recommendations for its organizational and financial management, it could host a party or other kind of event to welcome the Board of Directors and celebrate Casa Materna's new form of management.

The disadvantage of these types of events is that they require a great deal of planning and human resources. With Casa Materna in its current depleted state, it cannot host this type of event at this time. However, if Casa Materna could recruit community and family members to volunteer, Casa Materna will be able to host an event in the near

future. A functioning board structure, establishment of public and transparent accounting, and greater clarity about budget and operational priorities would increase the organization's ability to recruit volunteers.

According to Wolf, there are certain rules that are important to follow when planning a fundraising event (Wolf 1999:246-247):

1) **Set a dollar goal early in the planning processes and stick to it-** Having a financial goal reminds everyone involved that the event is designed to make money for the organization.
2) **The secret of success is not having gross income but net income-** Always have your eye on the prize. "Budgeting for an event must be done carefully and realistically" (Wolf 1999:246). Keep in mind that left over revenue is the goal.
3) **Plan an event that people will enjoy-** During my site visit, I noticed the communal appreciation and enjoyment of music. Live music or even a radio playing popular songs can bring a crowd. In addition, having food at an event is a plus. Asking local restaurants to donate food in exchange for public recognition not only lessens costs but can help private businesses.
4) **Establish a committee to work on the event-** Depending on how many volunteers could be recruited, the committee might be limited to a few. However, "it is always good to include several very prominent people on the committee as honorary officers" (Wolf 1999:246). Having popular community members, such as Dochyta Falcon, on the committee not only lessens the work load for the organization, but also draws additional people to the event.

5) **Exaggerate the number of volunteers and dollars you will need in order to make the event a success-** It is always beneficial to exaggerate the amount of needed materials for an event. After all, on the day of the event one would rather have too many volunteers and extra money than too few volunteers and not enough money.

6) **Allow plenty of planning time-** Having a long time frame permits unexpected delays and errors that may surface to be anticipated and addressed.

7) **Build in plenty of ancillary ways to pick up money in conjunction with the event-** If food is provided at the event, Casa Materna could require a one cordoba fee for each plate, or could charge an entry fee to help pay for music. Having an additional money making method at the event would produce income and lessen staff anxiety.

8) **Involve local merchants-** In conjunction with the previous recommendation regarding local restaurants and food donations, Casa Materna could also persuade local mercantile and retail businesses to donate goods to be sold at the event. Some business owners may be hesitant to give away their goods for free. Offering to split the profit at their suggested percentage might be enough to influence them to donate goods.

9) **Attempt to find a type of event that works for the organization and stick to it for several years-** Casa Materna staff would have the best idea of the kind of event that would work for its organization, particularly one that would be held yearly. However, I recommend having the event at the facility. Inviting community members into Casa Materna would show that it has nothing to hide

and would also display its lovely garden to the public. Having music and food would also promote attendance and provide a relaxing atmosphere. (For more fundraising assistance, see Appendix D for Wolf's Ten Commandments of Fundraising)

There is the crucial question of whether or not the Ocotal community has money to give. But donations do not have to be restricted to finances. If people desire to help but do not have funds to donate, other goods such as food, clothing, linens, cleaning supplies, labor, etc. could be given. While Casa Materna fund raising endeavors might not occur for some time, reconstructing the organization's foundation by establishing a Board of Directors, along with developing a real budget would be beneficial to any non-profit organization that appears to be in disarray and suffering from poor financial management.

While the establishment of a Board of Directors accompanies proper fiscal management, there are two remaining recommendations that are integral to Casa Materna's reorganization.

3) Clearer Connection and Regulation with National Casa Materna Headquarters

It seems obvious that a national program with individual chapters throughout the country would require contact and regulatory relations with each of its chapter. Yet when I emailed the Administrator, questions regarding the relation of the national Casa Materna headquarters with the Ocotal chapter were not answered, and no mention of such a relationship was made in on-site interviews. There is, therefore, no information regarding any sort of relationship between the Ocotal branch and the national headquarters. If no such relation exists, it should be initiated in order to promote the

national program's objectives and agendas throughout Nicaragua' various departments, and to assist the organization in resolving its current fiscal, operational and organizational limitations. Having regular contact with the national headquarters could verify individual Casa Materna chapters' accountability and could assist in fulfilling the national program's overall goals. Whether or not the national headquarters initiates contact with its chapters nation-wide, the conditions in Ocotal warrant particular attention.

A representative from the national headquarters of Casa Materna could serve as a resource for each Casa Materna chapter such as the case study in Ocotal. In addition to supplying information, the representative could increase transparency by requesting audit reports to observe financial management, how the chapter is organized, and other situations unique to each chapter. This representative could also communicate certain concerns and accomplishments to the national headquarters, and could thereby result in benefits or needed improvements for individual chapters.

For example if a specific facility is currently suffering from overcrowding, a representative in contact with that chapter could relay the dangerous situation to the national headquarters and perhaps acquire more beds, funds or human resources for the overcrowded chapter. Another example could be if one specific Casa Materna branch was very successful in its community outreach procedures resulting with a significant decrease in STDs in the chapter's department, the result of that chapter's accomplishments can benefit other chapters. Having this information communicated to the national headquarters could result in a reward such as national recognition, new furniture, or other benefits. A dialogue with the national headquarters and the Ocotal branch would have been extremely beneficial when the Executive Director fell ill two

years ago. The national headquarters could have appointed someone to fill the position while Casa Materna staff members searched for a new director. Instead, the Administrator is in charge of the Executive Director's responsibilities without adequate training to do so. Having a link to the national headquarters could be extremely beneficial and would also serve as a form of necessary regulation.

Having a liaison between the individual chapters and the national headquarters improves Casa Materna national program's societal impact. Without any form of regulation from the national headquarters, some chapters could suffer from situations that could potentially lead to their closure. In addition, having contact with an individual of higher authority could also motivate a chapter to be more organized. A representative could randomly appear at the facility one day or they could randomly request reports. This regulatory relationship with Casa Materna national headquarters would enforce organizational efficiency and fiscal responsiblity. Also, having the representative schedule site visits three or four times a year influences the chapter to stay focused on its goals continually rather than only once per year. Frequent site visits could also give the representative an improved perspective of any changes in their individual chapter. Yearly visits will likely prove to be too infrequent to make adequate recommendations or updated reports to the national headquarters. Infrequent site visits could also prove to be detrimental if a certain situation has continued for months and is beyond the point of recovery (i.e. housing damage or construction issues). Having a representative visit the facility every few months allows them to observe changes as they occur and promote improvements as needed.

Yet probably the most significant reason for a more regulatory relation with the national headquarters and individual Casa Materna chapters is for the benefit of the Board of Directors. Individuals need to be appointed to become members of a Board of Directors. It is best if the Board members have limited personal involvement with the facility or its existing staff in order to execute the most fair and objective decisions. If the selection of Board members was given to a chapter's staff, they would select individuals they knew and trusted in their community. This could create difficulty in decision making processes if a Casa Materna staff member needs to be directed to change behavior or practice, or in a worse case scenario, terminated. Having the national headquarters appoint individuals and recruit other professionals to a Board of Directors would help ensure efficiency and fairness. It could also help retain Board members who were be assured that their autonomy and oversight would be respected.

The national headquarters should be considered a resource for all individual Casa Materna chapters. Having no regulatory relations with the national headquarters could create the potential for internal corruption in certain chapters. Casa Materna chapters, like the one in Ocotal, are receiving money from the Ministry of Public Health. Yet with no one of authority asking for financial records, this money is spent at the Administrator's will. Being able to ask questions of a designated representative, being able to obtain national assistance, or being able to report problems could empower individual chapters and their staff members.

4) Organizational Capacity Building

While the national headquarters should be considered a resource center for individual Casa Materna chapters, it should also supply proper instruction and promote

capacity building. Having a "National Casa Materna Management Handbook" and training sessions could further guarantee an individual's chapter success at both fulfilling its objectives and being organized. The Administrator at Casa Materna in Ocotal has little accounting education and was also given the Executive Director's responsibilities two years ago. If there were a book available or national training sessions, Scarleth might have been adequately informed of what Executive Director responsibilities to expect and could also have a reference volume to resolve accounting dilemmas.

Having some form of capacity building either through a "National Casa Materna Handbook" or training sessions could greatly improve the internal functions of a Casa Materna facility. Yet it is important to stress the content of such reference books. In my opinion, there should be two handbooks; a "Casa Materna Pregnancy Handbook" and a "National Casa Materna Management Handbook". The "Casa Materna Pregnancy Handbook" would be the equivalent of *What to Expect When You're Expecting* by Heidi Murkoff, Arlene Eisenberg, Heidi Eisenberg Murkoff, Sandee E. Hathaway and Sandee Hathaway. This Casa Materna handbook would explain the specifics of each trimester, it would supply a prototypical diet for pregnant women and it would explain labor and delivery procedures. This book should not only be available to the staff to assist in charlas and educational outreach in neighboring municipalities, but it should also be available to Casa Materna clients to help pass time at the facility and to educate and empower themselves.

The second text, "The National Casa Materna Management Handbook" would be an internal text and would have a "How To" framework facilitating easy reference. It would explain the basic steps of starting and organizing a Casa Materna branch by

presenting job descriptions, individual detailed responsibilities, how to organize the staff, hold meetings, work with the Board of Directors, and other services. It would supply a basic spreadsheet and accounting information for Casa Materna budgets, have prearranged accounts, and would recommend proper fiscal allocations of MINSA funds. The book could also contain prototypes of certain forms or reports needed by auditors or by the Board of Directors. This book could also have contact information of neighboring chapters as well as other important individuals to help answer questions or provide other means of assistance. This text would also present educational outreach methods for individual chapters to embark on in their own municipality. Essentially, this book would present all the specifics needed to start and run a Casa Materna chapter. It would have the by-laws, a constitution, and a problem solving section to prevent financial mismanagement as that is observed in the Ocotal branch.

This internal staff reference book could be accompanied by a complementary seminar hosted by the national headquarters explaining how to use the text effectively. Individual chapters could interact with other chapters, their representatives, and other key individuals from the national Casa Materna headquarters. Having these seminars once a year in addition to other topical seminars (i.e. Accounting, Educational Outreach, etc.) could greatly improve the efforts of struggling chapters such as the case study in Ocotal.

Supplying a reference text to help organize a specific chapter and build its individual capacity enables and empowers a chapter's employees. These texts could prevent detrimental situations in individual facilities, they could improve Casa Materna's services and programs, and they could educate the staff and the clients. Having a point of reference when something goes awry gives security to the staff and enables them to strive

for higher goals. Being able to fix a situation that would have been difficult prior validates the power of the individual and it encourages that organization to grow and to be proud of its achievements.

Next Steps

The Ocotal branch of Casa Materna requires a complete structural reorganization in order to fulfill its stated objectives. There is no doubt that its existence is crucial to the survival of rural women in Nueva Segovia and throughout the country. It is imperative that the Ocotal branch build its transparency in order to validate its efforts and to be accountable to its funders, the national headquarters, and most important to its clients. Establishing a Board of Directors, enforcing proper fiscal management, solidifying a relationship with the Casa Materna national headquarters, and supplying materials and methods to build individual chapters' inner capacity are all integral components in not only fixing the current problems at the Ocotal branch and improving its services.

People in the Ocotal community want to see this Casa Materna succeed and flourish as it has in the past. In Christine Eber's study during the early 1990s, Casa Materna in Ocotal was not suffering from the likely financial corruption and other constraints it currently faces. Diplomat Cesar Castellanos also remembers when Casa Materna was in a better state, and he would like to donate funds, but not at its current state of financial mismanagement and disorganization. There is money available and the Ocotal community wants this facility to succeed like it had once before. But in order for these previously stated recommendations to be initiated, the internal contradictions and assumptions presented in this thesis need to be evaluated further and investigated by a legitimate and authorized external source such as MINSA or the national headquarters of

Casa Materna. Upon the verification and validation of Casa Materna's internal inconsistencies by such an organization or entity, then the proper steps could be made to completely restructure the Ocotal branch of Casa Materna and embark on the four recommendations presented in this thesis.

APPENDICES

APPENDIX A

CASA MATERNA OFFICIAL REPORT

(ENGLISH AND SPANISH VERSIONS)

"FUNDING REPORT"

EDUCATIONAL CENTER FOR WOMEN
MATERNAL HOUSE MERY BARREDA
AMNLAE -OCOTAL

VISION:

The Educational Center for Women, Maternal House AMNLAE, is a non-profit alternative center which gives comprehensive attention to women and their families.

MISSION:

To contribute with comprehensive attention to women giving priority to those attentions that entail the construction of a new citizenship and a healthy life behavior.

DEVELOPMENT OBJECTIVE:

To contribute to the improvement of the quality of life of the woman and the family in the Department of Nueva Segovia.

IMMEDIATE OBJECTIVES:

✦To contribute to the strength and expansion of programs and projects, with focus on the types that implement a reduction in the rate of maternal and pre-natal death, through kind and qualified attention to pregnant women, during labor and to their newborns.
✦To contribute to the prevention and Progressive elimination of Domestic and Sexual Violence.

✦To promote the empowerment and participation of women access to all areas of decision making.
✦To promote the exercise of healthy life behaviors that will carry out the construction of a new citizenship.

INSTITUTIONAL RESULTS:

✦ Strengthened and expanded projects being executed in the Organization.

✦ A contributed reduction of gender breach.

✦ A contributed protection and promotion of women'schildren and adolescent's rights.

✦ A contribution to the reduction of maternal & pre-natal deaths in the department, through a caring attention to quality and to the prevention and capture of risk cases.

✦ A contribution to the improvement of comprehensive Health, specially sexual and reproductive health for Women, adolescents and youth with focus on gender.

✦ A contribution to the promotion of women in areas of decision making, in local and national levels through the boost of educational processes, of negotiation and all activities that promote female leadership.

✦ A contribution to the empowerment and leadership of adolescents and the youth with generational and gender equality to facilitate their development.

PROGRAMS:

1. PROGRAM AGAINST GENDERED VIOLENCE:

Objective: To contribute to the protection and promotion of Women's rights, girls and adolescent females through the
reduction of violence and discrimination.

Work Cores:
- Legal consultation and accompaniment.
- Judicial education with focus on gender.
- Dissemination and Awareness
- Inter-constitutional Coordination.
- Investigation

2. PROGRAM OF COMPREHENSIVE HEALTH:

Objective: To contribute to the improvement of comprehensive health especially sexual and reproductive for women, adolescents and youth with focus on gender.

Work Cores:
- Gynecologist Clinic.
- Sexual and Reproductive Counseling.
- Psychosocial Counseling.
- Attention to Pregnant Women. OB Clinic.
- General Medicine.
- Leal Medical Attention.
- Ultrasound.

Health Services:

- Shelter for pregnant women.
- Pre-natal Check Ups.
- Family Planning.
- Sexual and Reproductive Counseling.
- General Medicine Consultations.
- Training.
- Ultrasounds.

3. PROGRAM FOR EMPOWERMENT AND LEADERSHIP:

Objective: To contribute to the promotion of women in areas of power and decision making in local, departmental and national levels through the boost of educational and negotiation processes and actions to promote female leadership.

Work Cores:

- Education.
- Investigation.
- Leadership.
- Organization and Mobilization.
- Dissemination and Focus.

4. PROGRAM FOR ADOLESCENTS AND YOUTH

Objective: To contribute to the empowerment and leadership of adolescents and the youth with equality of gender and generation for a comprehensive development.

Work Cores:
- Formation and Preparation.
- Exchange.
- Promotion and Insertion.
- Young Network.
- Research.

5. PROGRAM FOR FORMATION AND EDUCATION AT LONG DISTANCE:

Objective: To contribute to the empowerment and strengthening of women's skills.

Work Cores:
- Formation and Training.
- Exchange.
- Formal Education: Secondary education on maturity.

OTHER SERVICE EXPERIENCES:

- We elaborate consultation on processes of capacity on gender themes, human development and the environment, basic preventive health, domestic violence, etc.

CASA MATERNA PERSONNEL:

- Executive Director.
- Administrator.
- Specialty Professionals: 2 Lawyers, 1 Psychologist, 1 Forensic Doctor, 1 Radiologist, 2 Outreach Employees, 1 Person in charge of the Shelter.

Community Personnel:

- 63 Midwives and promoters of family planning.
- 22 Young Outreach promoters of sexual and reproductive education.
- 35 Legal assistants.
- 35 Promoters of Political Participation.

MAIN POINTS

STRENGTHS:

± 4 Consolidated networks.
- Network of Legal Defenders.
- Network of Midwives and Promoters of Family Planning.
- Network of Adolescents and Youth defending sexual and reproductive rights.
- Network of Promoters of Political Participation.

±We count with own our building which is located downtown.
±We own equipment.
±We achieved a social recognition.
±We were able to participate in almost the whole department on different social circles.
±We count with statistical results: Of quality and quantity, thanks to the application of monitoring and systematical mechanisms.
±We consolidate inter-institutional and multi-disciplinary relations.

OPPORTUNITIES:

±Inter-institutional and Multi-disciplinary Coordination.
±Strengthening of Capacity of Specialized personnel.
±To increase and enlarge our services.
±To grow our organization.
±To design strategies to sustain our organization.

WEAKNESSES:

± Lack of economical resources to guarantee the stability of personnel, payment for basic services, strengthening the capacities of professionals, etc.

THREATS:

±Instability of human resources.
±Lack of resorts, we will not be able to answer the demand of services from the population.

BENEFICIARIES:

Our services are directed to the population in general, but in its majority the beneficiaries are the residents in rural areas with situations such as:
±High risk pregnancy.
±Victims and/or survivors of Domestic and Sexual Violence.
±Minor girls and adolescent in risk situations.

INFORMATION ABOUT THE ORGANIZATION

ORGANIZATION'S NAME:

Movement of Nicaraguan Women "Luisa Amanda Espinoza: AMNLAE"

JUDICIAL CAPACITY:

No. 133 published in the official newspaper La Gaceta, No. 64
on the 24th of March, 1990.

CENTER'S NAME:

Educational Center for Women Casa Materna (Maternal House) "Mery Barreda" AMANLAE, Ocotal.

ADDRESS:

From the hardware store "Nortecentro", a block going east and next to the CDI "Nuevo Amanecer Barrio Jose Santos Rodriguez", Ocotal, Nueva Segovia.

TELEPHONE NUMBER:

07322343

E-MAIL ADDRESS:

casamaterocotal@yahoo.com

EDUCATIONAL CENTER FOR WOMEN CASA MATERNA "MERY BARREDA" AMNLAE, OCOTAL, NUEVA SEGOVIA

No.	DESCRIPTION	MONTH	YEAR
1	ELECTRICITY	C $ 1,300.00	C $ 15,500.00
2	WATER SERVICE	C $ 900.00	C $ 10,800.00
3	TELEPHONE	C $ 850.00	C $ 10,200.00
	TOTALS:	**C $ 3,050.00**	**C $ 36,600.00**

C $ 36,600.00 per Year

US $ 2,033.50 X C $ 18.00

DETAIL OF SALARIES EXPENSE

No	POSITION	MONTH	YEAR
1	Administrator	C $ 1,800.00	C $ 21,600.00
2	Nurse	C $ 1,800.00	C $ 21,600.00
3	Shelter Coordinator	C $ 1,000.00	C $ 12,000.00
4	Social Promoter	C $ 1,000.00	C $ 12,000.00
	TOTALS:	**C $ 5,600.00**	**C $ 67,200.00**

TOTAL EXPENSES

C $ 67,200.00 per Year

US $ 3,733.50 X C 18.00

TOTAL EXPENSES

US $ 5,767.00

EDUCATIONAL CENTER FOR WOMEN CASA MATERNA "MERY BARREDA" AMNLAE

OCOTAL, NUEVA SEGOVIA
YEAR 2005

MUNICIPALITIES
(Clients received per month)

Quilali:
Jan: 3, Feb: 0, Mar.3, Apr.1, May 1, Jun, 1, Jul.1, Aug.0, Sep.0, Oct.1, Nov.0, Dec.0, Total: 11

Wiwili:
Jan.2, Feb.1, Mar.3, Apr.3, May 0, Jun.4, Jul.1, Aug.1, Sep.2,
Oct.1, Dec. 1, Total: 19

Jalapa:
Jan.2, Feb.4, Mar.2, Apr.4, May6, Jun.2, Jul.1, Aug.3, Sep.4.
Oct.2, Nov.3, Dec.0, Total: 33

Jicaro:
Jan, 2,Feb. 3, Mar. 2, Apr. 8, May 7, Jun.2, Jul.5, Aug.8, Sep.1, Oct. 4, Nov.2, Dec. 1, Total: 45

Murra:
Total: 12

San Fernando:
Total: 28

Mozonte:
Total: 17

Ciudad Antigua:
Total: 16

Dipilto:
Total: 16

Santa Maria:

Total: 27
Macuelizo:
Total: 28
Yalaguina:
Total: 1
San Juan:
Total: 2
Ocotal:
Total: 1
Chinandega:
Total: 1

VICTIMS & SURVIVORS OF DOMESTIC VIOLENCE:
6

AVERAGE OF ATTENTION TO PREGNANT WOMEN
PER MONTH IS # 22

"FUNDING REPORT"

CENTRO EDUCATIVO PARA LA MUJER CASA MATERNA MERY BARREDA AMNLAE OCOTAL"

VISION:

El Centro Educativo para la mujer Casa Materna AMNLAE, es un centro alternativo sin fines de lucro de atención integral a las mujeres y sus familias

MISION:

Contribuir en la atención integral a las mujeres con prioridad a las atenciones que conlleven a la construcción de una nueva ciudadanía y a la conducta de vidas saludables.

OBJETIVO DE DESARROLLO:

- Contribuir al mejoramiento de la calidad de vida de la mujer y la familia en el Departamento de Nueva Segovia.

OBJETIVOS INMEDIATOS:

- Contribuir al fortalecimiento y ampliación de programas y proyectos con enfoque de genero que se ejecutan para reducir las tasas de mortalidad materna y peri natal, a través de la atención con calidad y calidez a las mujeres embarazadas, puérperas y sus recien nacidos.
- Contribuir a la Prevención y erradicación progresiva de la Violencia Intrafamiliar y sexual.
- Promover el empoderamiento y la participación de las mujeres para accesar a todos los espacios de toma de decisiones.
- Promover el ejercicio de conductas de vida saludables que conlleven a la construcción de una nueva ciudadanía

RESULTADOS INSTITUCIONALES:

- Fortalecidos y ampliados los proyectos que se ejecutan en la Organización.
- Contribuido con la reducción de las brechas de genero.
- Contribuido con la defensa y promoción de los derechos de la mujer, niñez y adolescencia.
- Contribuido a la reducción de las muertes maternas y perinatales en el Departamento a través de la atención con calidad y calidez y de las acciones de prevención y captación de casos de riesgo.
- Contribuido a mejorar la salud integral en especial la salud sexual y reproductiva de las mujeres, adolescentes y jóvenes con enfoque de genero.
- Contribuido a la promoción de las mujeres a los espacios de poder y toma de decisiones a nivel local y nacional a través del impulso de procesos educativos, de negociación, cabildeo e incidencia para promover el liderazgo femenino.
- Contribuido al empoderamiento y protagonismo de adolescentes y jóvenes con equidad de genero y generacional para su desarrollo.

CENTRO EDUCATIVO PARA LA MUJER MERY DE BARREDA
AMANLAE REGION I NUEVA SEGOVIA
"CASA MATERNA"

PROGRAMAS:

1-PROGRAMA DE LUCHA CONTRA LA VIOLENCIA DE GÉNERO:

Objetivo: Contribuir con la defensa y promoción de los Derechos de las mujeres, niñ@s y adolescentes, a través de la disminución de la violencia y discriminación.

Ejes de Trabajo:

-Asesoria y acompañamiento jurídico.
-Educación Jurídica con enfoque de género.
-Divulgación y Sensibilización.
-Coordinación Interinstitucional.
-Investigación.

2-PROGRAMA DE SALUD INTEGRAL:

Objetivo: Contribuir a mejorar la salud integral en especial la salud sexual y reproductiva de las mujeres, adolescentes y jóvenes con enfoque de genero.

Ejes de Trabajo:

-Clínica Ginecológica.
-Consejeria en salud sexual y reproductiva.
-Atención Psicosocial.
-Atención a Mujeres embarazadas ARO.
-Medicina General.
-Atención Médica Legal.
-Ultrasonidos.

Servicios Brindados en salud:

-Albergue a mujeres embarazadas.
-Control Prenatal.
-Planificación Familiar.
-Consejeria en salud sexual y reproductiva.
-Consultas Medicas Generales.
-Capacitaciones.
-Ultrasonidos

3-PROGRAMA PODER Y LIDERAZGO:

Objetivo: Contribuir con la promoción de las mujeres a los espacios de poder y toma de decisiones a nivel local, departamental y nacional a través del impulso de procesos educativos y de negociación, cabildeo e incidencia para promover el liderazgo femenino.

Ejes de trabajo:

-Educación.
-Investigación.
-Liderazgo.
-Organización y Movilización.
-Divulgación e Incidencia.

4- DE ADOLESCENTES Y JOVENES:

Objetivo: Contribuir a empoderamiento y protagonismo de adolescentes y jóvenes con equidad de genero y generacional para su desarrollo integral.

Ejes de Trabajo:
-Formación y Capacitacion.
-Intercambio.
-Promoción e Inserción.
-Red Juvenil.
-Investigación.

5-FORMACION Y EDUCACION A DISTANCIA:

Objetivo: Contribuir a empoderamiento y fortalecimiento de las capacidades de las mujeres

Ejes de Trabajo:
-Formación y Capacitacion.
-Intercambio.
-Educación Formal: Bachillerato por madurez.

OTRAS EXPERIENCIAS DE SERVICIOS:

-Elaboramos Consultaría en Procesos de Capacitacion en temas de género, desarrollo humano y medio ambiente, salud básica preventiva, Violencia Intrafamiliar etc.

PERSONAL DE LA CASA MATERNA:

-Directora Ejecutiva de Casa Materna.
-Administradora.
-Profesionales Especialistas: 2 Abogadas, 1 Psicóloga, 1 Medica Forense. 1-Medico Radiólogo 1 Enfermera, 2 Promotoras, 1 Responsable de Albergue.

PERSONAL COMUNITARIO:

63 Parteras Adiestradas y promotoras de planificación familiar
-22 Jóvenes promotor@s de salud sexual y reproductiva.
-35 Defensoras Legales.
-35 Promotor@s de Incidencia Política.

FODA

FORTALEZAS:

- Consolidadas 4 Redes Departamentales:
-Red de Defensoras Legales.
-Red de Parteras y Promotoras de Planificación Familiar.
-Red de Adolescentes y Jóvenes defendiendo los derechos sexuales y reproductivos.
-Red de Promotor@s de Incidencia Política.
- Contamos con un Local Propio, amplio, en el centro de la ciudad.
- Tenemos Equipamiento.
- Hemos logrado un Reconocimiento Social.
- Logramos Incidir en casi todo el Departamento en las diferentes esferas sociales.
- Contamos con resultados estadísticos: cualitativos y cuantitativos, grasias a la aplicación de mecanismos de monitoreo y sistematización.
- Consolidamos las relaciones interinstitucionales y multidisciplinarios

OPORTUNIDADES:

- Coordinaciones Interinstitucionales y Multidisciplinarias.
- Fortalecimiento de las capacidades del personal especializado.
- Aumentar y ampliar nuestros servicios.
- Crecer organizativa mente.
- Diseñar estrategias para sostenibilidad.

DEBILIDADES:

- Falta de Recursos Económicos para: garantizar estabilidad al personal, pago de los servicios básicos, fortalecer las capacidades de las/los profesionales etc.

AMENAZAS:

- Inestabilidad de los Recursos Humanos.
- A falta de recursos, no podremos dar respuesta a la demanda de servicios de la población.

DE L@S BENEFICIARI@S:

Nuestros Servicios están dirigidos a la población en general, pero en su mayoría l@s beneficiarios son de la zona rural con situaciones de:

- Embarazo de alto riesgo obstétrico.
- Victimas y/o sobrevivientes de Violencia Intrafamiliar y sexual.
- Niñ@s y adolescentes en situaciones de riesgo.

INFORMACION DE LA ORGANIZACIÓN:

NOMBRE DE LA ORGANIZACIÓN:

Movimiento de Mujeres Nicaragüense "Luisa Amanda Espinoza "AMNLAE

PERSONERIA JURIDICA:

No: 133, publicada en el Diario Oficial La Gaceta No 64, el 24 de Marzo de 1990.

NOMBRE DEL CENTRO:

Centro Educativo para la mujer Casa Materna"Mery Barreda" AMNLAE Ocotal.

DIRECCION:

De Ferretería NORTECENTRO una cuadra al este o bien contiguo al CDI Nuevo Amanecer Barrio José Santos Rodríguez, Ocotal, Nueva Segovia.

NUMERO DE TELEFONO:

07322343

CORREO ELECTRONICO:

casamaterocotal@yahoo.com

CENTRO EDUCATIVO PARA LA MUJER CASA MATERNA
MERY BARREDA" AMNLAE, OCOTAL, NUEVA SEGOVIA

DETALLE DE GASTOS BASICOS

Nº	DESCRIPCIÓN	MES	AÑO
1	SERVICIO DE ENERGÍA	C$ 1,300.00	C$ 15,600.00
2	SERVICIO DE AGUA	C$ 900.00	C$ 10,800.00
3	SERVICIO DE TELEFONO	C$ 850.00	C$ 10,200.00
TOTALES		**C$ 3,050.00**	**C$ 36,600.00**

C$ 36,600.00 X AÑO
U$: 2,033.50 X C$ 18.00

DETALLE DE GASTOS DE SALARIOS
TOTAL DE GASTOS

Nº	CARGO	MES	AÑO
1	ADMINISTRADORA	C$ 1,800.00	C$ 21,600.00
2	ENFERMERA	C$ 1,800.00	C$ 21,600.00
3	RESPONSABLE DE ALBERGUE	C$ 1,000.00	C$ 12,000.00
4	PROMOTORA SOCIAL	C$ 1,000.00	C$ 12,000.00
TOTALES		**C$ 5,600.00**	**C$ 67,200.00**

C$ 67,200.00 X AÑO

U$ 3,733.5 X C$ 18.00

TOTAL DE GASTOS:

U$ 5,767.00

CENTRO EDUCATIVO PARA LA MUJER CASA MATERNA "MERY BARREDA" AMNLAE,
OCOTAL, NUEVA SEGOVIA
ATENCIONES AÑO 2005

MUNICIPIOS	Ene.	Feb	Mar	Abr	May	Jun	Jul	Ago	Sep	Oct	Nov	Dic	Total
QUILALÍ	3		3	1	1	1	1			1			11
WIWILÍ	2	1	3	3		4	1	1	2	1	1		19
JALAPA	2	4	2	4	6	2	1	3	4	2	3		33
JICARO	2	3	2	8	7	2	5	8	1	4	2	1	45
MURRA			1	4	1	3	1	2					12
SAN FERNANDO	2	1	1	4	1	1	1	6	2	6		3	28
MOZONTE	2			2	5	3	3		1	1			17
CIUDAD ANTIGUA	2	2		2	3				1	3	3		16
DIPILTO	1	4		3		3		1		2		2	16
SANTA MARÍA	3	1	3	4	2	1	3	2	2	4		2	27
MACUELIZO	1	3	4	3	5		3	2	1	2	3	1	28
YALAGUINA	1												1
SAN JUAN			1				1						2
OCOTAL						1							1
CHINANDEGA									1				1
VICTIMAS Y SOBREVIVIENTES DE VIOLENCIA INTRAFAMILIAR (VIF/S)	1	1	1	2		1							6
TOTALES	22	20	21	40	31	22	20	25	15	26	12	9	263

PROMEDIO DE ATENCIONES POR MES 22 MUJERES EMBARAZADAS

CENTRO EDUCATIVO PARA LA MUJER CASA MATERNA "MERY BARREDA" AMNLAE, OCOTAL, NUEVA SEGOVIA

ATENCIONES AÑO 2006

MUNICIPIOS	Ene.	Feb	Mar	Abr	May	Jun	Jul	Ago	Total
QUILALÍ	2		3	1	1	1	1		9
WIWILÍ	2	1	3	3		2	1	1	13
JALAPA	1	3	1	1	3	2	1	3	15
JICARO	1	3	2	8	5	2	3	3	27
MURRA			1	4	1	2	1	2	11
SAN FERNANDO	2	1	1	3	1	1	1	2	12
MOZONTE	2	1		2	3	3	2		13
CIUDAD ANTIGUA	2	2	1	2	2				9
DIPILTO	1	2		3	2	3		1	12
SANTA MARÍA	2	1	1	2	2	1	1	1	11
MACUELIZO	1	3	2	3	2		3	2	16
OCOTAL						1			1
CHINANDEGA					1				1
VICTIMAS Y SOBREVIVIENTES DE VIOLENCIA INTRAFAMILIAR (VIF/S)	1	1	1	2		1			6
TOTALES	17	18	16	34	23	19	14	15	156

PROMEDIO DE ATENCIONES POR MES 20 MUJERES

PROMEDIO DE EDAD POR TOTAL DE ATENCIONES: 29 AÑOS

APPENDIX B

MATRICES

DESCRIPTIVE CONDITIONS	$/Finances	Food	Medical Services	Education	Corruption	Shelter	Risk
Staff	Receive money from MINSA, property renters, and says they used to charge women upon entry in the past, but do not anymore. Still not enough Economic Resources.	They can only provide four basic food elements for sustenance. Rice, beans, oil, and sugar. Wishes they could give more variation.	According to their print out and advertising in the front, they offer gyno services, ultrasounds, psychiatric services, counseling, and family planning.	Claim to give charlas often for their clientele to help educate them about pregnancy and procedures. Also go out to communities to promote CM services and reproductive health education.		Think that they fact that they provide a shelter to these women is the best service that they offer.	Because of the lack of sufficient economic resources, this can limit their services and quality of services; which could lead to risk of their clientele.
Doctors/Nurses	MINSA gives money both to hospital and CM, but claim that it's barely sufficient. Money is required to provide adequate care to PW	PW need a variety of food during their pregnancy including fruits, vegetables, various forms of protein, and exercise.	PW must receive consistent medical attention at the first signs of pregnancy and post. Family planning is also recommended to ensure safe and health pregnancies/births.	PW need a lot of education regarding pregnancy and childcare. This education should be taught both prior and post pregnancies in communities and in schools	Some doctors had heard about some corruption in CM, but do not know specifics. Others felt that its basic services were adequate and good.	Since the majority of the PW at CM are from rural areas, having a shelter that is close to the hospital is essential. Shelter should be clean, pleasant and comfortable	Without proper Education, medical services, and adequate shelter, PW have high risks of infection, disease, unhealthy pregnancies, prenatal and post natal deaths, as well as maternal deaths
Clients	A lot of the women do not have a lot of money. They all had to pay an entry fee of 40 cordoba when they came to CM. One woman had to convince staff to let her in since she didn't have the money right away.	Do not like the food. Say it is boring and the same thing every day.	Have not received medical services since they have been there. A couple had seen medics in their home municipalities, but the majority had never seen a medic during their entire pregnancy.	Until Dochyta gave them a charla, they had not had any orientations or charlas at CM. some have heard of CM in their communities, but the branches that went out to the rural areas weren't from Ocotal. If they knew anything about pregnancy, they knew it from family and friends.		A lot of clients like the garden, but were consistently bored in their environment. Felt there was nothing to do. Have limited hours to watch TV. Just sit around, sleep, and do nothing.	

Outside Opinion (diplomat)	A lot of government associations and NGOs get funded by the government. Studies are needed to assess whether or not these funds are sufficient and if these groups are performing to their full potential.				Claims that he would not allocate money towards this specific branch of cm since he has heard about the levels of corruption in the administration		

ACCOUNT-ABILITY	$/Finances	Food	Medical Services	Education	Corruption	Shelter	Risk
Staff	Administrator Scarlet is in charge of the finances. But hasn't kept up to date with the last three months of 2006 for their records. Claims that they just recently got money from MINSA so don't have to charge women to enter anymore	Admits that the food is not enough, but that its due to economic resources	Jesica is said to be in charge of health and of the clients. Said that the ultrasound machine is broken but the service is advertised. Mario says a doctor visits once a week while others say less frequently; clients have never seen a doctor there. Say that money is needed in order to supply a doctor/medic there part time. Jesica is supposed to take them to the hospital when they arrive but Reyna claims she usually does.	Jesica is said to be in charge of the charlas. Mario said that CM gives charlas twice a week, others said once a week. Women there had never received one. Scarlet said they go to the communities to promote education, a lot of women have never seen CM go to their communities.		Reyna is in charge of the shelter. Has night shift. Women and Reyna are in charge of cleaning and cooking. Sometimes they don't have adequate cleaning supplies; was recently painted by BANCO, a local bank.	
Doctors/Nurses	Bring up MINSA; how CM should be on top of their finances; some	Claims that CM is responsible to supply the	CM needs to make sure that each client has seen a medical doctor as soon as	Speak of how important family planning and reproductive	Has heard of corruption at that particular branch of CM. CM needs better	It is CM's responsibility to provide a clean, entertaining, and	Women that are at CM are high risk to begin with. They are too

	wonder where the money goes.	adequate and essential variations of food to their clients. That it's a necessity that is not seen.	they arrive at CM. If they haven't, they need to go to the hospital immediately.	education is, but also how church has strong influence and prevents it.	administration and someone who has complete and honest fiscal management.	pleasant environment to the PW. A pleasant environment is essential to pw's well being.	young or too old, or uneducated. CM needs to be aware of these conditions and take appropriate actions with their services to alleviate risks.
Clients	Don't have a lot of money to begin with. Had to save to bring their entry fee or husbands/ family members bring them money.	Sometimes use their own money to buy better food when that should be included in their entry fee (at least that's what they are told)	A lot of women were not asked upon entry if they had seen a doctor or medic. A few of them had never seen a doctor. CM claims that they always do. That Jesica is in charge of health. But Reyna has taken them to the hospital out of her own good will to help out. Jesica is supposed to ask about their medical pasts upon entry but hasn't.	Staff claims that the pw receive plenty of charlas and education, but all the women there had never seen or participated in a charla until Dochyta gave one. Jesica had a book about the birthing process that she brought out when D. gave her charla that the pw hadn't seen before. Should be available to them.		Think that the environment is pretty but they have to take care of it by cleaning and maintaining the garden. There were stories told of how cleaning supplies were not found or bought for the place for a couple of weeks; but there were some hidden. Staff wasn't aware nor made the effort to buy more to help keep the shelter clean	Are unaware of the different kinds of risks they face. Some are simply uneducated. Others, especially the older ones who are already mothers, are aware of the risks involved but this is due to experience. Women should be aware of the situations they could encounter being pregnant. Should be informed at CM since they are from areas where there aren't those kinds of services
Outside Opinion (diplomat)	Government gives NGOs money but if certain organization has bad performance or rumors of bad				Is fully aware of the levels of corruption that he has heard about this branch of CM. Believes that they have not been		

	management, will receive limited funds. Organization needs to present itself as successful.				held accountable for their lack of actions and inadequate services and believes they need a complete overhaul and change of administration.		

CAPACITY VS WILL	$/Finances	Food	Medical Services	Education	Corruption	Shelter	Risk
Staff	Claim to have the want and the will to do more but can't due to limited economic and human resources	Again, admits that they need to have different kinds of food and better types of food for the pw, but also have said that it used to be worse, so hope that with more money they can improve this.	Said that they wish they could afford to hire a nurse/medic half time but do not have adequate funds	Claims that they do go out to the community via bus to promote their services and do reproductive education. It seems like they have the will and accessibility but don't.	(seems that they do not have adequate human resources, should have more staff; but I feel that the will of some is there, particularly Reyna, but not of the rest of the staff; they seem somewhat apathetic).	Feel that the environment is their best service, so perhaps they don't feel the will to improve this area.	
Doctors/Nurses	Although most doctors expressed a general lack of government funds that can limit capacity, they did seem to admit that they could find more money or at least use the money in a better way?	Again, back to the money thing.	Doctors and nurses mentioned that they would go there occasionally to help out and volunteer, but that's rare. Everyone needs money and since they don't get paid there, that they'd rather work at the hospital and say that the women at CM could go to the hospital and get services if necessary	Doctors mentioned that a lot of other CMs go out to the community to educate. So they are unsure of whether or not its an issue of capacity or will. One doctor mentioned how they had an ambulance at one time but it broke down.	Nurse mentioned that she is very aware that there is corruption in the administration. Other doctors have heard about it, but did not know specifics. Could it be that CM does have the fiscal capacity it needs to improve areas that it claims it can't? is the will not there?		In order to prevent high risk pregnancies, people need to be educated. CM needs to educate the pw. It doesn't cost any money to inform the women. So why aren't they doing the charlas like they should to prevent higher risk? Why aren't they using the

							buses more often to educate to prevent risk?
Clients	They are there because they want to give birth to their babies in a safe and hygienic hospital. They do not have access to these kinds of services in their municipalities. They are there because they have the will to be there since they don't have the capacity to have safe births in their home.	They want more and better types of food but cannot get them. Occasionally they will be sent or given money with which they go and by better foods. They have the will but not the capacity.	A lot of women are unaware that they should be receiving certain medical services. So in that case, they don't have the educational capacity to get what they need as pw. It seems that they have the will to have the medical services but just don't know how to go about it. Staff at CM has to supply it to them.	Do not have the capacity to obtain the education that they feel that they need. Would like to have charlas and have access to more info, but don't have.	Unaware about the corruption if any. But then again do not hardly know any of the staff, except Reyna.	Would like to have a better living environment, although they enjoy the garden. Still complain about wanting other things to do in the afternoon rather than watch TV. Some expressed wanting exercises, and even a mirror. But don't know how to go about it.	Are there because they are of high risk. Some are told to go there by doctors. But all are there because they need to be there.
Outside Opinion (diplomat)	Has the capacity to give money to non government orgs like CM but chooses not to because he knows it won't be well spent. Has the money, but not the will.		Has the will to help out medical services and recognizes its importance in nueva Segovia. But then again admits that he will not give money to the Ocotal CM.	Has the capacity to assess and the will to ensure proper education on all levels through all municipalities in NS	Is very aware of the levels of corruption in CM. would like to change it, but feels that that will needs to come from the inside out and cannot be imposed by him		

RECOMMEND-ATIONS	$/Finances	Food	Medical Services	Education	Corruption	Shelter	Risk
Staff	Need to have better control and proper fiscal management. Their books should be monitored and audited by government forces in order to assess	More money should be allocated to diversifying the food. Seek donations from markets. Try to allocate	Medical attention for these women is imperative. Need to ask each woman upon entry if she has been seen by a medic. If not, she needs to be taken immediately to the	Charlas! Need to give charlas at least once a week! They say they do, but they don't. these are essential to the survival of the future born and of these pw during their birthing procedures.	In order to assess whether or not there is indeed a level of corruption in the CM, perhaps positions should be switched and new employees should be hired. It is evident that the	Although the shelter has been recently painted and the garden offers a pleasant atmosphere, there needs to be more interaction with the clients and the	In order to prevent more high risk pregnancies, CM needs to go out to the neighboring communities and educate

	whether or not they need more money.	specific amounts of entry fee for food.	hospital for proper screening. Also needs to take pains and concerns of clients seriously.	Orientations will help diversify the day and keep women entertained. And also to encourage more outreach to neighboring municipalities! Take the bus once a week to let people know that they are there and to give them advice	current people in their positions are not adequate. A change is needed.	staff. More conversations, less television, more activities, field trips, etc. to make their days more enjoyable and their time at CM more fulfilling.	them on the procedures and signs in re: to dangerous pregnancies. This goes hand in hand with education outreach.
Doctors/Nurses	Admits that these kind of health organizations need more money, but also that the money given to CM needs to be managed better and used more efficiently.	More and better kinds of food rather than rice and beans. Vegetables, fruit, meats, are very important for a pregnant woman to eat during her whole pregnancy.	A pw should see a medic as soon as she is aware that she is pregnant. Once a pregnant woman arrives at CM, she needs to go to the hospital immediately to be seen by a medic to assess her current status. This needs to be initiated by CM staff.	Reproductive education and proper family planning are imperative to healthy and happy pregnancies and births. This not only needs to be initiated by CM, but by all sorts of organizations. The education of youth and the general public in regards to public health and reproduction can prevent the spread of STDs, the rate of high risk pregnancies, and maternal deaths.	Doctors and nurses are aware of corruption and some believe that a complete overhaul of the administration in CM in Ocotal is needed. A fresh start. Although they all admitted that CM needs to be there. Its locality and proximity to the hospital is crucial and a necessity to women in rural areas.	The shelter needs to be kept impeccably clean and hygienic. Pw are susceptible to many illnesses and should be kept in absolute healthy environments. In addition, they need to be comfortable and entertained. Field trips, walks outside, and daily exercise are important.	Education, good food, clean environments, and adequate medical attention are all requirements to having healthy and happy pregnancies and babies. Will help prevent the spread of STDs, high risk pregnancies, and maternal deaths.

Clients	Would like to not have to pay money upon entry. They are all poor and don't have a lot. And many of them have big families at home that need care.	Would like better, healthier, and different kinds of food.	Would like to see medics, since many of them haven't. haven't been told anything about seeing a doctor and haven't seen one. (at least many haven't)	By the time I got there, all of them said that they never had a charla. But would like one. Would like the education and orientation about what to expect before and after pregnancy. In addition, many said that they didn't see any CM go into their communities. They just knew of its existence from neighbors and friends. One girl did see a CM rep in her community but it was from a different one.		Like the garden, think its pretty, and like having friends and other women to talk to. But would like other things to do besides watching TV. Exercises, walks, trips, conversation, games, etc.	Are there initially because they feel they are in a risky situation. Are there because they are hoping to alleviate that risk. Would like CM to help make extra efforts to alleviate that risk through medical attention, clean environments, and better food.
Outside Opinion (diplomat)	Understands that CM needs more money, but before he will allocate funds, the CM in Ocotal needs new administration.		Medical services are needed by people all around NS. Especially pregnant women.	Education of the public is essential to the prevention of disease and empowerment. CM should help by educating in municipalities.	Is fully aware of the corruption there and is the main reason why he won't do anything in his power to help this specific branch of CM		

APPENDIX C

INTERVIEW QUESTIONS

Site Visit Interview Questions:

Subject Position: Casa Materna Staff/Volunteer

1. What is your name and age?
2. How long have you been working/volunteering here?
3. When and how did you first hear about Casa Materna?
4. What is the mission and objective of Casa Materna?
5. How is Casa Materna financed?
6. Who oversees the financial records of Casa Materna?
7. How is the administration organized? Positions? Authority?
8. Do you receive pay/salary or any compensation?
9. What are the basic services that Casa Materna offers?
10. Describe Casa Materna's outreach techniques. How does Casa Materna advertise its services?
11. If Casa Materna did not exist, were could young girls and women receive these services?
12. In three words, describe your experience at Casa Materna.
13. What made you want to work/volunteer here?
14. What is the easiest thing about working for Casa Materna?
15. What is the hardest thing at Casa Materna?
16. What programs does Casa Materna do to help it achieve its mission?
17. How could Casa Materna improve its programs and services?
18. What do you think are the best things that Casa Materna offers?
19. Do you feel that Casa Materna has sufficient supplies and people power to conduct its services?
20. Do you receive any government or state funding? If so, is it sufficient?
21. Do you believe that Casa Materna is fulfilling its mission and objectives?

Subject Position: Pregnant Minor (Casa Materna staff member present)
******Again, I did not interview any minors, but these questions were used in one interview with a young woman*****

1. What is your name and age?
2. Is this your first pregnancy?
3. How long have you been at Casa Materna?
4. How did you hear about Casa Materna?
5. What kind of services do you receive from Casa Materna?
6. If Casa Materna was not here, where could you get these services?
7. Do you know other girls your age who have come to Casa Materna?
8. What did you know about reproduction before you came to Casa Materna? Whod did you learn those things from?
9. In three words, describe your experience here at Casa Materna.
10. How did you decide to come here?
11. Describe a typical day for you at Casa Materna.

12. What have you learned here?
13. What is your favorite thing about this place?
14. How did you feel the first day you came here?
15. Do you wish you would have known more about pregnancy before you became pregnant?
16. Would you tell your friends to come here if they were pregnant?
17. Do you think Casa Materna should do something new or different?
18. What do girls your age know about Casa Materna?
19. What could make Casa Materna better?

Subject Position: Pregnant Adult

1. What is your name and age?
2. Is this your first pregnancy?
3. If not, have you been to Casa Materna for your prior pregnancies or is this your first time?
4. What kinds of services do you receive here?
5. If Casa Materna did not exist, where could you receive those services?
6. How did you find out about Casa Materna?
7. In three words, tell me how Casa Materna has affected you.
8. What made you come to Casa Materna?
9. How did you feel the first day you came here?
10. How do you feel now?
11. Describe a typical day here at Casa Materna.
12. Being a pregnant woman, what do you need physically and emotionally?
13. How are your medical and emotional needs being met?
14. What do you find is the hardest thing to deal with in being pregnant?
15. In your opinion, what is the community's view of Casa Materna?
16. Are there any other organizations like Casa Materna that you know of?
17. Do a lot of people your age know about Casa Materna and its services?
18. What is the best thing that Casa Materna offers?
19. What could improve Casa Materna?
20. What does Casa Materna need?
20. How are your medical and emotional needs being met?
21. What do you find is the hardest thing to deal with in being pregnant?

Secondary Interview with Casa Materna Administrator:

1. How many women return to Casa Materna after giving birth?
2. Casa Materna had a vehicle in the past; what happened with the vehicle?
3. How does Casa Materna do community outreach without a vehicle?
4. Who donates to Casa Materna?
5. What do they donate? What does Casa Materna do with the donations?
6. Who pays your salary? And is it sufficient?

7. What is MINSA's (Ministry of Public Health) designated amount for this Casa Materna?
8. What made you decide to rent out some of Casa Materna's property? How much is the rent?
9. Do you think that Casa Materna needs international assistance?
10. Would you consider the alimentation received by Casa Materna clients is balanced sufficient?
11. If Casa Materna had sufficient economic resources, what would be your priority?
12. Is Jesica a volunteer or does she receive regular salary?
13. Who owns the branch of Casa Materna?
14. Does Reina receive a salary or is she a volunteer?
15. As an administrator, what do you do to motivate the personnel?
16. Are there registries that display statistical data regarding how many women come to this branch of Casa Materna?
17. Does Casa Materna ask their clients if they have seen a medic or doctor upon entry?

Questions sent to Casa Materna Administrator via email after site visit: (As of July 2007, still have not received a response)

1. What are Casa Materna's banking procedures?
2. Do Casa Materna's bills/utilities have a firm due date? How are these paid?
3. Does the Casa Materna payroll cycle have firm pay days or are these negotiable? Are they paid in cash or check?
4. Has Casa Materna ever considered applying for local loans or grants from national or international entities?
5. Does Casa Materna have a financial audit period? If so, how often and who is the auditor?
6. When receiving or requesting money from donors, does Casa Materna present its budget?
7. I understand that Casa Materna rents out portions of its property for income, how often is this rent due and is that a fixed date?
8. What medical services are offered at Casa Materna that comes from Casa Materna money? (NOT services at hospital)
9. What are fixed bills/costs? Ex: electricity, water, etc.
10. Does Casa Materna have any long term goals as an organization? Where does it see itself in five years?

APPENDIX D

WOLF'S TEN COMMANDMENTS OF FUNDRAISING

Ten Commandments of Fund Raising

From *Managing a Non-profit Organization* by Thomas Wolf

1) Remember, Only Prospectors Find Gold
2) Be Sure That Courtship Precedes the Proposal
3) Personalize the Pitch
4) If You Want Bread, You Need Dough
5) When Asking for Money, Assume Consent
6) In Written Requests, If You Can't Scan It, Can It
7) In Designing Budgets, Use the Old Math
8) When in Doubt, Communicate in English
9) Don't Take a No Personally
10) No Matter How Many Times You Said Thank You, Say It Again

APPENDIX E

ACRONMYNS

3Fs- Foundations, Finances, and Fundraising

AMNLAE- Luisa Amanda Espinosa Women's Association

AMPRONAC- Association of Women Confronting the National Problem

FSLN- Sandinista National Liberation Front

MINSA- Ministry of Public Health

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